NEEYAMO ENTERPRISE SOLUTIONS PRIVATE LIMITED

Benefits Manual 2025-26

Prepared By
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CIN: U66000MH2016PTC432490 | Composite Insurance Broker | IRDAI Licence No.624 | Licence Validity to 15/10/2026

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This Benefits Manual includes

01

The current benefits in your Insurance plan

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Key exclusions

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The limits of each benefit covered

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How to claim?

Know Your Insurance Policies

Group Medical Insurance

covers in-patient hospitalization 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 hospitalization is compulsory to register a valid claim under the group Mediclaim policy.

Group Personal Accident

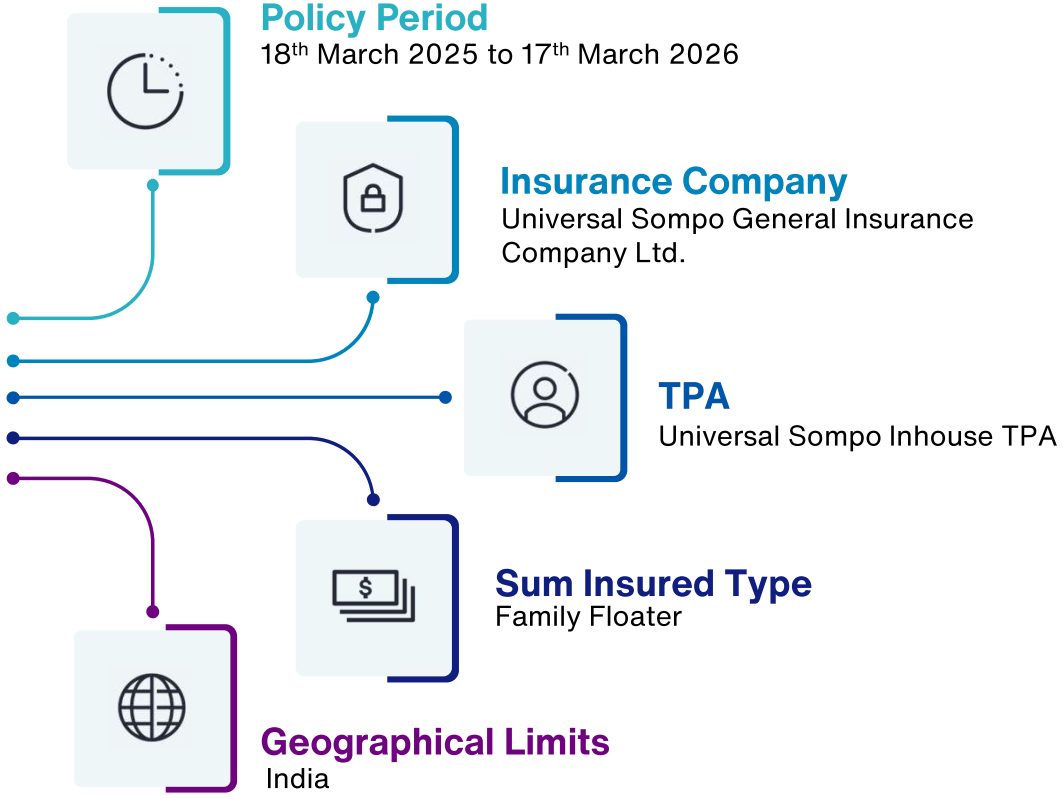
insurance policy covers expenses by the insured persons (employee covered) on account of death or permanent/ partial/temporary, total or partial disability due to an accident.

Group Medical Insurance Plan – What's covered

- Room rent & boarding expenses
- Anesthesia, blood, oxygen, Intensive Care Unit, operation theater charges
- Nursing expenses, surgeon, anesthetist, medical practitioner, consultant & specialist fees
- Medicines and drugs, consumables such as 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
- Day care procedures e.g. dialysis, chemotherapy etc.

Employee Medical Plans

Group Mediclaim Policy



Policy Period
18th March 2025 to 17th March 2026

Insurance Company
Universal Sompo General Insurance Company Ltd.

TPA
Universal Sompo Inhouse TPA

Sum Insured Type
Family Floater

Geographical Limits
India

New Enhancements and Inclusions Year 2025-26

01 Accidental injuries are covered for less than 24 hours of hospitalization subject to in-patient Hospitalization

02 Life-threatening Maternity Complication are covered up to family Sum insured

03 Dependents are covered till the policy period if the employee passes away during the policy period

04 Infertility to be covered up to Maternity Limit

Medical Plan Coverages

Details	Employee Base Mediclaim Plan
Family Definition	Emp, Spouse, 2 dependent children
Age Band	1-70 Years Child up to 25 years
Room Rent	Normal Room - 2% of Base SI or Actual whichever is less ICU – 4% of Base SI or Actual whichever is less
Sum Insured	As per the Grades
Baby Covered* in Family Floater Sum Insured	From Day 1
Pre- Existing diseases	Covered from Day 1
Waiting Period	Waived Off
Co-pay	Not applicbale
Internal Congenital Diseases	Covered
External Congenital Diseases	Covered only in case of Life threatening

The above details are only snapshots of the benefits provided under your group medical plan. Please refer to the policy documents for complete information on coverage & exclusions or contact your Aon focal.

Medical Plan Coverages

Details	Employee Base Mediclaim Plan
Pre-hospitalization Expenses	Up to 30 days
Post-hospitalization Expenses*	Up to 60 days
Lasik Surgery (Cover for number more than +/ -7.5 per eye)	Covered
Ayush Treatment**	25% of SI to Max. 25,000/-
Oral Chemotherapy	Covered
Day Care Procedure	Covered
Ambulance Charges***	Covered up to INR 3,000/-
Terrorism	Covered

***Although you are covered for post hospitalization claims for 60 days after discharge, you are expected to file all Post Hospitalization reimbursement claim with the TPA within 7 days of incurring the expense.**

****Ayush treatment should in taken in govt. hospital, the patient should be treated for defined ailment and per prescription of registered medical practitioner as line of treatment**

*****(Ambulance Charges : INR 3,000 per case)**

The above details are only snapshots of the benefits provided under your group medical plan. Please refer to the policy documents for complete information on coverage & exclusions or contact your Aon focal.

Medical Plan Coverages

Details	Employee Base Mediclaim Plan
Midterm Sum Insured Increase	Allowed if the employee gets promoted
Claim Intimation	Within 48 hours from the date of Admission
Claim document submission	Within 30 days from the date of discharge
Life event Midterm enrollment allowed	Midterm enrollment is allowed for employees within 30 days from Date of Marriage/ Date of Birth
Infertility	Covered within the Manternity limit and IPD basis

The above details are only snapshots of the benefits provided under your group medical plan. Please refer to the policy documents for complete information on coverage & exclusions or contact your Aon focal.

MTMAT Plan Coverages

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital during the policy period.

01 Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

02 Balloon Sinuplasty

03 Deep Brain stimulation

04 Intra vitreal injections

05 Bronchial Thermoplasty

06 Vaporisation of the prostrate (Green laser treatment or holmium laser treatment

07 IONM - Intra Operative Neuro Monitoring

Please note: MTMAT (Modern Treatment Methods And Advancement In Technologies) as per the IRDA Guidelines.

Maternity benefits

Maternity Limit	**INR 60,000/-** for **Normal** for **C-Section** delivery covered from day one.
Pre-Post Natal Expenses	**Pre-Post Natal INR 5,000 within maternity limit and IPD basis only.**
Newborn Baby	**Covered from day 1, However, the employee needs to drop an e-mail to HR and Aon Team within 15 Days from the Date of Birth**

Note:

1. Please submit your maternity reimbursement claim within 30 days from the date of discharge even though you are on maternity leave. Delay in claim submission may result in the denial of claim
2. **Any maternity medical expenses occurring during the maternity period, will be covered within the defined maternity limits only, as mentioned above**
3. Please share the Newborn Baby details immediately for addition with the HR and Aon to have hassle-free hospitalization for the Newborn Baby in case of any complications
4. In case of any query please connect with the Aon Team.
5. Maternity benefit is applicable for the first two living children only
6. Life-threatening Maternity Complication are covered up to family Sum insured.

Critical illness

If the Insured Person is diagnosed with the below mentioned ailments full amount of sum insured is provided for the treatment.

Sr. No.	List of Critical Illnesses/ Surgical Procedures covered
1	Cancer of specified severity
2	First Heart Attack of specified severity
3	Open Chest CABG
4	Open Heart Replacement
5	Coma of Specified Severity
6	Kidney Failure requiring regular dialysis
7	Stroke resulting in permanent symptoms
8	Major Organ /Bone Marrow Transplant
9	Permanent Paralysis of Limb
10	Motor Neurone Disease with Permanent Symptom
11	Multiple Sclerosis with persisting symptoms

Your plan details - General exclusions

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 hospitalization for treatment.
- **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. External - Covered under life Threatening Situation.
- **Expenses incurred at Hospital or Nursing Home primarily for evaluation** / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- **Expenses on vitamins and tonics** etc. unless forming part of treatment for injury or disease as certified by the attending physician.
- **Food provided** during hospitalization to the patient
- **Allopathy treatment** given by BHMS/BAMS/BUMS doctors (Crosspathy treatment i.e., Allopathic treatment given by Homeopathic or Ayurvedic doctor.)
- Incase **reimbursement made opted in network hospital**, employee will not be eligible to get refund on hospital discount

Your plan details - General exclusions

Exclusions

- **Doctor's home visit charges.** Attendant/RMO (Residential Medical Officer/ Assistant Surgeon charges)
- Naturopathy **treatment**, unproven procedure or treatment, experimental or alternative medicine.
- **Self Injury**, Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice.
- All **Non-Medical expenses** including Personal comfort and convenience.
- **Criminal Act**, Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.
- **Change of treatment from one pathy to another pathy** unless agreed/allowed and recommended by the consultant under whom the treatment is taken.
- **Treatment for Obesity or condition arising therefore** including morbid obesity or any other weight control program, service or supplies, etc.
- **Any treatment required arising from the insured's participation in any hazardous activities.**
- Any **treatment received in a convalescent home, convalescent hospital, health hydro, nature** care clinic, or similar establishments/ general debility/use of intoxicating drugs or alcohol.
- Any **stay in the hospital for any domestic reason** or where no active regular treatment/ no active line of treatment
  is given.
- If the hospital is not registered with a Municipal corporation or has less than 15 beds

Your plan details - General exclusions

Exclusions

- **Hormone replacement therapy**, Sex change, or treatment that results from or is in any way related to sex change.
- **Outpatient Diagnostic**, Medical or Surgical procedures or treatments, non-prescribed drugs, and medical supplies, lab tests.
- **Expenses incurred for investigation** or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fees to family doctors, Outstation consultants / Surgeons' fees, etc.
- **Vitamins and tonics** unless used for the treatment of injury or disease.
- **Family planning Operations** (Vasectomy or tubectomy) etc.
- **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 related to autoimmune disorders and its complications including sexually transmitted diseases.
- **External and or durable Medical / Non-medical equipment** of any kind used for diagnosis and or treatment like **Prosthetics** etc. Few examples, **Mobility equipment** like wheelchairs, scooters, canes, crutches, walkers. **Oxygen System** like Concentrators, oxygen cylinders. **Monitoring equipment** as Apnea monitors, glucose monitors, and pulse oximeters etc.
- **Surgical Instruments/ Appliances used in OT**

I. Arthroscopy instruments -ACL repair ,Meniscal Repair ,Tendon Repair ,Arthroscopic Knee surgeries etc

II. Endoscopy instruments - Laparoscopic appendectomy, laparoscopic cholecystectomy, lap pancreatectomy,lap gallbladder removal etc

III. Hysteroscopy instruments - Hysteroscopic polypectomy,gynaecological surgeries etc

IV. Harmonic Scalpel - All laparoscopic surgeries ,thyroidectomy etc

Your plan details - General exclusions

Exclusions

- **Any non-medical expenses like registration fees, admission fees**, **any administration** charges for medical records, cafeteria charges, telephone charges, etc.
- Any expenses incurred with regards to room rent or any other associated charges **in excess of entitled room rent.**
- **Any treatment taken at home/domiciliary treatment/tests except related to COVID-19.**
- Circumcision
- Injury or disease caused directly or indirectly by nuclear weapons.
- Any separate bill of surgeon/doctors which is not part of a final bill.
- Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of Health under any circumstances.
- Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- **Lasik treatment** or any other procedure for correction/enhancement of vision is not covered (only covered if the number is > +/ -7.5) in each eye.
- **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 – Artificial limb etc
- **Warranted treatments** on a trial/experimental basis are not covered under the scope of the policy.
- Monitor charges, heart-lung machine, flash sterilizer, Pulse Oxy meter, Suction apparatus etc. related charges used in OT

Your plan details - General exclusions

Exclusions

- **Breach of Law –** Expenses for treatment directly arising from or consequent upon any Insured person committing or attempting to commit a breach of law with criminal intent.
- Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed on its website / notified to the policyholders are not admissible.
- Treatments received in health hydros, nature cure clinics, spas, or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is wholly or partly for a domestic reason.
- Vaccination and Inoculation.
- Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, and durable medical equipment.
- **Treatment taken outside India.**
- **Miscarriage, abortion,** or complications of any of these including changes in chronic condition as a result of pregnancy except in case of life-threatening or medically advised by doctor.

PS: The terms mentioned in the presentation are a general extract of wordings. In case of any discrepancy, the policy terms of the Insurer would prevail.

Whom to Contact

TPA

Name of Employee	Designation	Email Id	Toll-Free no	Contacts
Health Serve	Executive	healthserve@universalsompo.com	1800-200-4030	1st Contact Point
Mr. Manoj kumar	Executive	Manoj.kumar@universalsompo.com		2nd Contact Point

Aon Team Contact Details / Escalation

Name of Aon	Designation	Email Id	Mobile no	Contacts
Mr. Aditya Phadke	Asst.Manager	aditya.phadke@aon.com	8793450787	1st Contact point
Mr. Digvijay Singh	Asst.Manager	digvijay.singh8@aon.com	85307 32278	2nd Contact Point
Ms. Amruta Pandey	Sr. Manager	Amruta.pandey@aon.com		Escalation

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 on the level of cover that he/she is entitled to.
- Expenses that are incurred for standalone diagnostic or preventive tests without any active line of treatment and do not warrant a hospitalization admission are not covered under the plan.
- No Individual should be covered as a dependent of more than one employee.
- Parents/In-Laws cover is voluntary.
- In case an employee has not covered his/her dependents during enrollment, they will be able to add them only during the next renewal.
- Mid-Term enrollments are only allowed for life events. For example: newborn 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.
- Please remember, higher the room category higher is the cost of treatment. This may result in faster exhaustion of your total available eligibility.
- If you are opting for a higher room category, then you will have to 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.
- Vision Treatment which are undertaken for regular maintenance of eyes are not covered.
- Employees to bear a subsidized premium rate for Parents/ Parent-in-law's cover.
- The portion to be paid by employees will be deducted from payroll.
- Should an employee opt in and then leave employment during the policy period, the pro-rated premium for the remaining period will be settled in the Full and Final exit settlement.

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.

GROUP PERSONAL ACCIDENT INSURANCE PLAN

Group Personal Accident Insurance Plan

1. 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.

Group Personal Accident Insurance Plan

Plan Details

Policy Period	18th March 2025 to 17th March 2026 midnight	**Basis of Sum Insured**	As per Grades
Insurance Company	Care Health Insurance Limited	**Members Covered**	Employee

Group Personal Accident Insurance Plan

Plan Benefits

Accidental Death

100% of
Sum Insured

Permanent Total Disability

100% of
Sum Insured

Permanent Partial Disability

Covered up to a specified percentage of the full sum insured limit.

Group Personal Accident Insurance Plan

Plan Benefits

Temporary Total Disablement

Accident Only:
(Weekly Benefit) 1% of the sum insured limit or INR 5,000 per week whichever is lesser for a maximum of 104 weeks.

Medical Expenses

Accident Only:
Up to 10% of CSI or 40% of admissible claims amount or actual whichever is lower.

Group Personal Accident Insurance Plan

Plan Benefits

Dependent Child Education Fund

INR 10,000/- for a child and maximum for 2 children up to the age of 23 years

Carriage of Dead Body

Covered up to INR 5,000

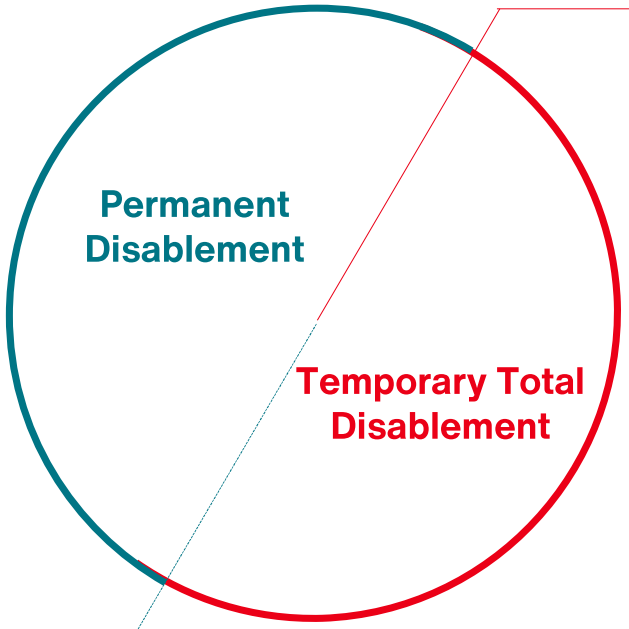
Cremation Charges

Covered up to INR 5,000

Group Personal Accident Insurance Plan

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.

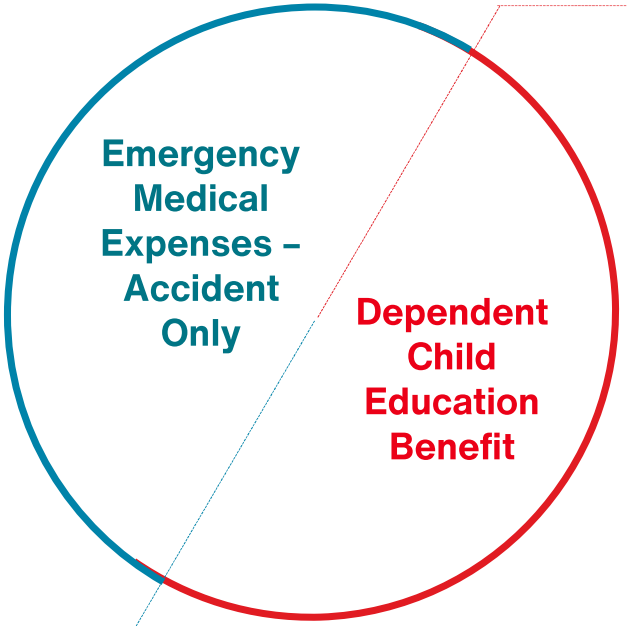


Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.

Group Personal Accident Insurance Plan

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

Group Personal Accident Insurance Plan

General Exclusions

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
- Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
- 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)
- Loss due to childbirth or pregnancy.
- Bodily Injury or Sickness occasioned by Civil War or Foreign War

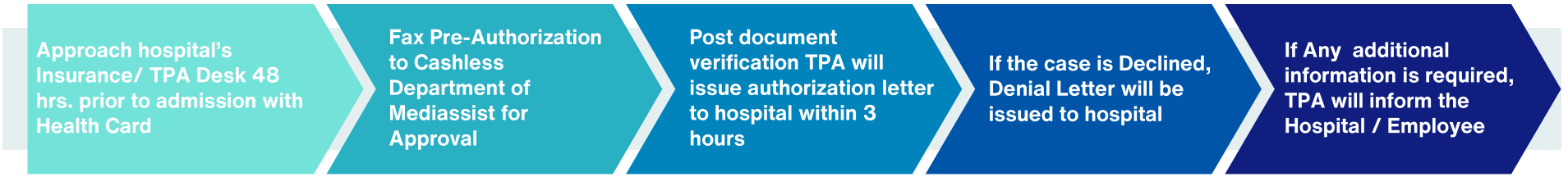
Claims Process

CLAIMS PROCESS

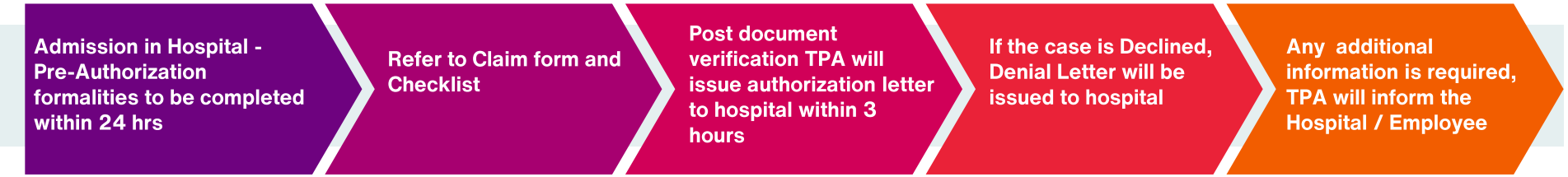
Making a Claim

Process for Cashless claims submission

Planned Hospitalization



Emergency Hospitalization



[Network hospital link universalsompo.com/cashless-hospitals/](universalsompo.com/cashless-hospitals/)

Employee going to the Network Hospital should always opt for Cashless claim and avoid reimbursement

In case employee goes for **Reimbursement claim at the Network Hospital** , the claim will be settled as per the Insurance Company Tariff rates with the Hospital (PPN rates) and the **employee will have to bear all the charges over and above the Insurance Company Tariff.**

Also, if employees opt for surgery packages apart from the PPN package, the Insurer will pay the expenses up to the PPN package only. Over and above costs have to be borne by the employee which will be non-refundable.

Process for Reimbursement claims submission

01 Insured visits non network hospital for treatment

02 Takes discharge , pays for treatment

03 Collects all original documents, receipts and investigation reports from Hospital

04 E-mail all scanned copies of Hospital documents along with filled claim form & canceled cheque within 30 days from the date of discharge to ID mentioned in the matrix

05 TPA / Aon acknowledges receipt of claim documents via email and commences claim process

06 Incase additional information is required, TPA will inform the employee via email with reminders, if documents are not submitted within 15 days, claim may be closed/ declined

07 If claim is payable, payment will be made to employee via NEFT

08 If claim is declined, denial mail will be sent.

09 Online Claim Status (Cashless/ Reimbursement) can be viewed on:

TPA /Aon Portal

Group Medical – Reimbursement Documents

01 Claim Form	Signed Claim form (KYC form is mandatory for claims above INR 1,00,000)	04 Bill & Receipts	Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
02 Hospital bills	Main Hospital bills (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts	05 Investigations	Original reports/ attested copies for Medicines, Investigations along with Doctors prescription in Original
03 Discharge Card	Original Discharge Card	06 Letter for line of treatment	Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.)

Claims Process – GPA

Making A Claim

Employee / Beneficiary notifies HR, who in turn would intimate Insurer and submit required claims documents within 15 days of the event

On obtaining all relevant documents, Insurer begins processing the claims

Claim Investigation and Review post submission of all the required documents

Is claim approved?

Yes

On approval, the cheque is sent to the HR or NEFT details shared with HR, from where the information is shared to the Employee / Beneficiary

No

On obtaining all relevant documents, Insurer begins processing the claims

Annexure

Benefits Summary

Standard Hospitalization	In the event of a hospitalization claim (more than 24 hrs.), the insurance company will pay the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured person, but not exceeding the sum insured in aggregate mentioned in the policy: Room Charges, • Nursing expenses, • Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialists Fees, • Anesthesia, Blood, Oxygen, Operation Theatre Charges Surgical Appliances, Medicines & Drugs, & similar expenses.
Pre-existing diseases	Pre-existing diseases is a condition for which the insured has been diagnosed with or treated for before the policy commencement date. The most common examples of such conditions are diabetes, hypertension, thyroid etc. **Your policy covers pre-existing diseases from day 1.**
Pre-Hospitalization	Pre-hospitalization expenses include various charges related to consultation fees, medical tests and medicine cost before an individual gets hospitalized. Doctors/physicians conduct a slew of tests to accurately diagnose the medical condition of a patient before prescribing treatment. However, in most cases, charges incurred by an individual 30 days prior to his or her hospitalization fall within the ambit of pre-hospitalization expenses. For instance, several tests such as blood test, urine test and X-ray among others are categorized as pre-hospitalization expenses. **Your policy covers 30 days of pre-hospitalization benefit.**

Benefits Summary

Post-hospitalization	Post hospitalization expenses include all expenses or charges incurred by an individual after he or she is discharged from the hospital. For instance, the consulting physician may prescribe medicine along with certain tests to ascertain the progress or recovery of a patient. Expenses related to various therapies, namely, acupuncture and naturopathy are not included by insurance providers in the category of post hospitalization expenses. However, diagnostic charges, consulting fees and medicine costs are covered. **Your policy covers 60 days of post-hospitalization benefit.**
Waiting period	A waiting period is the amount of time an insured must wait before some or all their coverage comes into effect. The insured may not receive benefits for claims filed during the waiting period. In a corporate group policy, waiting period of 30 days , 1 year and 9 months are waived off. However, in a retail policy most of the waiting period continue to exist. **Your policy has no waiting period.**
Maternity Benefits	Maternity benefit covers the cost related to the birth of the child. It includes the delivery charges for both normal and c-section. Maternity benefit can be availed for the birth of first two children. Maternity benefit will not be applicable in case two biological children already exist in the family. • Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered. • Family planning/ sterilization is excluded from the policy.

Benefits Summary

Pre/ Post Natal	Pre and Post natal expenses are those which are incurred pre delivery and post delivery. Eg Ultrasound, regular checkups, doctor's consultation fee, medicines and so on. **Your policy covers Pre/Post Natal expenses within the maternity limit**
Newborn baby cover/newly wedded spouse	A Newborn baby is covered in the family floater sum insured limits from day 1. However, the birth of the child needs to be intimated to the HR team and the Aon Team within 30 days of the date of the event, and share the Discharge card of the mother or the Birth certificate of the child as proof. And for spouse addition, please share the wedding card copy or the Marriage certificate as proof. If the baby's name is not decided, you can cover a baby as "baby of the mother's name" **Your policy covers a newborn baby from day 1.**
Ambulance Services	Ambulance charges include emergency transport of the patient from the residence/place of accident/illness to the hospital where treatment is undergone. **Your policy covers ambulance charges for INR 3,000 per incident only during an emergency.**

Benefits Summary

Day Care Services	Due to medical advancement, a list of treatments do not require 24 hours of hospitalization. For example : Cataract operation, kidney stones removal etc. **Your policy covers list of day care procedures as per the insurer list**
Ayurvedic treatment	Ayurvedic is a form of non-allopathic treatment. Under insurance policy ayurvedic treatment undertaken in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health is only admissible. The ayurvedic treatment is covered only on in-patient basis. **Your policy covers ayurvedic treatment up to 25% of sum insured undertaken only in a government registered hospital.**
Dental cover	Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants. The dental cover is a standard exclusion under the policy except treatment undertaken in case of an accident. **Your policy covers dental treatment only in case of accident. No other form of dental treatment is covered in the policy.**

Benefits Summary

Vision cover	Vision cover refers to the maintenance of the health and wellness of the eyes or eye care and includes routine preventive eye care and prescription of glasses. This remains as a standard exclusion under the medical insurance. **Your policy does not cover vision benefit.**
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 and the policy has a 10% co pay . The employee will have to bear INR 10,000 and the insurance company will pay the remaining INR 90,000. **Your policy does not have a co-pay**
Ailment capping	Ailment capping in the form of a cost containment method to ensure only reasonable and customary charges are payable under the insurance policy. The most common forms of ailment capping are cataract, knee replacement surgery, oral chemotherapy etc. Please refer to your policy terms and conditions to understand the ailment caps under your corporate policy. **Your policy has capped cataract at INR 35,000 per eye.**

Benefits Summary

Room Rent	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. As an example, a 1.5% (of Sum Insured) per day cap for a normal room in a policy with a sum insured of Rs 3 lakh means that the insurer will only pay Rs 4,500 per day towards room rent. In other words, you would be eligible to stay in a room with a tariff of up to Rs 4,500 per day. If you choose a room with a 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 in 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. Your policy eligibility is: **2% of the sum insured for the normal room category and ICU at 4%**

Benefits Summary

Advanced Medical Treatment	Stem cell 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. **Your insurance policy covers Stem cell transplant cost as per IRDA list** Robotic surgery are performed by robots. This type of surgery is believed to have delivered precision, flexibility and control during the process of an invasive surgery as compared to a conventional from of surgery. The cost of such surgery is costly and hence, the insurance policy covers it with co-pay or sublimit. Please refer to the policy terms and conditions for more details. **Your insurance policy covers robotic surgery cost up to 50% of SI** Lasik surgery is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc. **Your insurance policy covers Lasik surgery for +/- 7.5 and above refractive index correction.** Cyber Knife treatment is a radiation therapy used as non-invasive treatment for cancerous tumors anywhere in the body. **Your insurance policy covers cyber knife treatment as per IRDA capping.**

Benefits Summary

Congenital Ailments	Congenital Disease means anomaly at the time of birth. This l of two types : Internal and External. Internal Congenital anomaly is a type of birth defect which is invisible in accessible parts of the body. For example: Atrial septal defect. External Congenital Anomaly is a type of birth defect which is in the visible and is in accessible parts of the body. For example: Cleft lip/palate **Your policy covers internal congenital defects and external congenital defects covers only incase of life-threatening conditions.**
Domiciliary Hospitalization	Domiciliary hospitalization is a conditions where in the insured is treated as hospitalized even when he is at home Your policy covers internal congenital defects and external congenital defects up to 6 years only incase of life-threatening conditions. **Your policy does not cover domiciliary treatments.**

Thank You