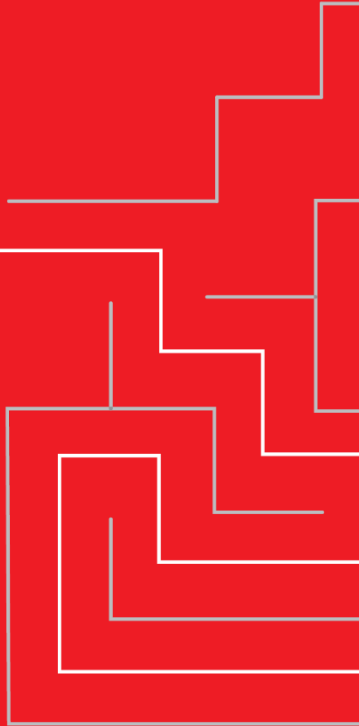


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Employee Benefit Manual

2024 -2025



VINSYS IT SERVICES INDIA LTD 2024-2025

Policy No - H1387510

Benefit coverage



Group Mediclaim
Policy



Group Mediclaim 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).

Group Medical Plan

Plan Name	Group Mediclaim Insurance Plan
Policy Holder	VINSYS IT SERVICES INDIA LTD
Period of the Cover	✓ 12 months
Policy Start Date & Expiry Date	✓ 06 May 2024 To 05 May 2025
Insurance Company	✓ Iffco-Tokio General Insurance Co Ltd
Third Party Administrator	✓ In House
Sum Insured Type	✓ Family Floater Sum Insured
Sum Insured Limits for Core Plan	✓ INR 3,00,000
Members Covered Core Plan	✓ Employee + Spouse + 2 Dependent Children
Age Limit	✓ Dependent children covered up to age 25 ✓ Employees covered up to age 80
Enrollment of New Joinees (New Employees +Their Dependents)	✓ Allowed
Mid-Term Enrollment of New Dependents (Newly Wed Spouse/New Born Baby only)	✓ Allowed only for New Joiner and their dependents & for existing employee - Only allowed for newborn baby and newly wed spouse (Provided the intimation is given within 30 days from the date of event)
Pre-Hospitalization	✓ 30 Days Prior to date of Admission
Post-Hospitalization	✓ 60 Days after date of Discharge

Group Medical Plan

Plan Name	Group Mediclaim Insurance Plan
Pre-existing	✓ Covered from Day 1
Waiting period for 1/2/3/4 years	✓ Waived Off
Waiting Period for 1 month	✓ Waived Off
Room Rent	✓ 1% of SI for Normal and 2% of SI for ICU/ICCU hospitalization. Associated Medical Expenses shall include Room Rent,
Maternity Covered	✓ Covered
Maternity Limit	✓ Normal Delivery - INR 30,000 ✓ C-Section Delivery - INR 40,000
9 Months Waiting Period	✓ Not Applicable
Pre-Post Natal Expenses	✓ Covered Upto INR 5,000 within Maternity Sub Limit on IPD Basis (OPD is Not Covered)
Baby coverage	✓ Covered from day one
Ambulance Charges	✓ Ambulance charges covered upto INR 2000 per case
AYUSH Treatment	✓ 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period
CATARACT	✓ INR.24,000 (inclusive of all charges, excluding service tax), for each eye, whichever is less

Enrolment Process

- You must enroll in order to obtain coverage for yourselves and your eligible dependants. Please contact your Admin and provide relevant enrollment data (viz. name, date of birth, gender) as per the identified process. Your enrollment data must reach the Insurer within 30 days of your joining the company for all new joining employees.
- Please notify Admin each time you acquire a new dependent i.e. when your family status changes because of marriage, birth or adoption of a child. The acquisition of a new spouse must be declared strictly within 30 days of the marriage. Similarly, information about new-born child has to be declared strictly within 30 days from date of birth. (**Post 30 days dependent will not be covered**)
- If you fail to enroll within the defined timelines, the next enrollment may be done only at next renewal.

Notify Global team with revised details for corrections through your HR/Admin



Hospitalization Procedure

Hospitalization Procedure - You can avail either cashless facility or submit the claim for reimbursement post Discharge.

Definition of Cashless

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

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 pre-authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

Submission Timeline

All claims are required to be submitted within 30 days from the date of discharge from hospital

Processing time

14 working days from date of submission, provided all documents required are submitted

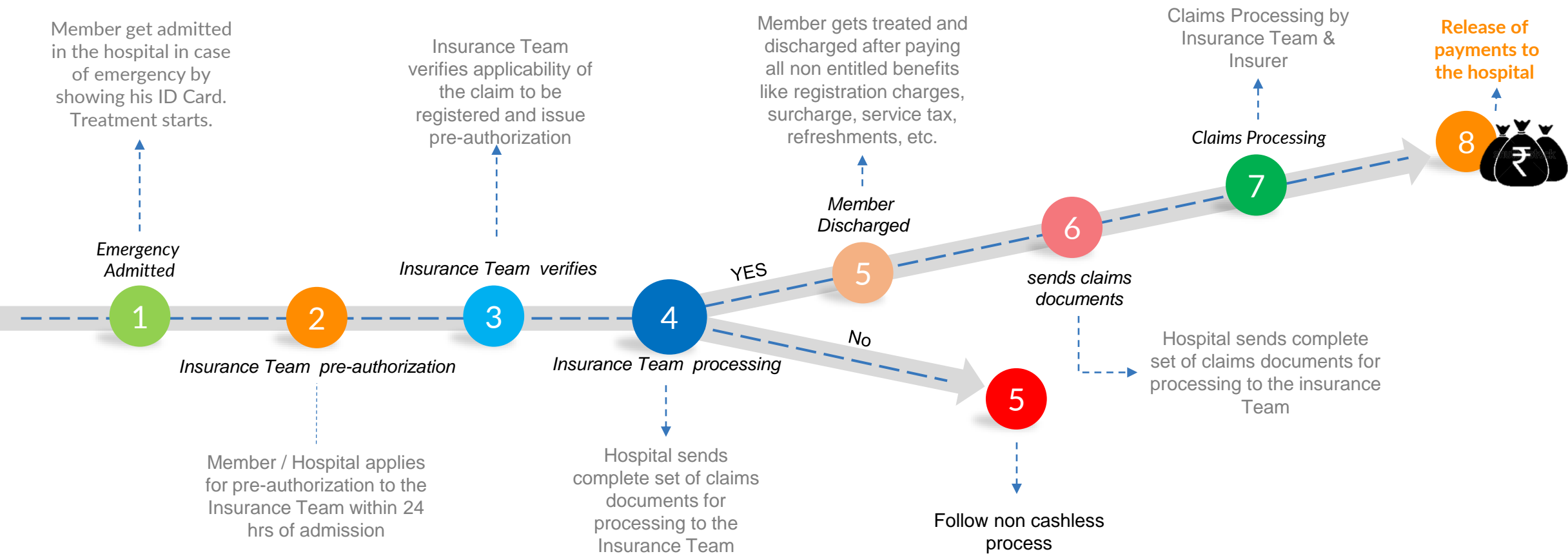
Reimbursement :Document to be submitted –

Global Insurance Brokers Pvt Ltd

4th Floor, Red, Plot No. 2, Galaxy Soc., Boat Club Road, Pune - 411001

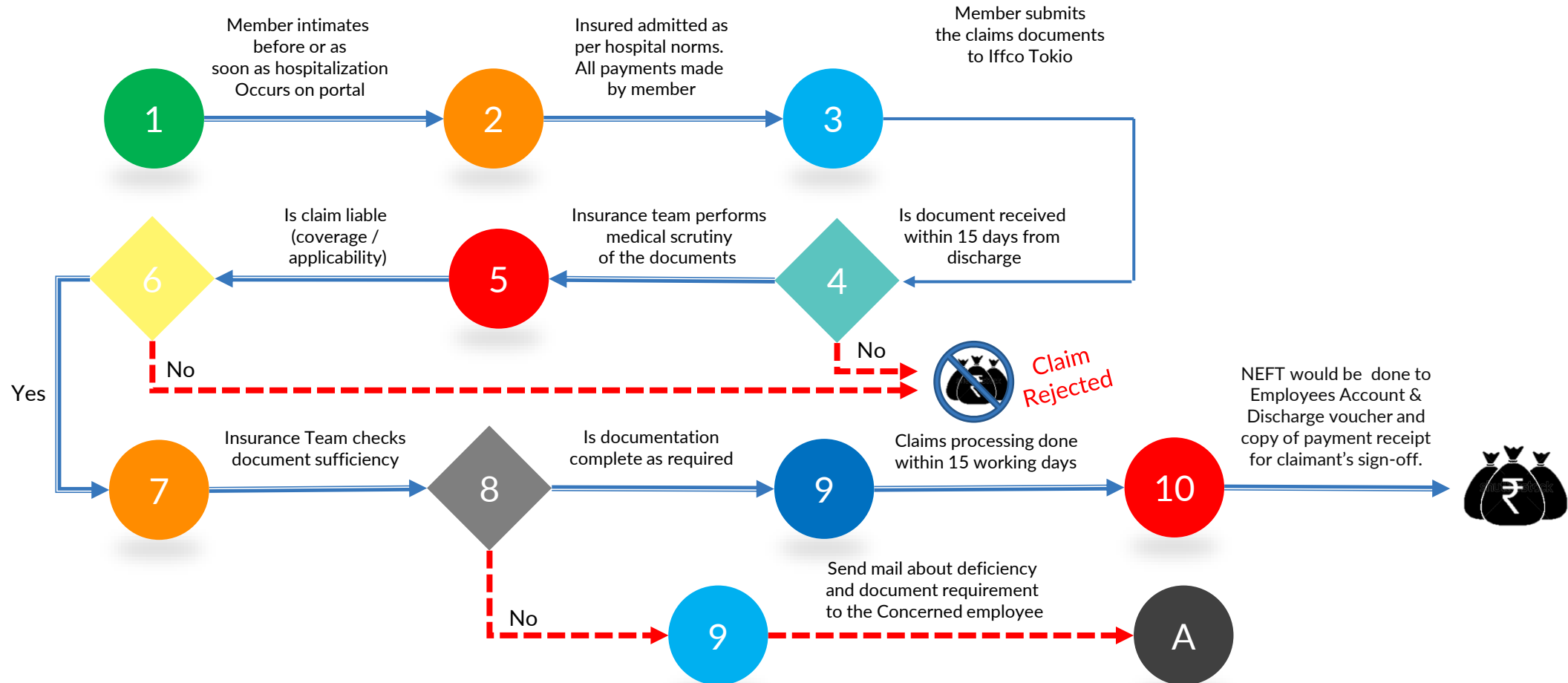
Cashless Hospitalization Process

Cashless Hospitalization : Emergency Hospitalization Process



Reimbursement Hospitalization Process

Reimbursement Hospitalization Process



Document Check List

	Document Required
1	Duly filled and signed Insurance Claim Form.
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	Maternity Claim : latest USG report and Obstetric report
7	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
8	In case of Surgeries where Implant and Stent has been used ,copy of invoice /stickers/Barcode of Implant used will have to be enclosed.
9	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 pass book 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

The above list is indicative ,insurer may call upon additional requirements as per their requirements

Contact Details



Insurer & TPA Contact Details Cashless					
Escalation Level	Organization	Name	Phone	Department	Email ID
SPOC	Iffco Tokio GIC	Toll Free No.	1800-103-5499	Query	
Level-1	Iffco Tokio GIC	Rupil Lamsar	9319635407	Cashless	rupil.lamsar@iffcotokio.co.in
Level -2	Iffco Tokio GIC	Bhavna Ratra	9319635379	Cashless	Bhavna.Ratra@iffcotokio.co.in
Level-1	Iffco Tokio GIC	Ruchi Ghai	9560650553	Reimbursement Claims	ruchi.ghai@iffcotokio.co.in
Level-2	Iffco Tokio GIC	Pradeep Sharma	9599054906	Reimbursement Claims	pradeep1.sharma@iffcotokio.co.in
Level 3	Iffco Tokio GIC	Saaransh Sharma	7014570730	Escalation Cashless/Reimbursement Claims	Saaransh.Sharma@iffcotokio.co.in
Global Insurance Brokers Point of Contact					
Escalation	Global Insurance Brokers Pvt Ltd.	Vidhya Shetty	7757821386	Escalation	Vidhya.shetty@globalinsurance.co.in
Escalation	Global Insurance Brokers Pvt Ltd	Mr. Pradip Lakare	9049937076	Claim Escalation	pradip.lakare@globalinsurance.co.in
Escalation - Level 2	Global Insurance Brokers Pvt Ltd	Ms. Meriam Ansari		Escalation	Meriam.Ansari@globalinsurance.co.in

Please Note: All Reimbursement Claims need to be submitted - 4th Floor, Red, Plot No. 2, Galaxy Soc., Boat Club Road, Pune - 411001

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Thank You !

Global Insurance Brokers Pvt. Ltd.

Corporate/Registered Office - A wing | 5th floor | One Forbes | Dr. V.B. Gandhi Marg | Kala Ghoda | Fort | Mumbai | 400001 | Maharashtra.

t +91.22.6656.0500/505 | contact@globalinsurance.co.in | www.globalinsurance.co.in

CIN:U67200MH2002PTC137954 | IBAI Membership No.33119

Composite Broker | IRDAI Registration No.119 Registration Validity: 03/03/2021 to 02/03/2024

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