

Amphenol Interconnect India Pvt Ltd.

Employee Benefits Manual: 2025-26

Prepared By

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04 **Claims Process** 05 **Escalation Matrix**



03

Critical Illness Plan



This Benefits Manual Includes



The **current benefits** in your Insurance plan

02 Key exclusions





The limits of each **benefit covered**

How to claim?

\$

04



Know Your Insurance Policies



Group Medical Insurance

covers in-patient hospitalisation and day care expenses incurred by an employee and his insured dependents for a diagnosed ailment with an active line of treatment. 24 hours of hospitalisation is compulsory to register a valid claim under the group Mediclaim policy.



Group Critical Illness Benefit

to the following conditions:

1. The claim is admissible for first time diagnosis of listed critical illnesses or undergoing the listed Surgical procedures for the first time.

- 3. Waiting period of 90 days will be applicable to new joiners.

Group Personal Accident

insurance policy covers expenses by the insured persons (employee covered) on account of death or permanent/partial/temporary, total or partial disability due to an accident.





Policy will pay the insured person (employee covered) as per the grade sum insured for the listed critical illnesses subject

2. The claim is admissible under this section if the person survive for 30 days from the first risk commencement date.



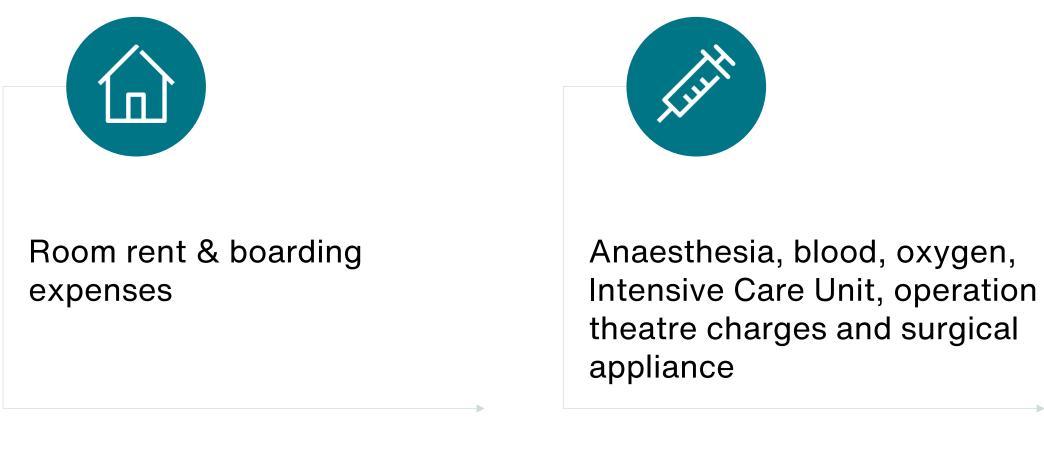


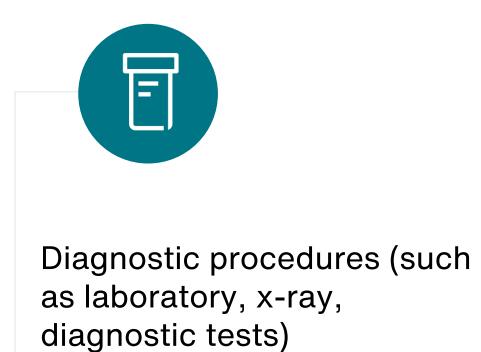
GROUP MEDICAL INSURANCE PLAN





Group Medical Insurance Plan – What's Covered







Costs of prosthetic devices if implanted internally during a surgical procedure







Nursing expenses, surgeon, anaesthetist, medical practitioner, consultant & specialist fees



Medicines and drugs, consumables such as dressing, ordinary splints and plaster casts



Organ transplantation including the treatment costs of the donor but excluding the costs of the organ



Day care procedures e.g. dialysis, chemotherapy etc.







Group Medical Insurance Plan

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Family Definition

- Coverage Employee + Spouse + 2 Dependent Children+ Parents / In-Laws
- Coverage for parents/parents in lawincluded in the base policy (Cross selection is allowed if one member of either of the sets is deceased)

Sum insured



• Basis of sum insured –Graded sum insured levels as per grade/ cadre

Benefits

- Maternity Covered (Restricted to 2 living Children only)
- INR 60,000/- for Normal Delivery & INR 90,000/- for C-Section
- Pre-Post natal Covered within Maternity Limit IPD & OPD Both
- All Well-Baby care Expenses covered within Maternity Limit
- Maternity complications to be covered in family sum insured.





Group Medical Insurance Plan – Key Information

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Policy Period Your policy is active from 1st April 2025 till 31st March 2026, 00:00 hrs.

Insurance company

TATA AIG General Insurance Company Limited

Third Party Assistance

MDIndia TPA Services Pvt Ltd.

Sum Insured Limits

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as per your grade / cadre.



Age Limit

Employee : without Any Age Restrictions

Spouse: without Any Age Restrictions

Children – 2 children up to 25 years of age.

Parents – up to 100 years

Family Definition

Self, Spouse, 2 child, 2 Dependent parents / p arent in laws. (Cross selection is allowed if on e member of either of the sets is deceased)

Type of cover

The policy is on a floater basis for your enrolled family members





Pre-Existing diseases	Covered
Pre-Post Hospitalisation	Covered
Waiting period	Waived off
<u>Maternity</u>	Covered
	0010104
Pre-Post Natal expense	Covered

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.

Co-payment



Ambulance services	Covered
Day Care procedures	Covered
Ayurvedic Treatment	Covered
Dental & Vision	Covered in case of accident only
Room Rent	Covered

5% applicable

for parents

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Ailment capping	No
Cyber Knife treatment	Covered
Stem Cell Transplantation/ Robotic Surgery	Covered
Lasik Treatment*	Covered

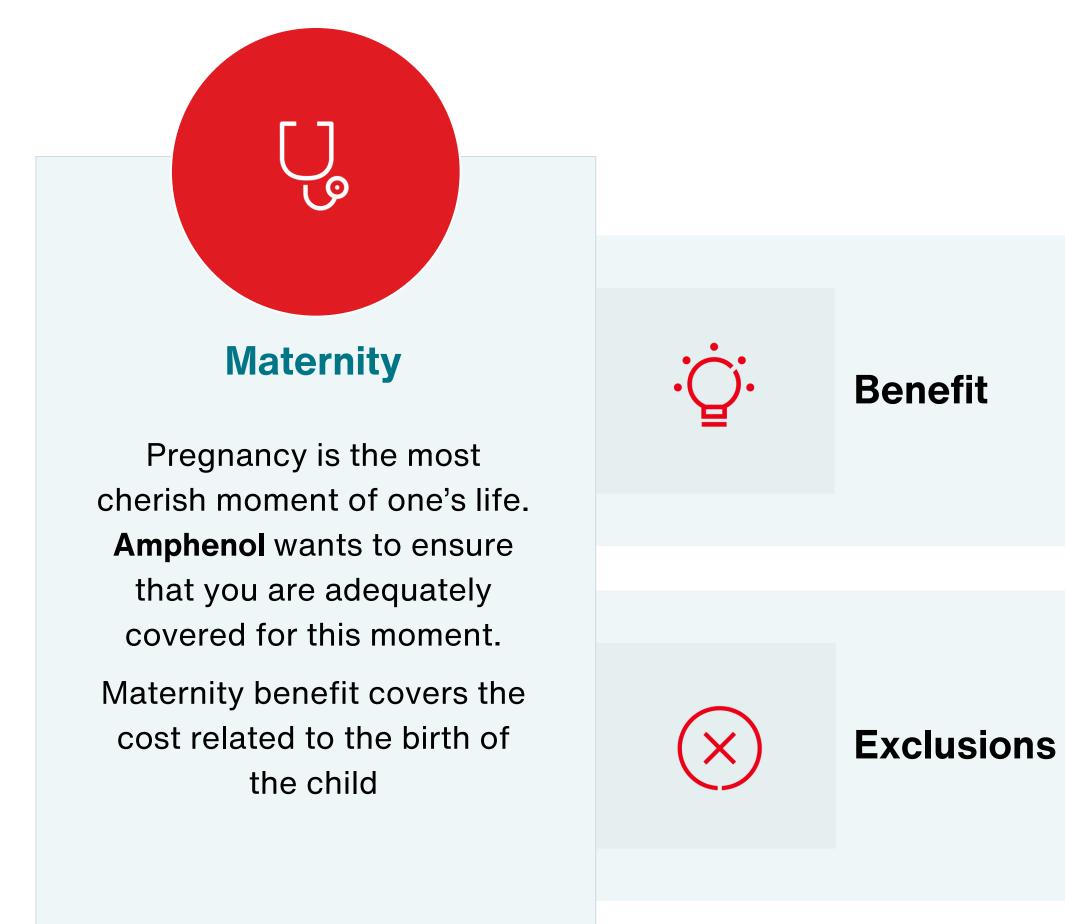


Terrorism	
Domiciliary Hospitalization	Covered 20% of SI
Internal Congenital	Covered
External Congenital	Covered





Maternity Benefit





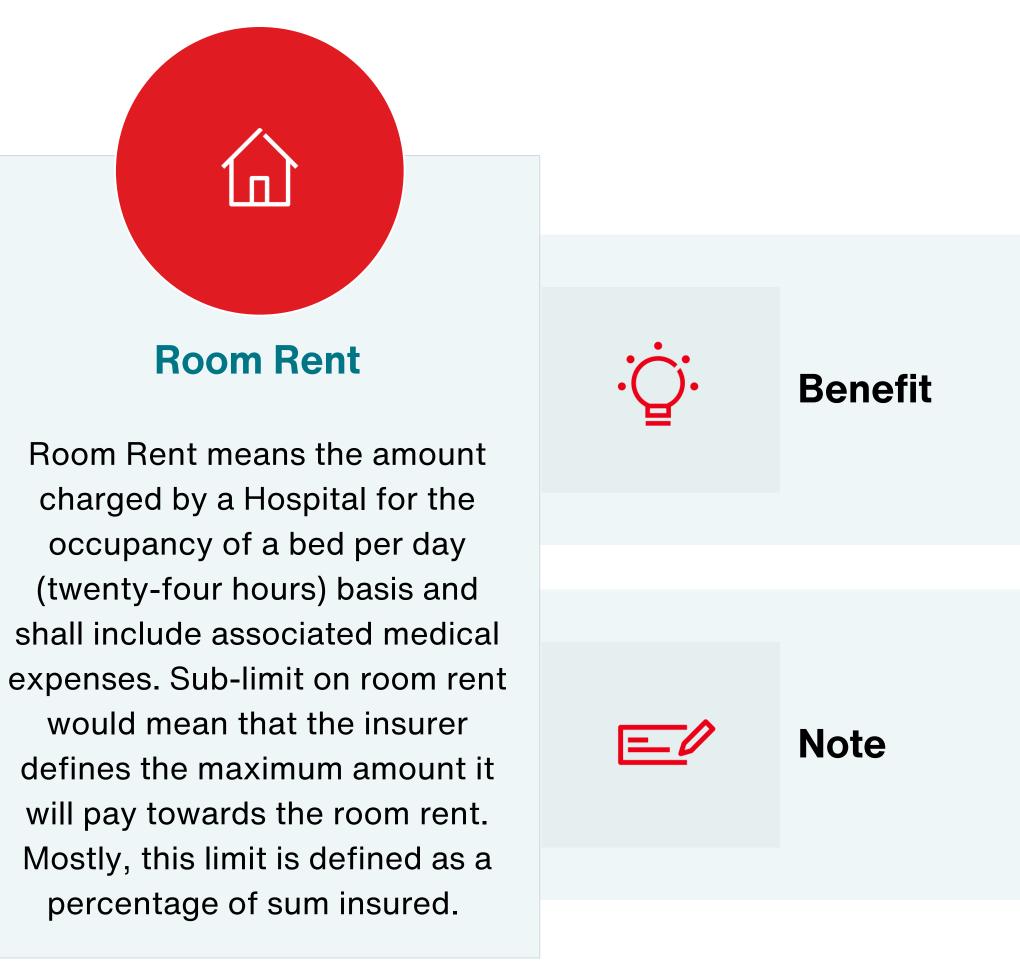
- Normal Deliver: INR 60,000
- C-Section Delivery: INR 90,000
- Pre-post natal are Covered within maternity limit on IPD & OPD basis
- Well baby expenses are covered up to the maternity limit
- Newborn baby is covered from day 1 within Family Sum Insured
- Applicable only for the birth of first 2 children
- Expenses incurred in connection with voluntary medical
- termination of pregnancy during the first 12 weeks from the date of conception are not covered.
 - Infertility Treatment







Benefits Explained: Room Rent





Non ICU Room Rent – as per your cadre/ eligibility. ICU - At Actuals Room Rent should include nursing charges.

Choosing a higher category of room than your entitlement will incur additional charges on final bill which needs to be borne by employee (employee need to bear the proportionate increase in cost on associated categories / heads, excluding medicines.







Benefits Explained: Ailment Capping



Ailment Capping

Ailment capping in form of cost containment method to ensure only reasonable and customary charges are payable under the insurance policy.





- Cataract Surgery : is without any capping.
- AYUSH Treatment : Covered Up to family floater Sum insured in case of IPD basis in AYUSH Govt approved hospital.
- Ambulance charge : INR 10,000/- per person only in case of emergency.
- Lasik Surgery to correct eyesight Greater than +/- 5.5 : Covered.
- **Domiciliary hospitalization:**Covered as per Doctor advise 20% of SI.





Benefits Explained: Co-pay



A co pay is the amount of the claim that is borne by the employee. For.eg during a claim process, the admissible claimed amount is INR 100,000. The policy has a 5%co pay, INR 5,000 will be borne by the employee and rest INR 95,000 will be paid by the insurance company.





5% co-pay only on all parental claims







Advanced Medical Treatments

Stem cell/Robotics transplant therapy

is a procedure in which a patient receives healthy stem cells (blood-forming cells) to replace their own stem cells that have been destroyed. The cause for the same could be radiation or high doses of oral chemotherapy medication etc. Please refer to the policy terms and condition for limits and co-pay for this benefit.

Lasik surgery

is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc.

Cyber Knife treatment

is a radiation therapy used as non-invasive treatment for cancerous tumors anywhere in the body.



Benefit

Stem cell transplant cost Covered up to 100% of Sum Insured

Benefit

Lasik surgery covered for +/- 5.5 & above refractive index correction

Benefit

Cyber Knife Treatment cost Covered up to 100% of Sum Insured







General Terms And Conditions

- The expenses shall be reimbursed provided they are incurred in **India** and are within the policy period.
- Expenses will be reimbursed to the insured member depending the level of cover that he/she is entitled to.
- Expenses that are incurred for standalone diagnostic or preven tests without any active line of treatment and do not warrant a hospitalisation admission are **not covered** under the plan.
- Child and dependent parent can not be covered as a dependen more than once.
- In case an employee has not covered his/her dependents durin enrolment, they will be able to add them only during the next renewal.
- Mid-Term enrolments are only allowed for life events. For exam new-born baby or marriage. These new additions need to be intimated within 30 days of event.
- You are requested to use prudence and proper negotiation with Hospital/Nursing home in availing the eligible room category.





n	 Please remember, higher the room category higher is the cost of treatment. This may result in faster exhaustion of your total
j on	available eligibility.
	 If you are opting for a higher room category, then you will have to
ntive	bear the proportionate increase in cost on all categories/heads.
	 Dental treatment is not covered. However, only in case of accident, the mandatory expenses will be payable.
nt of	 Vision Treatment which are undertaken for regular maintenance of
	eyes are not covered.
ng	
nple:	

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.





General Exclusions

- War, War like operations (whether war be declared or not) or by nuclear weapons/materials
- Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids etc.
- Any dental treatment or surgery unless arising from disease or injury and which requires hospitalisation for treatment.
- Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- Expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.
- Miscarriage, abortion or complications of any of these including changes in chronic condition as a result of pregnancy except, where covered under the maternity section of benefits.
 Any treatment required arising from Insured's participation in any hazardous activity. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.



- Doctor's home visit charges, Attendant/Nursing charges during pre- and post-hospitalisation period.
 - Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine.
 - External and or durable Medical/Non-Medical equipment of any kind used for diagnosis.
 - Change of treatment from one pathy to another pathy unless being agreed/allowed and recommended by the consultant under whom the treatment is taken.
 - Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies, etc.

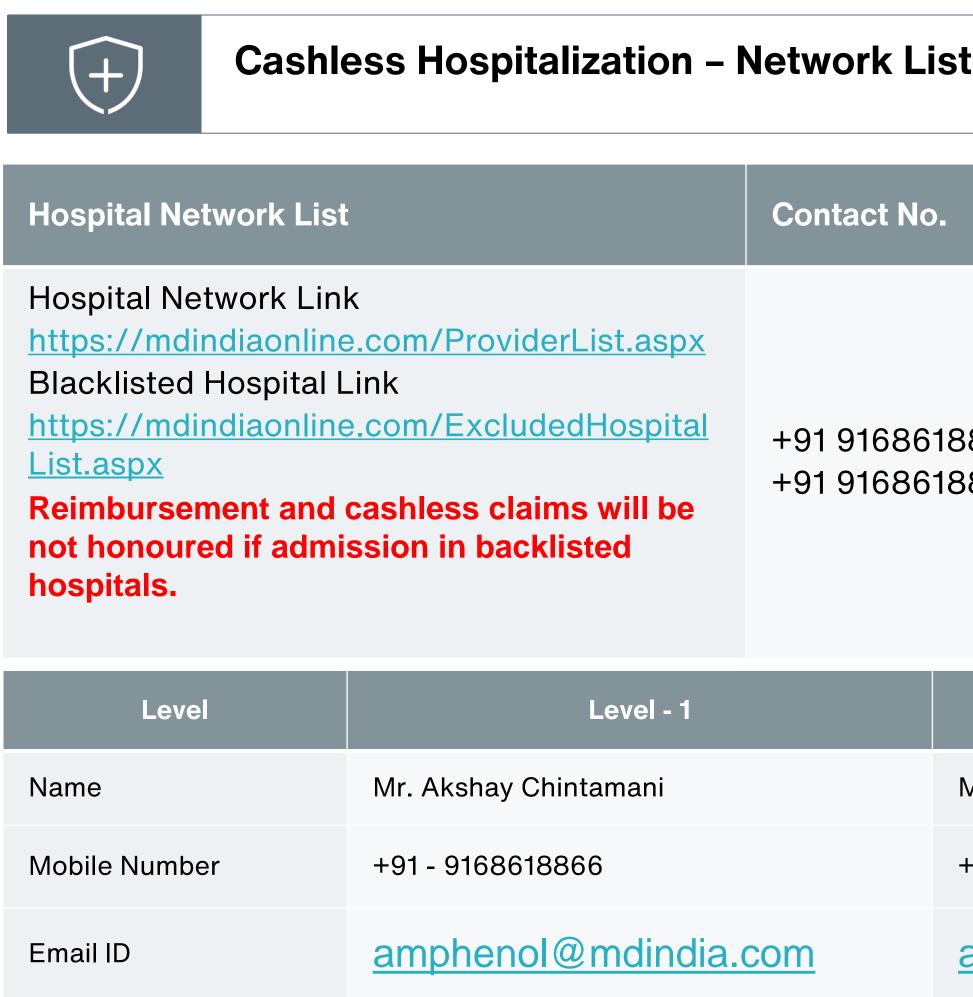
• Any cosmetic or plastic surgery except for correction of injury.







Key Contacts





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t And Contact Details			
			·
	Online Claim process		
8866 8869	Link – https://amphenol.globalinsurance.co.in User Name - Employee code Password –Employeecode_DDMMYYYY Click on "Access to TPA Site" Click on "Claims" then "Claim Upload" Fill all required details and upload all claim documents		
	Level - 2		Level - 3
Mr. Deepak Dhav	wde.	Ms. Priscilla	Palande
+91 - 9168618869		+91 – 77091	89736
amphenol@mdindia.com		ppalande	@mdindia.com









Critical Illness Policy -Benefit Policy





Critical Illness Policy - Benefit Policy - Key



Plan Details

Claim should be intimated within 24 hours to HR or Aon Team.

Policy Period

01st April 2025 to 31st March 2026 midnight

Insurance Company

TATA AIG General Insurance Company Limited

Pre Existing Diseases (PED) Coverage

Covered for existing employees.

Inclusion

Existing employees covered from Day 1.

New Employees have 90 days waiting period.

Survival Period is 30 Days

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document. Final claim admissibility can be confirmed on post receipt of entire set of claim documents, as per the policy terms and conditions and insurer guideline given by IRDAI.



Basis of Sum Insured

As per Grade / Cadre

Members Covered

Employee Only

Illness covered

36 Critical Illness as per agreed list, definition and condition available on ABS portal.











GROUP PERSONAL ACCIDENT INSURANCE PLAN





Accidental Permanent Disablement means disablement caused due to an accident which entirely prevents an insured person from attending to any business or occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement. 2

Accidental Temporary Total Disablement means disablement caused due to an accident which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured person first became disabled.



3

Accidental Permanent Partial Disablement is a doctor certified total and continuous loss or impairment of a body part or sensory organ caused due to an accident, to the extent specified in the chart provided by the insurer.









Plan Details

Claim should be intimated within 24 hours to HR or Aon Team.

Policy Period

01st April 2025 to 31st March 2026 midnight

Insurance Company

TATA AIG General Insurance Company Limited



Basis of Sum Insured

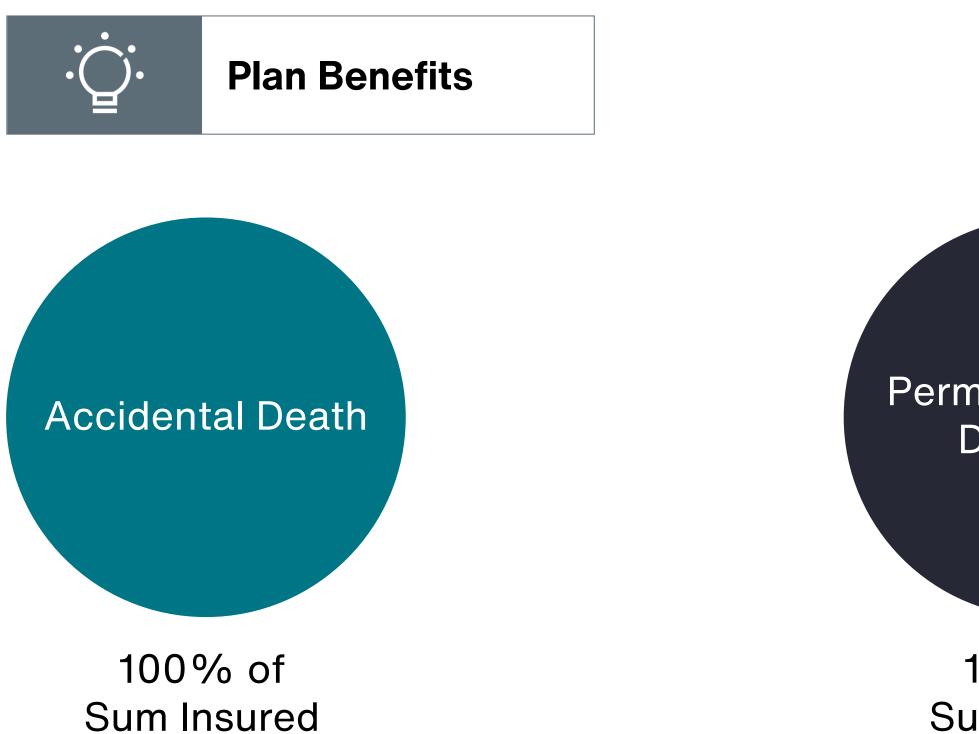
As per Grade/ Cadre

Members Covered

Employee









Permanent Total Disability

> 100% of Sum Insured

Permanent Partial Disability

Covered - As per Insurance company chart







Plan Benefits

Temporary Total Disablement

Accident Only: 1% of SI or Rs. 25,000 or actual weekly salary whichever is less for 104 weeks





Accident Only: 20% of SI or 40% of admissible claim or actual, whichever is









Dependent Child Education Fund

10% of SI or Rs. 10,000 or actual whichever is less for maximum 2 children up to the age of 25 years





Covered

Transportation of Mortal

Covered Rs. 10,000 or actual whichever is less









Plan Benefits

Compassionate visit (family transportation)

Rs. 5,000 or actual whichever is less





Where salary info is available - Up to 3 month's salary, Where Salary info is not available 5% of PTD or PPD Sum Insured (whichever is higher) up to max of INR 75000







*** ***

Key Terms

Permanent Disablement means disablement which permanently and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation resulting in losing of his/her earning capacity.

Permanent Disablement





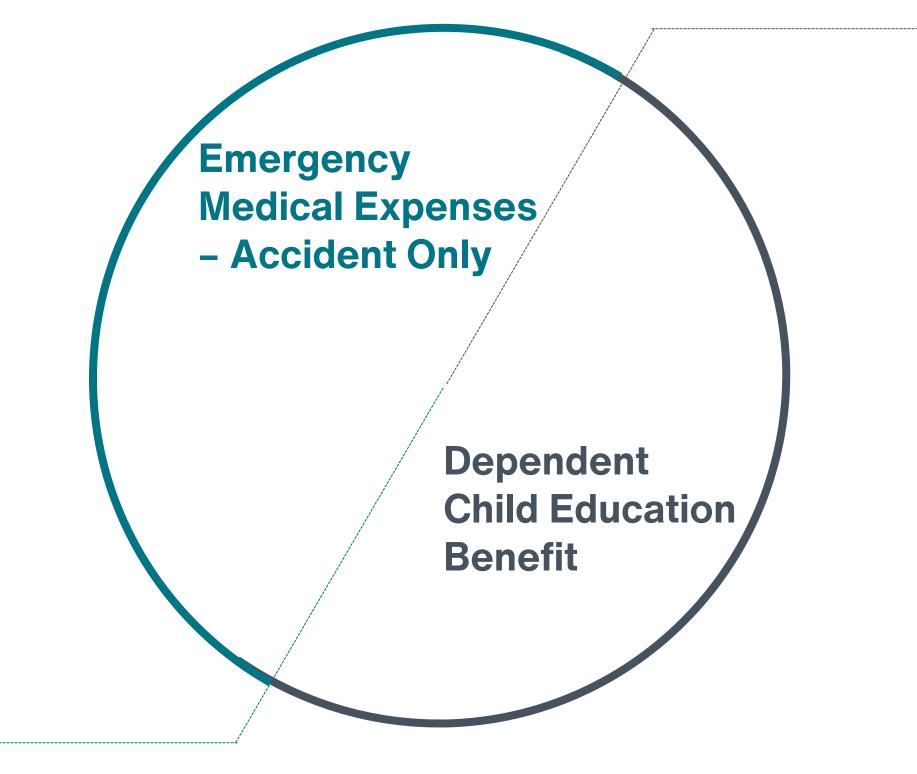
Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.





Key Terms

If, during the Period of Insurance, an Insured Person sustains Bodily Injury, then the Company will reimburse the Insured Person the necessary Usual and Reasonable Medical Expenses, incurred within twelve (12) months from the Date of Loss up to the Sum Insured stated in the Schedule, subject to the Terms and Conditions of this Policy. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.





If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in death within twelve (12) months of the Date of Loss, then the Company agrees to pay the education fees for the Insured Person's surviving Dependent Child up to the amount stated in the Schedule per year up to the number of years stated in the Schedule









General Exclusions

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitter conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Hur Immune-deficiency Virus (HIV) infection; or
- Being under the influence of drugs, alcohol, or other intoxicants hallucinogens unless properly prescribed by a Physician and tak as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion;



ed	 Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or Self exposure to needless peril (except towards saving human life)
man	 Loss due to childbirth or pregnancy.
	 Bodily Injury or Sickness occasioned by Civil War or Foreign War
s or	
ken	
or	







Claims Process



Making a Claim





Group Medical Insurance Plan

The Hospitalization Procedure

You can avail either cashless facility or submit the claim for reimbursement.

Cashless

Cashless hospitalization means the TPA may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Standard Network/PPN Network Hospital and the TPA. In such case, the TPA will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent these services are covered under the Policy. Denial of cashless does not mean that the treatment is not covered by the policy.

Reimbursement

In case you choose a non-network hospital, you will have to liaise directly with the hospital for admission. However, you are advised to follow the preauthorisation procedure and intimate the TPA about the claim to ensure eligibility for reimbursement of hospitalisation expenses from the insurer.

To know about cashless or reimbursement, please visit the desired section mentioned below:

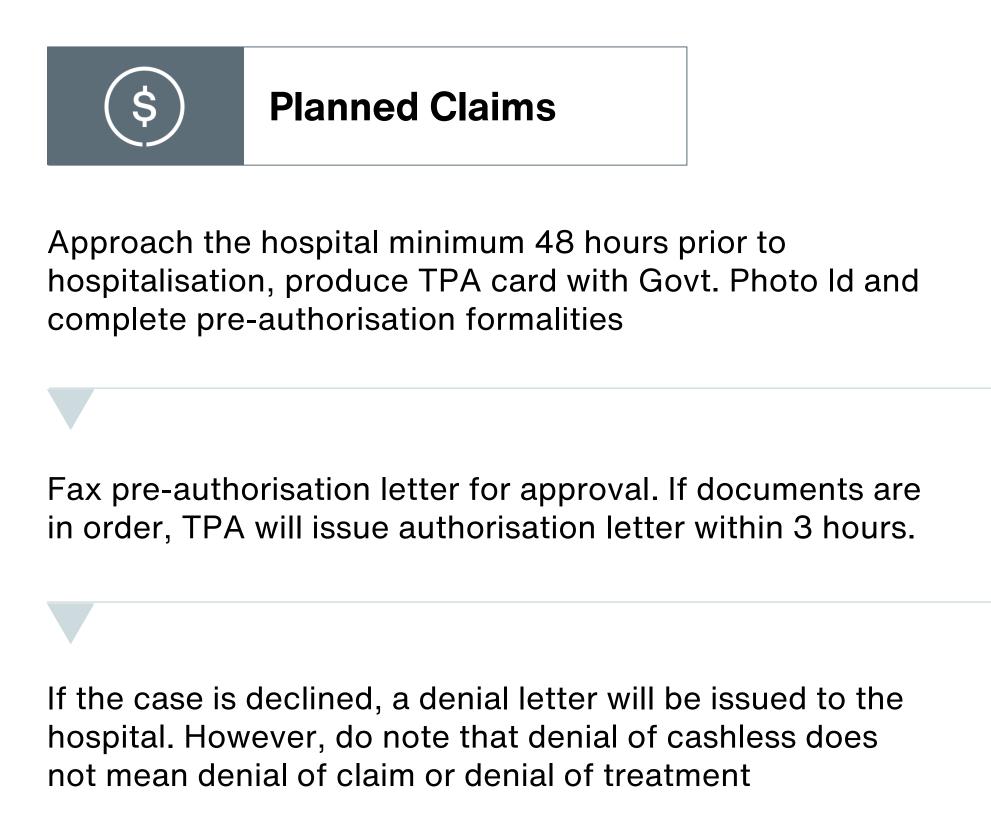








Claims Process – Cashless Claims







If possible, check which is the closest network hospital in the area. Once admitted, initiate treatment and within 24 hours, start the process of pre-authorisation

If in order, TPA will issue authorisation letter within 3 hours. If declined (unlikely in emergencies), a denial letter will be issued

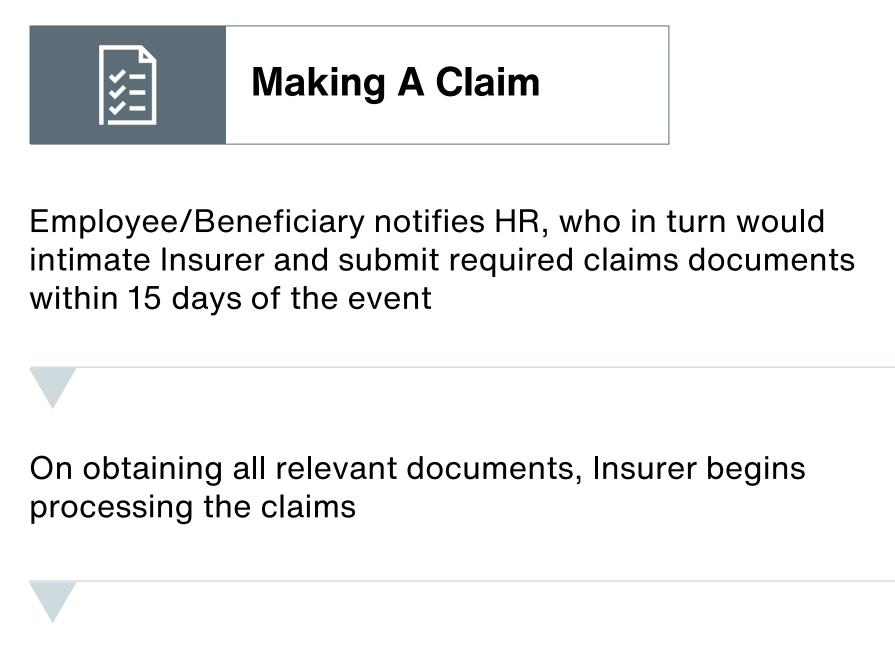
Post discharge, if you believe the denied claim is payable, do submit the claim as a reimbursement for a secondary review.





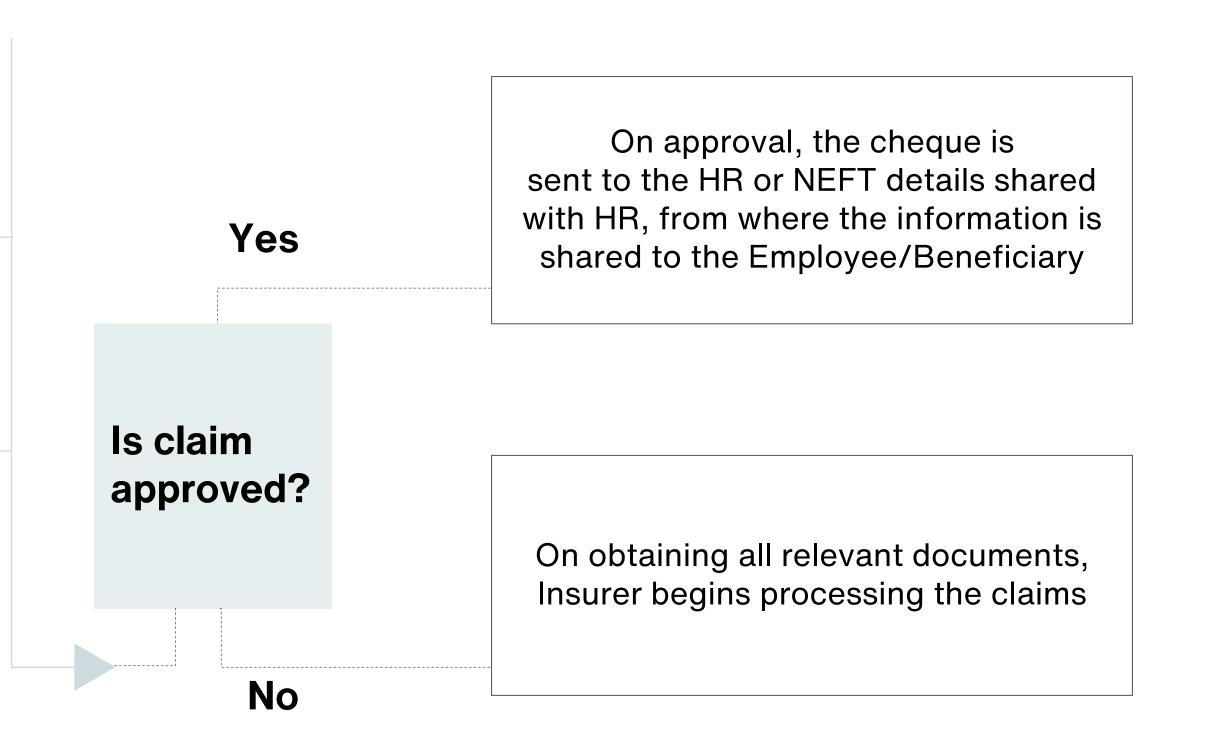


Claims Process – GPA



Claim Investigation and Review post submission of all the required documents













Q&A Session





<section-header></section-header>	 In the event of a hospitalisation claim (meanount of such expenses as would fall necessarily incurred thereof by or on be aggregate mentioned in the policy: Room Charges, Nursing expenses, Surgeon, Anesthetist, Medical Practition Anesthesia, Blood, Oxygen, Operation Texpenses.
Pre-existing diseases	Pre-existing diseases is a condition for wh commencement date. The most common Your policy covers pre-existing diseases f
Pre- Hospitalisation	Pre-hospitalisation expenses include varie before an individual gets hospitalised. Doe condition of a patient before prescribing to prior to his or her hospitalisation fall within as blood test, urine test and X-ray among Your policy covers 30 days of pre-hospital



ore than 24 hrs.), the insurance company will pay the insured person the under different heads mentioned below, and as are reasonably and behalf of such insured person, but not exceeding the sum insured in

oner, Consultant, Specialists Fees,

Theatre Charges Surgical Appliances, Medicines & Drugs, & similar

which the insured has been diagnosed with or treated for before the policy neuron examples of such conditions are diabetes, hypertension, thyroid etc.

from day 1.

ious charges related to consultation fees, medical tests and medicine cost octors/physicians conduct a slew of tests to accurately diagnose the medical treatment. However, in most cases, charges incurred by an individual 30 days in the ambit of pre-hospitalisation expenses. For instance, several tests such g others are categorised as pre-hospitalisation expenses.

alisation benefit.





Post- hospitalisation	Post hospitalisation expenses include all from the hospital. For instance, the consu- the progress or recovery of a patient. Exp are not included by insurance providers in charges, consulting fees and medicine co Your policy covers 60 days of post-hospit
Waiting period	A waiting period is the amount of time an The insured may not receive benefits for a period of 30 days , 1 year and 9 months a to exist. Your policy has no waiting period.
Maternity Benefits	 Maternity benefit covers the cost related c-section. Maternity benefit can be availe case two biological children already exist Expenses incurred in connection with verthe date of conception are not covered. Infertility Treatment and sterilisation are



I expenses or charges incurred by an individual after he or she is discharged sulting physician may prescribe medicine along with certain tests to ascertain spenses related to various therapies, namely, acupuncture and naturopathy in the category of post hospitalisation expenses. However, diagnostic costs are covered.

italisation benefit.

n insured must wait before some or all their coverage comes into effect. r claims filed during the waiting period. In a corporate group policy, waiting are waived off. However, in a retail policy most of the waiting period continue

d to the birth of the child. It includes the delivery charges for both normal and ed for the birth of first two children. Maternity benefit will not be applicable in at in the family.

voluntary medical termination of pregnancy during the first 12 weeks from d.

re excluded from the policy.





Pre/Post Natal	Pre and Post natal expenses are those wh checkups, doctor's consultation fee, med Your policy covers Pre/Post Natal expens
Newborn baby cover	A Newborn baby is covered in the family f be intimated to the HR team or updated o Your policy covers newborn baby cover fr
Ambulance Services	Ambulance charges include emergency tr hospital where treatment is undergone. Your policy covers ambulance charges for



which are incurred pre delivery and post delivery e.g., Ultrasound, regular dicines and so on.

ses within the maternity limit

floater sum insured limits from day 1. However, the birth of the child needs to on the benefits portal within 30 days of date of event. from day 1.

transport of the patient from the residence/place of accident/illness to the

or INR 10,000 per incidence only during emergency.





Day Care Services	Due to medical advancement, a list of trea For example : Cataract operation, kidney Your policy covers list of day care procedu
Ayurvedic treatment	Ayurvedic is a form of non-allopathic treat Government Hospital or in any Institute re- India/National Accreditation Board on Hea in-patient basis. Your policy covers ayurvedic treatment up hospital.
Dental cover	Dental treatment is treatment carried out crowns, extractions and surgery excluding exclusion under the policy except treatme Your policy covers dental treatment only in



eatments do not require 24 hours of hospitalization.

stones removal etc.

lures as per the insurer list

atment. Under insurance policy ayurvedic treatment undertaken in a recognized by the Government and/or accredited by Quality Council of ealth is only admissible. The ayurvedic treatment is covered only on

p to 100% of sum insured undertaken only in a government registered

t by a dental practitioner including examinations, fillings (where appropriate), ng any form of cosmetic surgery/implants. The dental cover is a standard nent undertaken in case of an accident.

in case of accident. No other form of dental treatment is covered in the policy.





Vision cover	Vision cover refers to the maintenance of preventive eye care and prescription of global Your policy does not cover vision benefit and the second s
Со-рау	A co pay is the amount of the claim that is claimed amount is INR 100,000 and the p insurance company will pay the remaining Your policy has a 5% co-pay only on pare
Ailment capping	Ailment capping in form of cost containm under the insurance policy. The most common form of ailment cappin Please refer to your policy terms and cond Your policy has no capping on any ailment



of the health and wellness of the eyes or eye care and includes routine glasses. This remains as a standard exclusion under the medical insurance.

is borne by the employee. For.eg during a claim process , the admissible policy has a 5% co pay . The employee will have to bear INR 5,000 and the ng INR 95,000.

ental claims.

nent method to ensure only reasonable and customary charges are payable

ing are cataract, knee replacement surgery, oral chemotherapy etc.

nditions to understand the ailment caps under your corporate policy.

nt.





Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (twenty-four hours) basis and shall include associated medical expenses. Sub-limit on room rent would mean that the insurer defines the maximum amount it will pay towards the room rent. Mostly, this limit is defined as a percentage of sum insured.

If you choose a room with higher tariff, the insurer will not pay, and you will pay the difference. But that's not all. You don't only pay the difference sssin the room rent alone, but the associated difference in cost of doctors' fees, nursing fees and surgery costs. This is so because the cost of medical procedures is linked to the room that you choose. So, for the same line of treatment a person with a twin-sharing room will pay less compared to a person with a single room.

Actual for ICU/CCU/NICU room category per day.



Room

Rent

Your policy eligibility is: Normal room category is as per your cadre/ as per eligibility and





Key Contacts for GPA & Critical Illness

Contact Details of ARIB

Level	Claims Manager	Relationship Manager	Escalation Level
Name	Mr. Pradip Lakare	Dr. Shweta Shirole	Mr. Shekar Satkar
Mobile Number	+91 - 9049937076	+91 - 9763677881	+91 - 9822212282
Email ID	pradip.lakare@aon.com	Shweta.shirole@aon.com	shekhar.satkar@aon.com







Thank You

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