



Employee Insurance Benefits Manual

FY : 2023-24



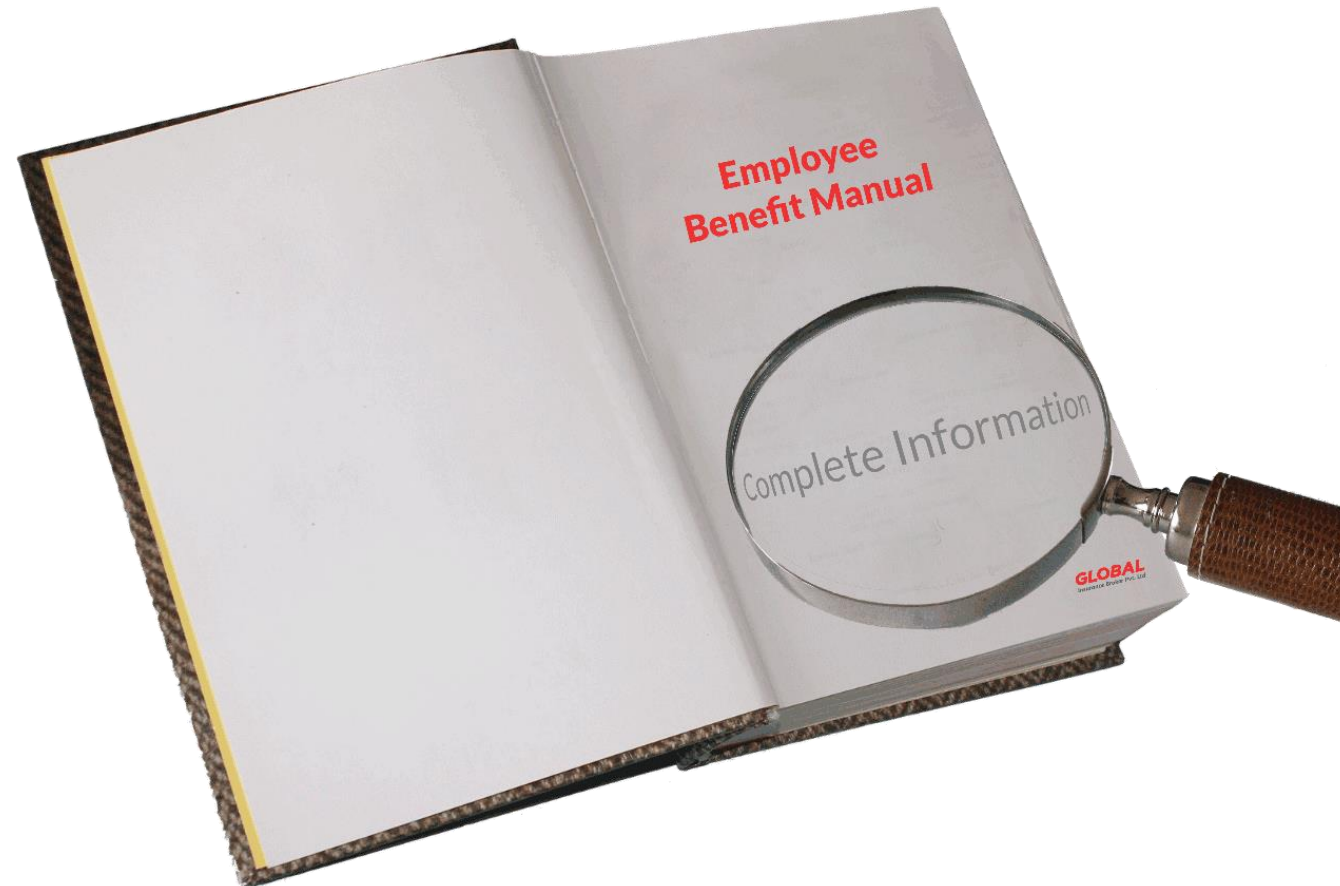
About This Employee Benefits Manual

This Employee Benefits Manual is a reference guide to the benefits provided by **Movate Technologies Private Limited**. For complete information on the benefit terms and conditions please refer to the policy documents/wordings provided by the respective insurer.

Prepared By :

Health & Benefits Team
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Group Medical Insurance Policy

The **Group Medical policy covers** expenses by the insured persons on account of hospitalization due to **sickness or accident**. The policy covers expenses incurred on room rent, medicines, surgery etc. Expenses for hospitalization are payable only if a **24-hour hospitalization has been taken** (Except for named day care procedures, which do not require a 24-hour hospitalization). Typical expense heads covered under the policy are the following: room/boarding expenses as provided by the hospital, nursing expenses , surgeon, anesthetist , medical practitioner, consultant , specialist fees, anesthesia, blood, oxygen, operation theater charges, medicines and drugs, diagnostic material and X-Ray, dialysis, chemotherapy, radiotherapy, and similar expenses



RELIANCE
General Insurance

Medi Assist
Medi Assist Insurance TPA Pvt. Ltd.

Group Medical Plan



Benefit	Benefits/Coverages & Condition's
Policy Master Policy Holder	Movate Technologies Private Limited
Policy Number	141532328120000121
Insurer	Reliance General Insurance Company Limited
TPA	Medi Assist TPA
Inception Date	01-Apr-23
Expiry Date	31-Mar-24
Family Definition	<ul style="list-style-type: none"> ✓ Employee + Spouse + 3 Dependent Children ✓ 4th child is covered only in case of triplets.
LGBTQ	<ul style="list-style-type: none"> ✓ Covered ✓ LGBTQ is an initialism that stands for lesbian, gay, bisexual, and transgender ✓ As per the policy covers either legal spouse or LGBT ✓ Note: Emp Can either add Legal Spouse / Same Sex / Domestic Partner (Live in Relation)
Widow Widower Cover	<ul style="list-style-type: none"> ✓ Covered ✓ In the event of the Death of an employee Widow/ widower & Child Continue under GMC for a further period
Sum Insured Type	Family Floater Sum Insured
Sum Insured Limit (Enhanced)	INR 300,000 & INR 600,000
Age Bracket	0 - 65 years
Geographical Limits	India (Treatment Taken Within the Geographical limit of India under Register Hospital are eligible to claim under policy)

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Medical : Mid Term & New Addition



Existing Employees + Dependents

Commencement Date for Existing Employees + Dependents	1 st April 2023
Termination Date for Existing Employees + Dependents	31 st March 2024 (Mid Night)

New Joinees + Dependents : Intimation By HR to GIB for Enrolment Window (Monthly)

Commencement Date	Date of joining (Provided the intimation is given within 30 days from DOJ)
Termination Date	31 st March 2024 (Mid Night)

New Dependents (Newly Wed Spouse / Newborn Baby) : Enrolment by Employee in Movate GHRMS Portal

Commencement Date	Date of Intimation of such event (declaration within 30 days from the date of Marriage for new Spouse addition & date of birth for newborn Baby addition)
Termination Date	31 st March 2024 (Mid Night)

Mid-Term Enrollment Condition:

- Allowed, only for New Joiner & Family / Newly wedded Spouse / New -born Baby within 30 days from the date of such event

Intimation Timeline as below:

Group Medical Plan



Benefit	Benefits/Coverages & Condition's
Standard Hospitalization	Covered
Day Care Procedures	<ul style="list-style-type: none"> ✓ Covered ✓ As per Reliance : https://www.reliancegeneral.co.in/Downloads/List_of_Day_Care_Procedures.pdf
Accident Cases	<ul style="list-style-type: none"> ✓ Covered ✓ Waiver Of 24 hrs. Of Hospitalization In Case Of Accident Hospitalization
1 st , 2 nd & 4 th Year Exclusion Clause	Waived for all
First 30 Days Exclusion Clause	Waived for all
Pre-existing Disease	Waived for all
Room Rent Restriction/Eligible (Enhanced -ICU)	<ul style="list-style-type: none"> ✓ For INR 300,000 Sum Insured: Normal Room : Rs. 4,000 per day & ICU at actuals ✓ For INR 600,000 Sum Insured: Normal Room : Rs.7,000/- Per day & ICU at actuals
Room Rent Condition	<ul style="list-style-type: none"> ✓ Room Rent : Room rent includes bed charges, duty doctor, nursing charges and service charges or amenities (if any) ✓ ICU Rent : ICU charges includes ICU bed, general medical support, medical devices expenses, critical care nursing and intensivist charges ✓ Proportionate Deduction clause applicable where Insured member has opted for room rent higher than eligible room rent category ✓ Capping of room rent is linked with Consultant Charge/surgeon Fee/Anaesthesia Charges/charge by Specialist/Procedure Charge and other expenses shall be deducted in Proportionate to Room Rent
Pre And Post Hospitalization	<ul style="list-style-type: none"> ✓ Pre-Hospitalization Expenses Covered up to 60 days (Before date of admission) ✓ Post Hospitalization Expenses Covered up to 90 days (after date of discharge) ✓ Note : Subject to main claim is admissibility

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Medical Plan



Benefit	Benefits/Coverages & Condition's
Emergency Ambulance Charges	<ul style="list-style-type: none"> ✓ Emergency Ambulance charges payable up to a Maximum of INR 5,000 per incident Per Person ✓ Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospitals ambulance or in an ambulance provided by any ambulance service provider only.
Bereavement Cover	<ul style="list-style-type: none"> ✓ No deduction in claim amount in case of death of patient. ✓ 100% of the claimed amount maximum/up-to Family Sum Insured limit is paid if the claimant passes away during Standard hospitalization.
Congenital Internal Disease	<ul style="list-style-type: none"> ✓ Covered ✓ Subject to Standard Hospitalization
Congenital External Disease	<ul style="list-style-type: none"> ✓ Covered ✓ Only in case of life-threatening events ✓ Subject to Standard Hospitalization
Biodegradable Stent	<ul style="list-style-type: none"> ✓ Covered ✓ Subject to Standard Hospitalization
Animal / Serpent Attack	<ul style="list-style-type: none"> ✓ Covered ✓ Subject to Standard Hospitalization
Oral Chemotherapy	<ul style="list-style-type: none"> ✓ Covered
Genetic Disorder (Enhanced As a result of Sum Insured enhancement)	<ul style="list-style-type: none"> ✓ Covered ✓ Subject to Standard Hospitalization ✓ Limit: up to 25% of Family Sum Insured limit
Co-pay Clause	<ul style="list-style-type: none"> ✓ 20% of all Admissible Claims ✓ Not applicable for Capped ailments

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Medical Plan



MATERNITY RELATED BENEFITS

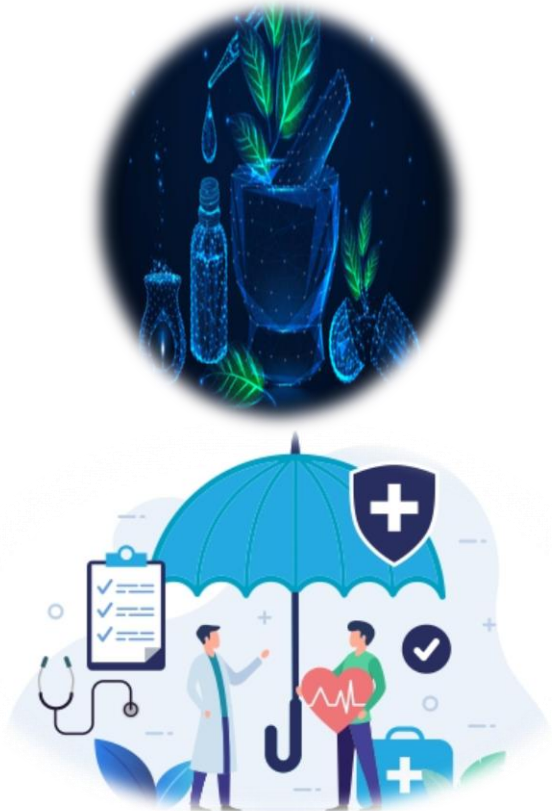


Plan Name	Benefits/Coverages & Condition's
Maternity Applicable	Maternity Benefit is available only for Self and Spouse
Maternity Benefits Maximum Limits (Enhanced)	✓ Normal : INR 60,000 ✓ C-Section: INR 60,000
9 Months Waiting Period	Waived for all
Pre & Post Natal Charges	✓ Covered ✓ INR 5000 within maternity limit
Well Baby Expenses	✓ Covered ✓ INR 5000 within maternity limit
Newborn Baby	✓ Covered from Day One within Family Floater Sum Insured
Maternity Related Complication	✓ Covered ✓ up-to family Sum Insured Limit
Surgical Infertility Treatment (Enhanced)	✓ Covered ✓ INR 60,000 over and above maternity limit

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Medical Plan

TREATMENT & AILMENT CAPPING/LIMIT



Plan	Benefits/Coverages & Condition's
AYUSH treatment	<ul style="list-style-type: none">✓ Limit: up to 25% of Sum Insured subject to a maximum of INR 25,000/-✓ Covered: Expenses incurred for Ayurvedic / Homeopathic/ Unani treatment✓ Subject: Provide the treatment is taken in Government or Government recognized Center/Hospital approved by National Accreditation Board for Hospitals & Healthcare
Cataract	<ul style="list-style-type: none">✓ Coverage Maximum Capping Limit : Rs. 30,000/- per eye.✓ Condition: In case of multifocal /femto laser treatment, claim will be payable up to the value of Unifocal lens/cataract limit
Lasik Treatment	<ul style="list-style-type: none">✓ Covered if power is +/- 7.5
Psychiatric treatment	<ul style="list-style-type: none">✓ Covered✓ up to INR 30,000 as in patient (IPD)

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Voluntary Group Medical Insurance Top Up Policy



Top Up Policy: Standard Benefit

Plan Name	Benefits/Coverages & Condition's
Policy Master Policy Holder	Movate Technologies Private Limited
Policy Number	141532328120000122
Insurer	Reliance General Insurance Company Limited
TPA	Medi Assist TPA
Inception Date	01-Apr-23
Expiry Date	31-Mar-24
Pre existing Disease coverage	Day one coverage
30 days waiting period	Day one coverage

Member Covered: Same set Member enrolled is **Base Mediclaim** policy is default covered under Top-up.

Benefits & Condition's: All the terms and conditions are as per the base policy.

Base policy sublimit/ Capping Ailment: **Not covered under Top-up**

Exclusion: As per Standard Exclusion

Claims: Being a Voluntary super Top-up policy. The claim can only be entertained under the said policy If the Sum Insured under the base policy is completely exhausted.

Enrolment: Policy can only be opted during the initial Enrolment window in Movate GHRMS Portal . Once after the enrolment closure there is no exceptional Mechanism to Enroll/ opt TOPUP during the present/existing policy.

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Top Up Policy: Premium Chart



Premium Including GST @18%			
Sum Insured	Standard Benefits	With Enhanced Benefits	With Enhanced & OPD Benefit
100000	3,664		
200000	5,310	9,735	11,505
400000		13,941	16,065
800000		16,693	19,348

Premium : Based on enrollment the premium will be deducted in next Payroll Cycle

Mediclaime ,Voluntary Top-up & Parents Enrolment: Policy can only be opted during the initial Enrolment window in Movate GHRMS Portal .Once after the enrolment closure there is no exceptional Mechanism to Add/Change/ Enroll/ opt Voluntary policy during the present/existing policy period.

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Top Up Policy: Enhanced Benefit

Top Up Policy: Enhanced Benefit

Topup Sum Insured	INR 2 Lakh	INR 4 Lakh	INR 8 Lakh
Copay	10% Co-pay with a cap of INR 20K	15% Co-pay with a cap of INR 50K	15% Co-pay with a cap of INR 75K
Maternity Limit	INR 75K for Both Normal & C-Section	INR 80K for Both Normal & C-Section	INR 80K for both Normal and C-Section
Children Education	Covereds : Limit INR.25,000	Covereds : Limit INR.50,000	Covereds : Limit INR.75,000
Room Rent Restriction	Normal Room Rent – INR 5000	Normal Room Rent – Single AC	Normal Room Rent – Single AC

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Top Up Policy: OPD Benefits

OPD Limit For Top-up Sum Insured

INR 2 Lakh Sum Insured :
OPD Limit INR 5,000

INR 4 Lakh Sum Insured :
OPD Limit INR 6,000

INR 8 Lakh Sum Insured :
OPD Limit INR 7,500

Benefits

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Top Up Sum Insured



Existing Current Policy Benefits	Market Retail Policy	Movate Technologies Private Limited Top Up Benefits
Preexisting Disease coverage	First 4 Years excluded	Day one coverage
30 days waiting period	Applicable	Day one coverage
2-year exclusions for Named ailments like Cataract, Hernia etc.	Applicable	Day one coverage
80 D Benefit	Applicable	Applicable
TPA	Choice of Insurance company	Same as of Corporate Policy to help in faster claims processing
Medical Tests	Any Person >45 needs to go for a Medical Test on own cost	Not required for any age group

Voluntary Group Medical Insurance Parents Policy



GLOBAL

Insurance Brokers Pvt Ltd



Parents Policy - Benefits



Plan Name	Benefits/Coverages & Condition's
Policy Master Policy Holder	Movate Technologies Private Limited
Policy Number	141532328120000120
Insurer	Reliance General Insurance Company Limited
TPA	Medi Assist TPA
Inception Date	01-Apr-23
Expiry Date	31-Mar-24
Family Definition	Either / both set of Parents / in-Laws can be covered for all employees
Sum Insured	Family Floater Sum Insured - INR 2,00,000/-, Rs. 3,00,000/- & 4,00,000/-
Age Bracket/Restriction	No limit
Standard Hospitalization	Covered
Day Care Procedures	✓ Covered ✓ As per Reliance : https://www.reliancegeneral.co.in/Downloads/List_of_Day_Care_Procedures.pdf

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Parents Policy - Benefits



Plan Name	Benefits/Coverages & Condition's
1 st , 2 nd & 4 th Year :Exclusion Clause	Waived for all
First 30 Days : Exclusion Clause	Waived for all
Pre-existing Disease	<ul style="list-style-type: none"> ✓ Waived for all ✓ Treatment /Uncertainty as a result of Pre existing covered Subject to Standard Hospitalization
Room Rent Restriction/Eligibility	<ul style="list-style-type: none"> ✓ Room rent per day restricted to ✓ Normal Rs.2,000 or 1% of SI per day whichever is higher. ✓ ICU - Rs.4,000 per day or 2% of SI whichever is higher.
Room Rent Condition	<ul style="list-style-type: none"> ✓ Room Rent : Room rent includes bed charges, duty doctor, nursing charges and service charges or amenities (if any) ✓ ICU Rent : ICU charges includes ICU bed, general medical support, medical devices expenses, critical care nursing and intensivist charges ✓ Proportionate Deduction clause applicable where Insured member has opted for room rent higher than eligible room rent category ✓ Capping of room rent is linked with Consultant Charge/surgeon Fee/Anaesthesia Charges/charge by Specialist/Procedure Charge and other expenses shall be deducted in Proportionate to Room Rent
Pre And Post Hospitalization	<ul style="list-style-type: none"> ✓ Pre-Hospitalization Expenses Covered up to 60 days (Before date of admission) & ✓ Post Hospitalization Expenses Covered up to 90 days (after date of discharge) ✓ Note : Subject to main claim is admissibility

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Parents Policy - Benefits



Plan Name	Benefits/Coverages & Condition's
Congenital Internal Disease	<ul style="list-style-type: none"> ✓ Covered ✓ Subject to Standard Hospitalization
Congenital External Disease	<ul style="list-style-type: none"> ✓ Covered ✓ Only in case of life-threatening events ✓ Subject to Standard Hospitalization
Cataract	<ul style="list-style-type: none"> ✓ Rs. 30,000/- per eye. ✓ In case of multifocal /femto laser treatment, claim will be payable up to the value of Unifocal lens/cataract limit
Lasik Cover	Covered if power is +/- 7.5
Ailment Cap	Not Applicable for Capped Ailment
Emergency Ambulance Charges	<ul style="list-style-type: none"> ✓ Emergency Ambulance charges payable up to a Maximum of INR 2,000 per incident Per Person ✓ Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospitals ambulance or in an ambulance provided by any ambulance service provider only
Ayush Treatment	Expenses incurred for Ayurvedic / Homeopathic/ Unani treatment covered in government recognized hospitals up to 25% of SI subject to a maximum of INR 25,000/-
Oral Chemotherapy	Covered for all
Psychiatric Treatment	up to INR 30,000 as in patient (IPD)
Genetic Disorder	up to 25% of Family Sum Insured Limit
Co-pay Clause	<ul style="list-style-type: none"> ✓ Applicable 20% of all claims ✓ Not Applicable : Capped Ailments

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Parents Policy – Premium Chart



About Premium & Sum Insured:

Mentioned above Premium is Excluding of GST @ 18%. Premium will be deducted Including GST @ 18%. The parental sum insured is on a floater basis

However, the premium charged is on a number of parents enrolled basis. So, you may choose to cover either of your single parent or both.

The sum insured will be on a floater basis (For 2 parents or single parent)

Member Eligible: Either / both set of Parents / in-Laws can be covered for all employees

Floater Sum Insured: Sum Insured will be on on Floater for each Set Parents

Both Set Refers to:

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Claim Intimation Timelines Applicable for all Mediclaim Policy



Benefit	Benefits/Coverages & Condition's
Claims Intimation	No Claims intimation required for reimbursement claims & Day Care procedure claims
Re-imburement Claims Reporting / Submitting Period	Claim reporting /submission period within 90 days from the Date of Discharge



The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Medical Plan : Definitions

Standard Hospitalization

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalization as an inpatient, then the below-mentioned hospitalization expenses will be reimbursed under your group medical plan. The expenses shall be reimbursed provided they are incurred in India and are within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to. Expenses that are of a diagnostic nature only or are incurred from a preventive perspective with no active line of treatment and do not warrant a hospitalization admission are not covered under the plan.

- ✓ Room rent and boarding expenses
- ✓ Doctors' fees (A medical practitioner)
- ✓ Intensive Care Unit
- ✓ Anesthesia, blood, oxygen, operation theatre charges, surgical appliances.
- ✓ Medicines, drugs and consumables(Dressing, ordinary splints and plaster casts)
- ✓ Diagnostic procedures (such as laboratory, x-ray, diagnostic tests)
- ✓ Costs of prosthetic devices if implanted internally during a surgical procedure
- ✓ Organ transplantation including the treatment costs of the donor but excluding the costs of the organ



Note: As per the standard Insurance policy, will cover only the Conventional procedure of Treatment cost. In any case Pt. /employee opted for an Advance procedure/ treatment then the policy will only honor the conventional cost of treatment

Group Medical Plan : Definitions

Definition of Hospital

Hospital/Nursing Home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in- patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock.
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the

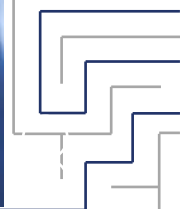
- The expenses shall be reimbursed provided that they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.
- Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalization Benefit.



Please Note: Settlement of cashless claims in PPN/GIPSA network hospitals includes hospital discount.

The above-mentioned discount is not applicable in case of Reimbursement claims from PPN/GIPSA network hospitals and the same will be deducted at the time of final settlement.

Group Medical Plan : Definitions



Pre & Post Hospitalization	
Pre- Hospitalization Expenses	If the Insured member is diagnosed with an Illness which results in his / her immediate Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalization Expenses for up to 60 days prior to his / her Hospitalization.
Condition	Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalization was required
Post- Hospitalization Expenses	If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required, the Insurer will reimburse the Insured member's Post-hospitalization Expenses for up to 90 days period.
Condition	Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalization was required

What is Family Floater?

Insurer will pay the medical expenses up to the amount mentioned per family.
Either one member or including all family member can claim up to this amount only.



Group Medical Plan : Definitions



Policy Benefit	Definition	Covered/Not Covered
Pre-existing Diseases	Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer	Covered
First 30 days waiting period	Any Illness diagnosed or diagnosable within 30 days of the effective date of the Policy Period if this is the first Health Policy taken by the Policyholder with the Insurer.	Waived off
First year Waiting Period	During the first year of the operation of the policy the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre- existing at the time of proposal, they will not be covered even during subsequent period or renewal too	Waived off
Room Rent & ICU	Insured employees are requested to use prudence and proper negotiation with Hospital/ Nursing home in availing the eligible room category. Proportionate clause is applicable if member opted for higher room / ICU	Covered
Day Care	Day Care Procedure means the course of medical treatment or a surgical procedure listed in the Schedule which is undertaken under general or local anesthesia in a Hospital by a Doctor in not less than 2 hours and not more than 24 hours.	Covered
Diagnostic Expenses	Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment in a hospital of the positive existence of any ailment, sickness or injury for which confinement is required at a Hospital/Nursing Home is not covered under the plan	Not Covered
Dental & Vision	Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires Hospitalization; is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.	Not Covered

Group Medical Plan : Standard / General Exclusion

- Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.
- Any surgery which is corrective, cosmetic or of aesthetic procedure etc. unless arising from disease or injury and which requires hospitalisation for treatment.
- Congenital external diseases or defects/anomalies
- Convalescence, general debility, “run down” condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- Any cosmetic or plastic surgery except for correction of injury
- 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.
- Any Treatment arising from or traceable to pregnancy, 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
- Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

Note:

Above exclusions are only indicative, please refer Insurance Company Policy Copy Insurer Portal / IRDA website for complete Standard List
In case of any of the above ailment represented in Benefit as coverage. Then the policy will honor claim as per policy T&C

Group Medical Plan : Standard / General Exclusion

- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc..
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.
- Any kind of Service charges, Surcharges, Admission fees / Registration charges etc. levied by the hospital.
- Out patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.,
- Vitamins and tonics unless used for treatment of injury or disease
- Infertility treatment, Intentional self Injury, Outpatient treatment.
- Family planning Operations (Vasectomy or tubectomy) etc.
- Genetical disorders / stem cell implantation / surgery

Note:

Above exclusions are only indicative, please refer Insurance Company Policy Copy Insurer Portal / IRDA website for complete Standard List
In case of any of the above ailment represented in Benefit as coverage. Then the policy will honor claim as per policy T&C

Group Medical Plan : Standard / General Exclusion



- All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- External and or durable Medical / Nonmedical equipment of any kind used for diagnosis and or treatment like Prosthetics etc.
- Lasik treatment or any other procedure for correction/enhancement of vision is not covered.
- Any device/instrument/machine that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered.
- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- Genetical disorders and stem cell implantation / surgery.
- External and or durable Medical / Nonmedical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc. of any kind, Diabetic foot-wear, Glucometer / Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc..
- All non-medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc., guest services and similar incidental expenses or services etc..
- Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.

Note:

Above exclusions are only indicative, please refer Insurance Company Policy Copy Insurer Portal / IRDA website for complete Standard List
In case of any of the above ailment represented in Benefit as coverage. Then the policy will honor claim as per policy T&C

Standard Non-Payable Expense



As per IRDA under Mediclaim Policy Consumables/ Non-Medical Expenses are standard Exclusions. PFB few indicative list (This may have few addition based on case to case)

- Admission/Registration
- Telephone charges
- Attendant's charges
- Home Visit/Nursing charges - at residence after discharge
- Assistant fee/Follow up charges in advance
- Sundry/Medico Legal Charges/Diabetic chart charges
- Thermometer Charges
- Container for Specimen/Disposable Bag charges
- Admission Kit
- External Surgical Aids: Lumbo-sacral/Collar belt /Kneecap/Knee brace/ walker/hot water bag/baby kit/urine pot / traction kit/ folding commode etc.
- Inhaler/ Nebulizer /Glucometer or any other equipment
- Diet charges
- Special/protein diet/health drinks unless prescribed by the doctor
- Documentation/Folder/Stationery/In Patient chart charges
- Ain case of Advance Procedure only the conventional cost is payable
- PPE Kit etc

Note: Above exclusions are only indicative, please refer Insurer website / IRDA website for complete Standard List

Enrollment Procedure & Mediclaim Cards

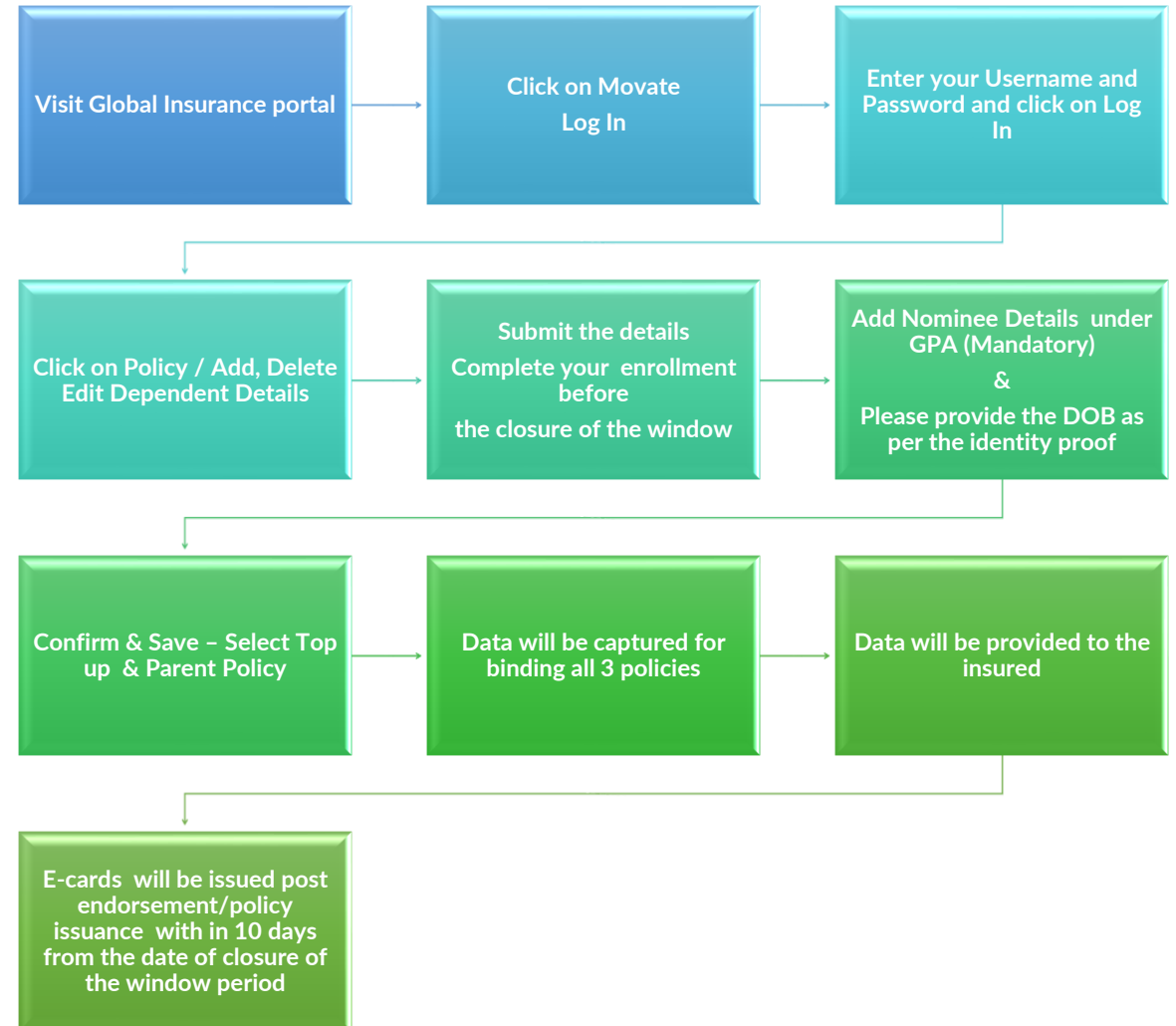
Movate Employees must provide all the details of dependents in the prescribed format provided in the joining docket for Mediclaim coverage. Dependents once declared cannot be changed during the policy period.

Existing Movate Employees are covered as on date of policy commencement (or date of joining for new Movate employees joining after (date)) along with their eligible dependents as per data provided by HR to Insurance Company.

No midterm inclusion of dependents would be allowed except in case of spouse due to marriage of an Employee and birth of child.

Midterm enrollment of new dependents (Spouse / Children) is allowed for Movate Employee within 30 days from Date of Marriage/ Date of Birth. The details need to be updated by you to your HR .

The Mediclaim cards will be handed over within 45 working days from data of joining/ 15 Days from date of Enrolment closure.



Hospitalization Procedure

Definition of Cashless

Cashless hospitalization means Star Insurance may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Network Hospital and Star Insurance. In such case, Star Insurance 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.

- **There are 2 types of cashless hospitalization:** Planned hospitalization & Emergency hospitalization
- **Hospital Network List** : Website - <https://mediassisttpa.in/network-hospital-search/>



<https://mediassisttpa.in/network-hospital-search/>

Update Pin code

Select Insurer Reliance General Insurer

Search Prefer : Network Hospital

Definition of Reimbursement

In case you choose a non-network hospital, you will have to liaise directly for admission. However, you are advised to follow the preauthorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

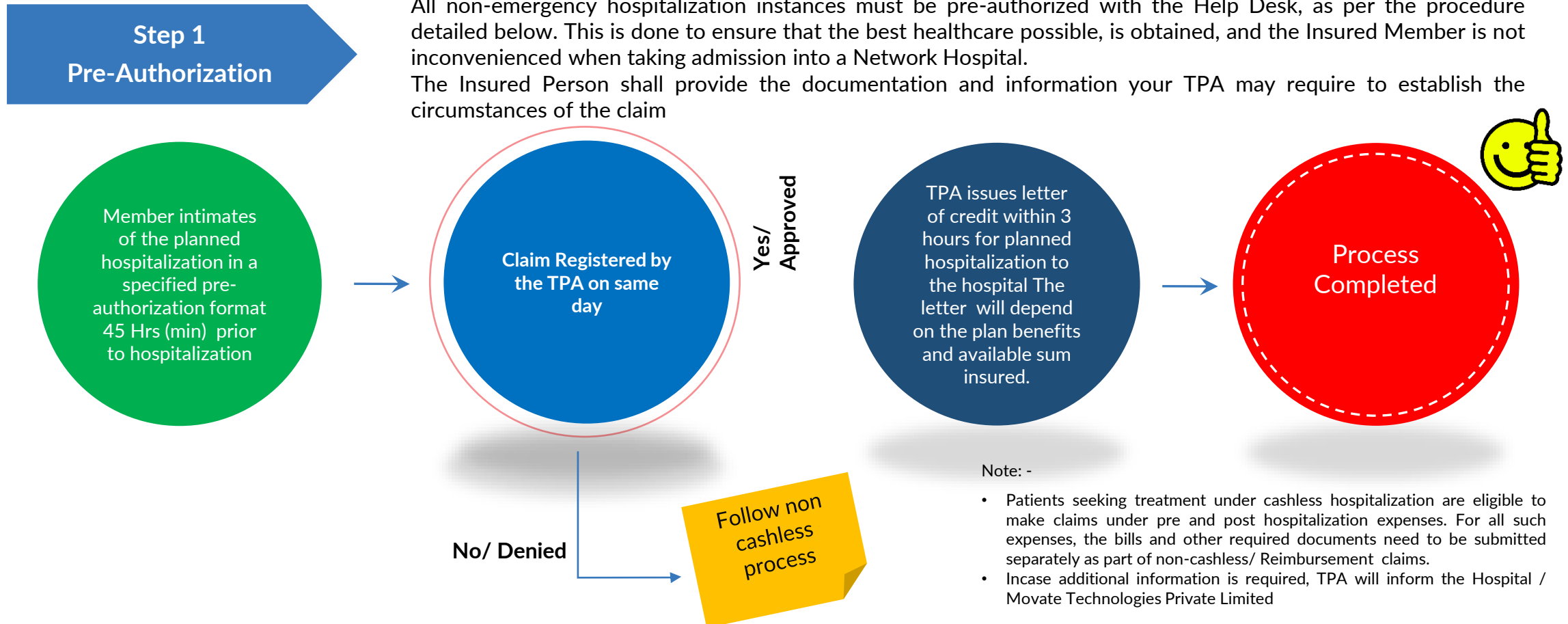
To know about cashless or reimbursement, please see subsequent pages.

Please Note: Settlement of cashless claims in PPN/GIPSA network hospitals includes hospital discount.

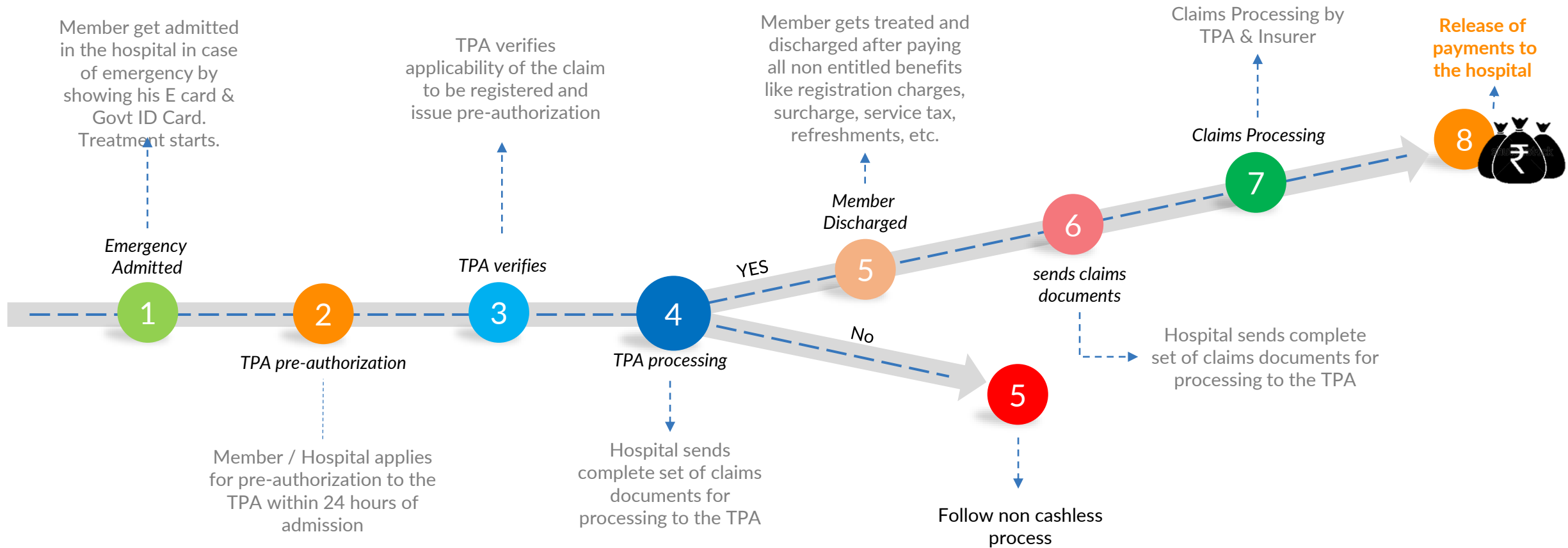
The above-mentioned discount is not applicable in case of Reimbursement claims from PPN/GIPSA network hospitals and the same will be deducted at the time of final settlement.

Cashless Planned Hospitalization

Cashless Hospitalization : Planned



Emergency Cashless Hospitalization



Reimbursement Hospitalization



Admission procedure

In case you choose a non-network hospital, you will have to liaise directly for admission. However, you are advised to follow the preauthorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

Discharge procedure

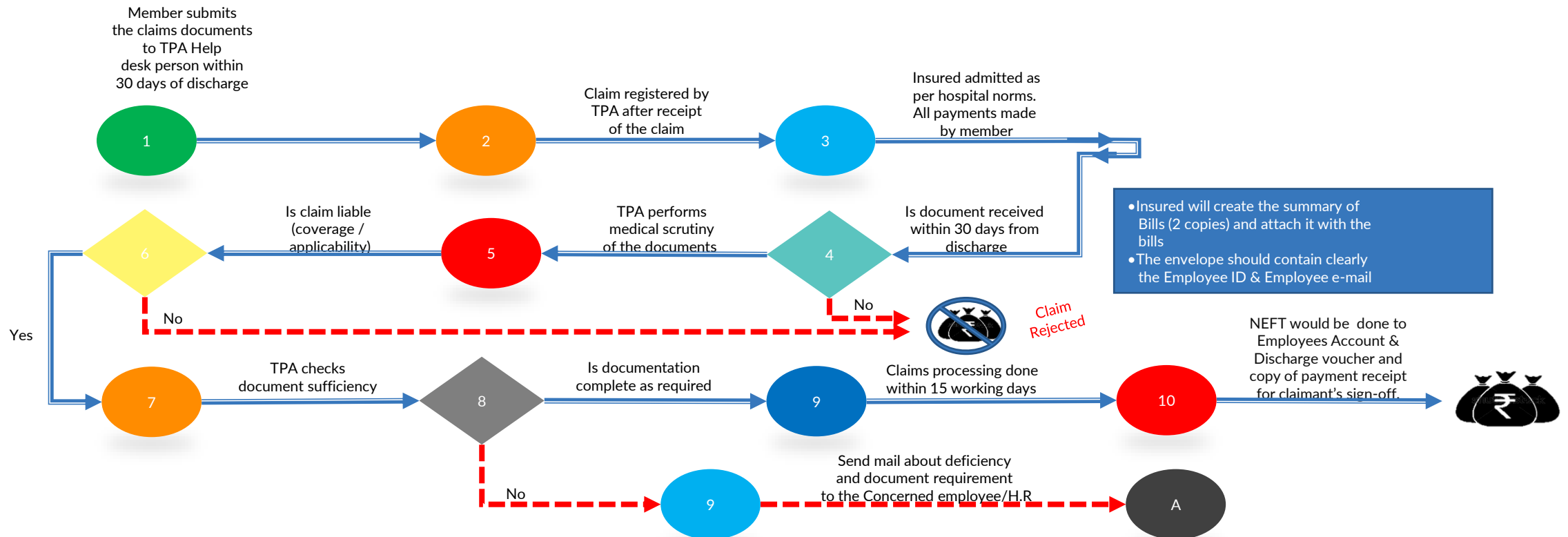
In case of non network hospital, you will be required to clear the bill and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as discharge summary, investigation reports etc. for submitting your claim.

Submission of hospitalization claim

1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 30 days from the date of discharge from the hospital.
2. Under hospitalization claims, you are also permitted to claim for treatment expenses 30 days prior to hospitalization and 60 days after the date of discharge. Please submit the pre/post hospitalization claim within 7 days from the treatment completion date or 7th days from the 60th day whichever is earlier.



Reimbursement Hospitalization Process



Claim Documents Envelope Address Format

To,
Medi Assist Insurance TPA Pvt. Ltd.
 Rwd Atlantis, 24, Nelson Manickam Rd, Railway Colony, Aminjikarai,
 Chennai, Tamil Nadu 600029

From
 Corporate Name :Movate Technologies
 Employee Name _____
 Employee ID _____
 Ecard No _____
 Address _____
 Ph No: _____

Reimbursement Claim Documents



No.	Reimbursement Claim Documents
1	Duly filled and signed Insurance Claim Form Part A & Part B
2	Original Discharge Summary stating the date of admission, date of discharge, presenting complaints with duration, clinical condition, detailed line of treatment, final diagnosis and past medical and surgical history with duration..
3	Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, medicines, Transfusions, Room Rent, etc.
4	Original Paid Receipt with revenue stamp, hospital seal and signature towards the final hospital bill of Hospital for hospitalization period.
5	All Laboratory and Diagnostic Test Reports In Original E.g. X-Ray, E.C.G, USG, MRI Scan, Hemogram etc.
6	In case the hospital is not registered, please get a letter on the hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock along with the treating doctor registration no on hospital letter head duly signed and stamped
7	In case of Surgeries where Implant and Stent has been used ,copy of invoice /stickers/Barcode of Implant used will have to be enclosed.
8	Obstetric History (in case of maternity) [Gravida-Para-Living-Abortion and LMP & EDD]. Time of Admission & Time of Discharge (it is MUST for 24hrs hospitalizations).
9	In case of accidents, please note FIR or MLC (medico legal certificate) is mandatory.
10	Completely filled NEFT Details stating Branch MICR Code, IFSC Code & Account type, Complete Account Number duly signed by Policy Holder/proposer with Preprinted canceled cheque (Note :First page of Bank passbook or statement would be mandatory if account number is ink stamped and name of the account holder is not printed. All Fields in the form are mandatory to process)for claim disbursement purpose and Aadhaar & Pan card / Form60 is mandatory in all type of claim as per IRDA Guideline and needs to be complied

IMPORTANT:- Intimation and Submission Timeframes:

Intimation of claim:- 48 hours prior to getting hospitalized for planned hospitalization and 24 hours within hospitalization for emergency hospitalization

Submission of claim :- TPA must receive the claim documents for all reimbursements within 30 days of discharge from hospital.

Kindly retain photocopies of all the documents. KYC – Government issued Photo ID and Address proof

The above is an indicative list and additional documents can be requested to process a claim.

Kindly retain photocopies of all the documents. KYC – Government issued Photo ID and Address proof

The above is an indicative list and additional documents can be requested for to process a claim.

Group Medical Plan : Contact Details



DEDICATED POINT OF CONTACT

Contact Person	Mobile number	Mail id
Mr. Yathish MM	9686575143	yathish.mm@globalinsurance.co.in

In view of “Movate Technologies Private Limited” : Group being Corporate Insurance, Employee must contact above Dedicated SPOC Only

HELPDESK

Location	Days	Time	Name	Email ID	Ph No
Chennai - GOP	Every 1 st & 3 rd Monday	6:00 PM -09:00 PM	Mr. Ravi	ravi.rajendiran@mediassist.in	8147027423
Chennai- Ambit	Every 1 st & 3 rd Friday	05:00 PM – 10:00 PM	Mr. Ravi	ravi.rajendiran@mediassist.in	8147027423
Bangalore	Every 1 st & 3 rd Monday	6:00 PM -8:00 PM	Henry Michael	henry.michael@mediassist.in	8050636741
Hyderabad	Every 2 nd Monday	4:00 PM to 7:00 PM	Sarwar	sarwar.khan@mediassist.in	9676854883

Group Medical Plan : Escalation Contact Details



GLOBAL (GBS PORTAL RELATED)

Level	Contact Person	Mobile number	Mail id
1 st Level	Ms. Neha Kanpile	8779046264	neha.kanpile@globalinsurance.co.in
2 nd level	Mr. Ganesh Gaurav	9664999032	ganesh.gurav@globalinsurance.co.in

ESCALATION MATRIX

Level	Contact Person	Mobile number	Mail id
Level 1	Ms. Vanitha- GIB	7022158511	Vanitha.Ramachandran@globalinsurance.co.in



For Enrolment Contact: Health.Assure@movate.com

Group Personal Accident Policy



Group Personal Accident Plan

The group personal accident policy indemnifies the insured or the dependents of the insured person as the case may be, up to the sum insured opted for under the policy, in case of a death or disability caused due to an accident. The Group Personal Accident policy covers Accidental Death, Permanent Total Disability and Permanent Partial Disability and Temporary total disablement as risks.

Group Personal Accident: Benefit Details



Plan Name	Benefits/Coverages & Condition's
Policy Master Policy Holder	Movate Technologies Private Limited
Insurer	Reliance GIC
Inception Date	01-Apr-23
Expiry Date	31-Mar-24
Cover	Accidental Death
Sum Assured	Graded
Mid term increase in sum insured	Available for those who get promoted and get entitled for higher sum insured.
Coverage for New Joiners / Leavers	From the date of joining / leaving

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Personal Accident: Benefit Details



Plan Name	Benefits/Coverages & Condition's
Accidental Death (AD)	100% of the Sum Assured
Permanent Total Disability (PTD)	100% of the Sum Assured
Permanent Partial Disability (PPD)	As per the schedule of the policy
Temporary Total Disability (TTD)	1% of SI subject to a maximum of INR 5000 per week for 100 weeks.
Accidental Medical Expenses	10% of Sum Insured or 40% of valid claim under Death/PTD/PPD/TTD sections will trigger only if there is a claim under these sections
Child education	1% of SI or INR 5000 per child ; Max of 2 child up to 24 years
Transportation of mortal remains	INR 10,000

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Personal Accident: Benefit Details

Death Cover

The Policy will pay the Insured (employer) /assignee 100% of the sum assured shown under the schedule headings Basic, Wider and Comprehensive if during the Policy Period the Insured Person (s) meets with Accidental Bodily Injury that causes death within 12 months

Permanent Total Disability

The policy will pay the Insured (employer) /Insured Person 100% of the sum assured shown under the Schedule headings Wider and Comprehensive if the Insured Person(s) meets with Accidental Bodily Injury during the Policy Period that causes Permanent Total Disability within 12 months.

Permanent Partial Disability

The policy will pay if the Insured Person(s) meets with Accidental Bodily Injury during the Policy Period that causes Permanent Partial Disability within 12 months, we will pay the percentage shown in the table below applied to the sum assured shown under the Schedule headings Wider and Comprehensive of the Insured Person(s). This is as per the disability chart of the insurance company.

Temporary Total Disability

The policy will pay If the Insured Person(s) suffers Accidental Bodily Injury during the Policy Period which completely prevents the Insured Person(s) from engaging in his/her occupation, then we will make a weekly payment of the lower of 1% of the sum assured shown under the schedule heading Comprehensive or INR 25,000 or actuals per week whichever is less.

Group Personal Accident: Key Exclusions

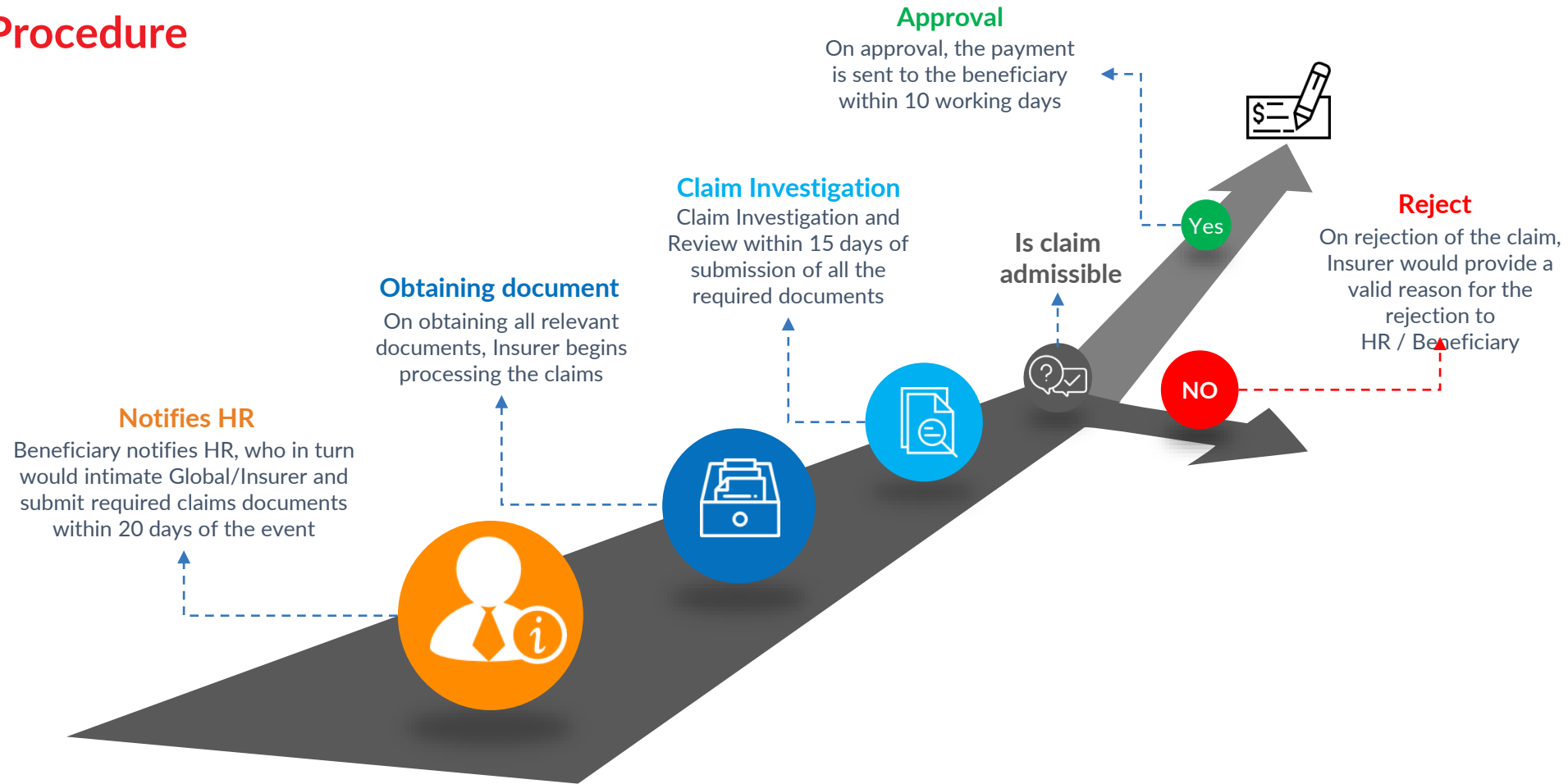
- Service on duty with any armed force
- Intentional self injury, suicide or attempted suicide
- Insanity
- Venereal disease
- AIDS
- Influence of intoxicating drink or drugs
- Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world
- Nuclear radiation or nuclear weapons material
- Childbirth, pregnancy or other physical causes peculiar to the female sex
- While committing any breach of law with criminal intent
- Participation in riot, crime, misdemeanor, (excluding traffic violations) or civil commotion
- Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft
- Participation in any kind of motor speed contest.
- As per R/I treaty, this policy excludes death/expenses incurred on account of occurrence of Pandemic/Epidemic as declared by World Health Organization
- Animal bite/Snake Bite/Insect bite is not covered.

Note:

This is only an extract of the standard policy. However, all terms and conditions as per the policy document issued to you by your insurer is final for all purposes.

Group Personal Accident: Claim Procedure

Claims Procedure



Document Check List & Contacts



	Weekly Benefit Claims	Death Claims	Dismemberment/ Disablement Claims
S. No	Document Details	Document Details	Document Details
1	Completed Claim form duly signed and stamped	Completed Claim form duly signed and stamped	Completed Claim form duly signed and stamped
2	Police papers incase of road accident	Attending Doctor's report	Doctor's Report
3	Disability Certificate from the Doctor, if any	Death Certificate	Disability Certificate from the Doctor, if any
4	Fitness Certificate from the treating doctor	Postmortem/ Coroner's report	Investigation/ Lab reports (x-ray etc.)
5	Original Admission/discharge card, if hospitalized	FIR (First Information Report)	Original Admission/discharge card, if hospitalized
6	Representation Letter from the HR, Employers Leave Certificate & Details of salary	Police Inquest report, wherever applicable	Police Inquest report, wherever applicable
7	Bank account details of the Beneficiary	Bank account details of the Beneficiary	Bank account details of the Insured

This is an indicative list of documents and there may be additional documents required by the insurer.

Contact Person	Mobile number	Mail id
Ms. Vanitha	7022158511	Vanitha.Ramachandran@globalinsurance.co.in

Group Term Life Policy



Group Term Life Insurance

The policy indemnifies the beneficiaries in the event of death, during the covered period. Death can be accidental, natural, etc.

Group Term Life : Policy Details



Benefit Plan	Coverage & Condition
Policy Master Policy Holder	Movate Technologies Private Limited
Insurer	ICICI Pru Group Term Plus
Inception Date	01-Apr-23
Expiry Date	31-Mar-24
Members Covered	Employee
Sum Insured Limits	Graded
Geographical Limits	Details shared in mail
Minimum age for coverage	15
Maximum age Without IUW	65
Maximum risk cover ceasing age for a member (years)	79
Coverage	Death Due Natural/Medical/Accidental/Sucidal
Terminal Illness	100% of the BLC
Actively at work clause	Waived off
Terrorism	Covered
Geographical Limits	World Wide (Excluding Decline Countries)

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Term Life : Benefit Details

Plan Name	Benefits/Coverages & Condition's
Actively at work clause	Waived off Actively-at-work clauses, which require an individual to be actively at work on the day their benefits become effective
FCL	INR. 2,54,30,000
Individual Underwriting (IUW) Conditions	Subject to ICICI Pru Group Term Plus

Decline Country List			
Sr. No.	Country	Sr. No.	Country
1	Afghanistan	14	Libya
2	Angola	15	Mauritania
3	Burundi	16	Nigeria
4	Central African Republic	17	Pakistan
5	Chad	18	Palestinian Territory, Occupied
6	Congo, Democratic Republic	19	Sierra Leone
7	Congo, Republic of Brazzaville	20	Somalia
8	Cote D'Ivoire	21	South Sudan
9	Guinea	22	Sudan
10	Haiti	23	Syria
11	Iraq	24	Venezuela
12	Korea (North)	25	Yemen
13	Liberia		

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Term Life : Benefit Details

Coverages

Death benefit – provides 100% of the sum assured incase of unfortunate event of death- accidental or natural . Payment of any benefits under this policy shall be made to the Nominee /policy holder as receiving agent for the Insured Members /employees legal representative (s)or to the beneficiary of the employee /member as the case may be .

Free cover Limit: INR. 2,54,30,000

Employees whose amount of Insurance is greater than the above stated amount of FCL, their amount of Insurance shall be restricted to FCL ,till the company completes the required underwriting process based on statements and information including medical tests, provided by the Insured Member/employees .The Insured employee shall be covered for full amount of Insurance for which they are eligible once the underwriting process is completed ,the full premium is paid and risk is accepted by the company in writing .

Incase the insured member does not complete the requirements necessary for underwriting process within the prescribed limits, the amount of Insurance shall be restricted to the FCL. The insured member may also be declined the additional coverage , in which case the insurance cover shall be restricted to FCL.

Exclusion

Travel to a country that is declared by the government of India as no travel zone . Before a person leaving for international assignment the same needs to be informed to the insurance company .



Group EDLI Policy

Employees Deposit Linked Insurance Scheme or EDLI is an insurance cover the registered nominee receives a lump-sum payment in the event of the death of the person insured, during the period of the service.

The policy indemnifies the beneficiaries in the event of death, during the covered period. Death can be accidental, natural, etc

EDLI : Policy Details



Benefit Plan	Coverage & Condition
Policy Master Policy Holder	Movate Technologies Private Limited
Insurer	ICICI Pru Group Term Plus
Inception Date	01-Apr-23
Expiry Date	31-Mar-24
Members Covered	Employee
Sum Insured Limits	Flat cover (Inr. 7,05,00)
Geographical Limits	Details shared in mail
Minimum age for coverage	15
Maximum age Without IUW	79
Maximum risk cover ceasing age for a member (years)	79
Coverage	Death Due Natural/Medical/Accidental/Sucidal
Terminal Illness	NA
Actively at work clause	Waived off Actively-at-work clauses, which require an individual to be actively at work on the day their benefits become effective
Terrorism	Covered
Geographical Limits	WorldWide (Excluding Decline Countries)

The above are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions..

Group Term Life : Benefit Details



Coverages

Death benefit – provides 100% of the sum assured incase of unfortunate event of death- accidental or natural . Payment of any benefits under this policy shall be made to the Nominee /policy holder as receiving agent for the Insured Members /employees legal representative (s)or to the beneficiary of the employee /member as the case may be .

Employees whose amount of Insurance is greater than the above stated amount of FCL, their amount of Insurance shall be restricted to FCL ,till the company completes the required underwriting process based on statements and information including medical tests, provided by the Insured Member/employees .The Insured employee shall be covered for full amount of Insurance for which they are eligible once the underwriting process is completed ,the full premium is paid and risk is accepted by the company in writing .

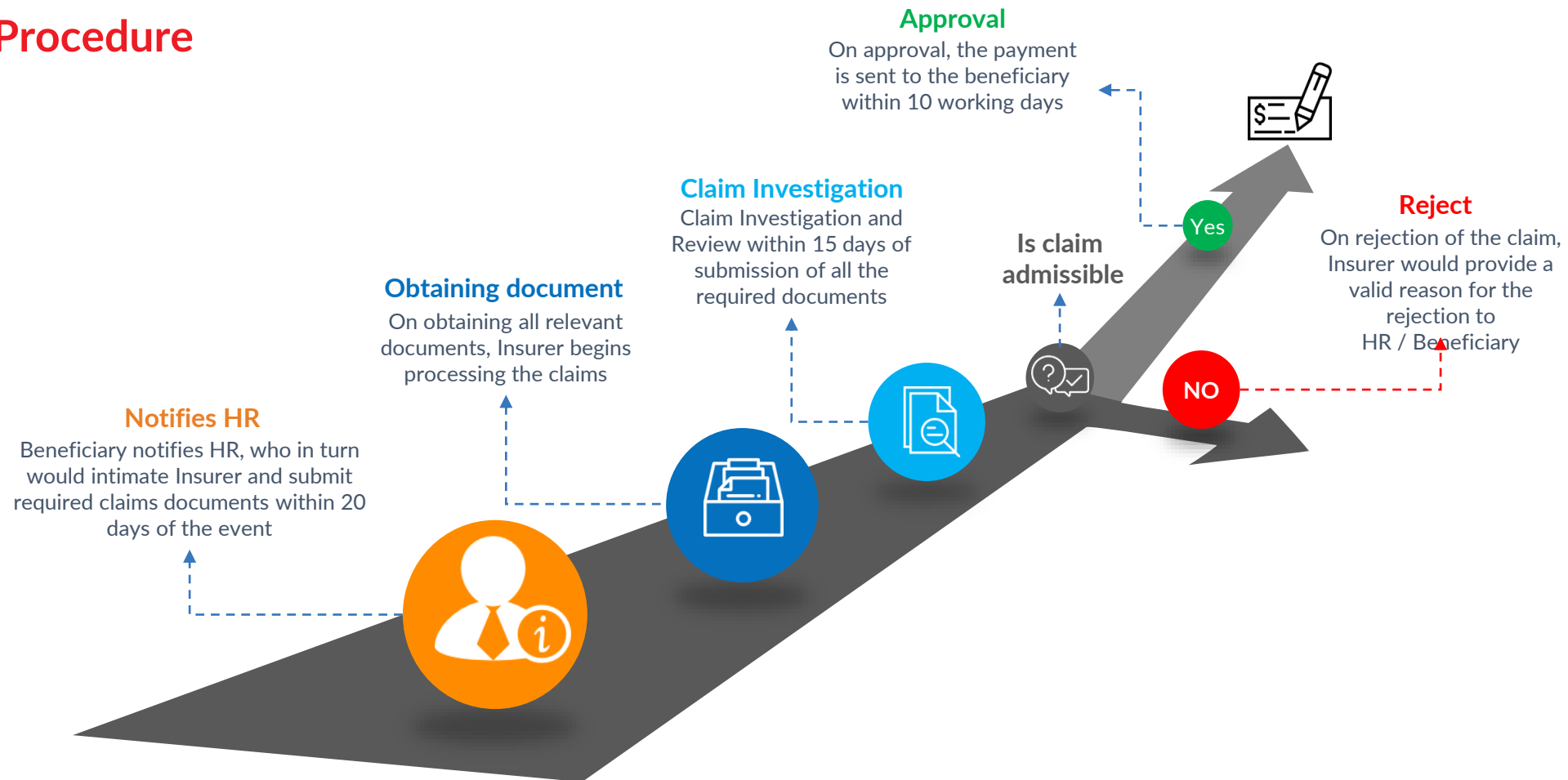
Incase the insured member does not complete the requirements necessary for underwriting process within the prescribed limits, the amount of Insurance shall be restricted to the FCL. The insured member may also be declined the additional coverage , in which case the insurance cover shall be restricted to FCL.

Exclusion

Travel to a country that is declared by the government of India as no travel zone . Before a person leaving for international assignment the same needs to be informed to the insurance company .

Group Term Life & EDLI : Claim Procedure & POC

Claims Procedure



Contact Person	Mobile number	Mail id
Ms. Vanitha	7022158511	Vanitha.Ramachandran@globalinsurance.co.in

Assuring of our best services at all times....

Thank you!

