

Employee Insurance Benefits Manual

FY : 2024-25

Waters™



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An Aon Company

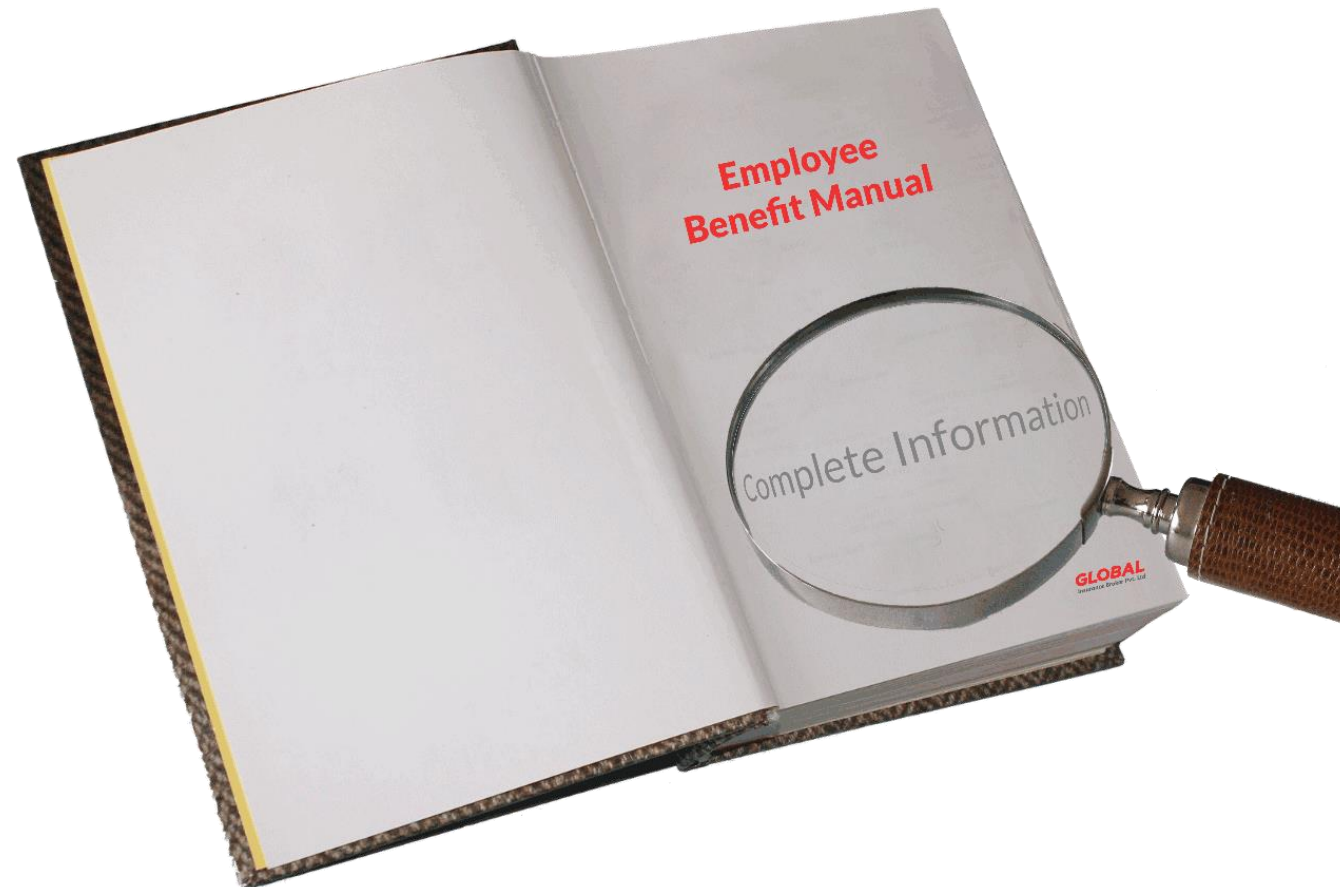
About This Employee Benefits Manual

This Employee Benefits Manual is a reference guide to the benefits provided. For Waters India., 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
Global Insurance Brokers Pvt. Ltd.

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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 as The New India Insurer List, which do not require a 24-hour hospitalization). Typical expense heads covered under the policy are the following: room/board 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

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FHPL
BEHIND INSURANCE, BEYOND INSURANCE

ESCP Base Group Medical: Benefits



Plan Name		Benefits/Coverages & Condition's
Insurer	The New India Assurance	
TPA	Family Health Plan Insurance TPA Pvt. Ltd.	
Inception Date	09-Feb-2024- 08-Feb-2025 (Annual Policy)	
Sum Insured Limits	INR 500,000 per family – Floater	
Members Covered	<p>Employee + Spouse + And 3 Dependent Children (first 3 living dependent children up to 25 yrs. of age)</p> <ul style="list-style-type: none"> ✓ No member shall be covered twice under the same insurance policy - If employee and spouse working in same organization, then both cannot declare each other as dependents in the policy. ✓ In case the member is not insured at the time of hospitalization then Insurance Company shall not be liable to process the claim. 	
LGBT	<ul style="list-style-type: none"> ✓ 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) 	
Domestic/Live In Partner	<ul style="list-style-type: none"> ✓ Coverage for Same Sex/ Domestic Partner (Live in Relation) – Same sex/ domestic partners to be recognized as part of family definition [domestic partner's family considered as dependents] ✓ Note: Emp Can either add Legal Spouse / Same Sex / Domestic Partner (Live in Relation) 	
Widow/ widower / Continuity Coverage	✓ Covered.	
Mid-Term Enrollment	✓ Allowed, only for New Joiner & Family / Newly wedded Spouse / Newborn Baby Subject to Intimation within 30 days (GBS Portal)	

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

ESC Base Group Medical: Benefits

Plan Name		Benefits/Coverages & Condition's
Standard Hospitalization	Covered	
Day Care Procedures	Covered (As per IRDA New India List)	
Geographical Limits	India (Treatment Taken Within the Geographical limit of India under Register Hospital are eligible to claim under policy)	
Pre-existing Diseases	Covered	
First 30-days Waiting Period	Waived off	
First Year Waiting Period	Waived off	
Pre & Post Hospitalization Expenses	✓ Pre-Hospitalization Expenses Covered up to 30 days(Before date of admission) & Post Hospitalization Expenses Covered up to 60 days(after date of discharge)	
Diagnostics Expenses on stand alone basis	Not Covered	
Restriction on Room-Rent	<ul style="list-style-type: none"> ✓ Normal/ Ward Stay Room rent cap : 1.5% of base policy Sum insured (INR 500000) for Normal Hospitalization ✓ ICU Room rent cap : No Limit. ✓ 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 : Proportionate clause is not applicable. How ever only the room rent difference has to be paid by the member ✓ Opting for a room of a higher category than the eligible category will result in higher cost for all hospitalization services, which must be borne by the claimant – There is no Proportionate charges. However, the difference in room rent must be paid by the member – Room Rent includes, doctor & Nursing Charges. 	
Deductible & Co pay	No Co-payment	

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

ESC Base Group Medical: Benefits



Plan Name	Benefits/Coverages & Condition's
Ambulance Services	<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 / Nil Deduction	<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.
Dental treatment (on OPD basis)	Not Covered (Covered only IPD claim due to accident)
External congenital for newborn	Covered under life threatening condition
Internal Congenital internal disease	Covered Subject to standard Hospitalization
Genetic Disorders	covered with a sub-limit of 25% of Sum Insured per policy period with 48 months waiting periods. This limit shall be within the Sum Insured and does not increase the overall Sum Insured.
Hospitalization due to epidemic breakout	Covered
Organ donor cover to be provided	Hospitalization expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the insured person
Stem cell transplantation	Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered. With limit Up to 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.

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

ESC Base Group Medical: Benefits

TREATMENT & AILMENT CAPPING/LIMIT



Plan Name	Benefits/Coverages & Condition's
Autism	<ul style="list-style-type: none"> ✓ Covered, family sublimit of INR 30,000 ✓ Applicable : For Age Limit 7-10 Years only
Ayush treatment including Ayurveda, Yoga, Unani, Siddha & Homeopathy	<ul style="list-style-type: none"> ✓ Covered up to 25% of the Base Sum Insured ✓ Subject: Provide the treatment is taken in Government or Government recognized Center/Hospital approved by National Accreditation Board for Hospitals & Healthcare
Lasik Surgery	Lasik Surgery is covered if correction index is +/- 6.5 D with limit of INR 30k/ family
Cataract	Covered (No capping)
Surgical Infertility including IVF in case of IPD/OPD//Day care through Medicine/Surgical Procedure/Assisted Conception including Intrauterine Insemination (IUI) and IVF / ZIFT/GIFT/ICSI	Covered up to Maternity Limit
PPE KIT	Covered (With policy Limit)
Cochlear Implant	<ul style="list-style-type: none"> ✓ cover's Patient below 7 years only ✓ Cochlear Implant Covered Surgery Covered (Device cost not covered) ✓ subject to standard hospitalization expenses only
Oral Chemotherapy	Up to 10% of Sum Insured subject to Maximum Rs. 1 Lakh.

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	Coverage/Benefits
Maternity Applicable	Maternity Benefit is available only for Self and Spouse
Maternity Benefits	✓ Covered ✓ Only for first 2 Delivery Only
Maternity Limits (Normal & Caesarian Section)	INR 75,000 for Normal & INR 1,00,000 for C-Section
Pre & Post Natal Expenses	✓ Covered up to INR 5,000 , Within Maternity limit for both IPD & OPD
9-Months Waiting Period for Maternity	Waived Off
New-Born Baby cover/ Well Baby Expenses Covered up to 5,000 within maternity Limit	
Surgical Infertility treatment including IVF	✓ Surgical Infertility including IVF in case o IPD/OPD//Day care through Medicine/Surgical Procedure/Assisted Conception including Intrauterine Insemination (IUI) and IVF / ZIFT/GIFT/ICSI ✓ Covered within Maternity Limit
Surrogacy	Covered only Maternity Expense of Surrogate mother within 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..

ESC Base Group Medical: Benefits

ADVANCED MEDICAL PROCEDURES / MODERN TREATMENT COVERED:



Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

- Up to 20% of Sum Insured subject to Maximum Rs. 2 Lakh

Balloon Sinuplasty.

- Up to 20% of Sum Insured subject to Maximum Rs. 2 Lakh

Deep Brain stimulation.

- Up to 50% of Sum Insured subject to Maximum Rs. 5 Lakh

Immunotherapy- Monoclonal Antibody to be given as injection.

- Up to 25% of Sum Insured subject to Maximum Rs 2 Lakh.

Intravitreal injections.

- Up to 10% of Sum Insured subject to Maximum Rs.75,000.

Stereotactic radio surgeries.

- Up to 50% of Sum Insured subject to Maximum Rs. 3 Lakh.

Bronchial Thermoplasty.

- Up to 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.

Vaporisation of the prostate (Green laser treatment or holmium laser treatment).

- Up to 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.

IONM - (Intra Operative Neuro Monitoring).

- Up to 10% of Sum Insured subject to Maximum Rs. 50,000.

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 Medical : Mid Term & New Addition



Existing Employees + Dependents

Commencement Date for Existing Employees + Dependents	09-02-2024
Termination Date for Existing Employees + Dependents	08-02-2025 (Mid Night)

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

Commencement Date	Date of joining (Provided the intimation is given within 30 days from DOJ)
Termination Date	08-02-2025 (Mid Night)

New Dependents (Newly Wed Spouse / Newborn Baby) : Enrolment by Employee in GIB Portal & HR

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	08-02-2025 (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:

- **New Joiner:** Monthly intimation by HR- Auto Process
- **Newly Married Spouse:** intimation within 30 Days from Date of Married in
- **Newly Born Baby:** intimation within 30 Days from Date of Married in

In the event Non intimation within given timeline :

- There is **no exceptional** mechanism to add under current policy.
- In case the member is not insured at the time of hospitalization then Insurance Insurer shall not be liable to process the claim

No member shall be covered twice under the same insurance policy :

- If waters India Employee and spouse is working in the same organization, then both cannot be declared each other as dependents in the 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..

Voluntary Group Medical Insurance Top Up ESC Policy

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ESC Top-up Group Medical: Benefits

Plan Name	Benefits/Coverages & Condition's
Insurer	The New India Assurance
TPA	Family Health Plan Limited
Policy Period	09-02-2024 - 08-02-2025
Pre-existing Disease coverage	Day one coverage
30 days waiting period	Day one coverage

TOP-UP FAMILY FLOATER SUM INSURED	ANNUAL PREMIUM PER FAMILY (INCL GST @ 18%)
INR 500,000	INR 8685.98
INR 10,00,000	INR 20481.26

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 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..

WHY TOP-UP SUM INSURED?

Why evaluate a Top Up Medical Plan ?

- Healthcare costs are rapidly rising with medical inflation being in the range of 15% to 20%. In such a situation, an employee may feel that his or her insured amount in the group health insurance is inadequate. Top Up plan provides an additional coverage to employees over and above the company sponsored Sum insured limit.
- The premium rates are lower vis-à-vis an employee purchasing an additional retail insurance policy.

Advantages of the Top Up Medical Plan

- Coverage is identical to the main medical policy terms.
- Employee can choose the cover as per his/her needs.
- The main & top up medical plan can be claimed together for the same hospitalization. except for maternity benefit
- Employee gets a tax benefit on the premium paid towards the top up plan.
- This is a customized health top up plan designed exclusively for Tek employees only and at customized and negotiated standard premium across all age groups pricing

COMPARISON : GROUP VS RETAIL

Existing Current Policy Benefits	Market Retail Policy	Waters India 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

Higher Sum Insured Top-up Option's

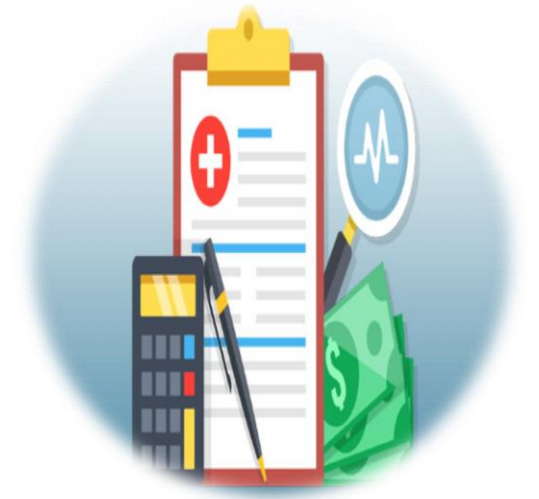
Flexibility to Enhance & Addon Cover

Pay less for More!

Group Medical Plan



Benefit	Benefits/Coverages & Condition's
Reasonable and Customary Clause	Applicable
PPN and GIPSA rates	Applicable, In case of Reimbursement claims from Network Hospital



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
Claim Intimation	No intimation
Claim Submission (Mandatory)	Within 30 Days from the Date Of Discharge Document must reach the TPA (below mentioned FHPL address Address)
Pre -Post Claim Submission (Mandatory)	<ul style="list-style-type: none">• Pre to be submitted with in 30 days from discharge• Post to be submitted within in 7 days on completion of 90 days post hospitalization limit.

Claim Documents Envelope Address Format

To

Kind Attn: Mr. Dinakaran / Ms. Hajira
Family Health Plan Limited.,
Ground Floor, Corporate Miller
Thimmaiah Road, Govinda Chetty Colony
Vasanth Nagar, Bengaluru, Karnataka 560051

From

Corporate Name : Waters India Pvt Ltd.,
Employee Name _____
Employee ID _____
Ecard No _____
Address _____
Ph No: _____

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

CONTACT MATRIX



Mr. Dinakaran K
Hand phone : 99864 55600
E mail : dinakaran.k@fhpl.net

In view of “Water’s India ” : Group being Corporate Insurance, Employee must contact above Dedicated SPOC Only

Level	From	Name	Designation	Mobile No.	E-Mail ID
Level 1	TPA	Hajira Rasheed	Sr Manager-CRM	9243479825	hajira.rasheed@fhpl.net
Level 2	GIB	Yathish MM	Account Manager	9686575143	watersindia@globalinsurance.co.in
Level 3	GIB	Vanitha Ramachandran	Team Lead	7022158511	Vanitha.ramachandran@globalinsurance.co.in

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 than 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 insurance company's authorized personnel.

- 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 30 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 60 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

Maternity Benefit

The maximum benefit allowable per delivery under this benefit is as follows:

For Normal INR: 75,000 & C-section – INR 1,00,000/-

Within the Sum Insured, max up to 2 living children. There are special conditions applicable to the Maternity Expenses Benefits as below:

These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.

Claim in respect of delivery for only the first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who already have two or more living children will not be eligible for this benefit.

Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.

Infertility Treatments are covered up to within the maternity limit for IPD & OPD Treatment.

Surrogacy treatment covered up to within the Maternity limit

Sterilization is excluded from the policy.



Group Medical Plan : Newborn Baby Cover



New- born baby covered from day 1

Extension to cover the newborn child of an employee covered under the Policy from the time of birth. Such child will be covered under the Family Floater Sum Insured limit. Please enroll the new- born details in Global Portal within 30 days from the date of birth.

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 Exclusions

- 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 Exclusions

- 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 Exclusions

- 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 Expenses



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

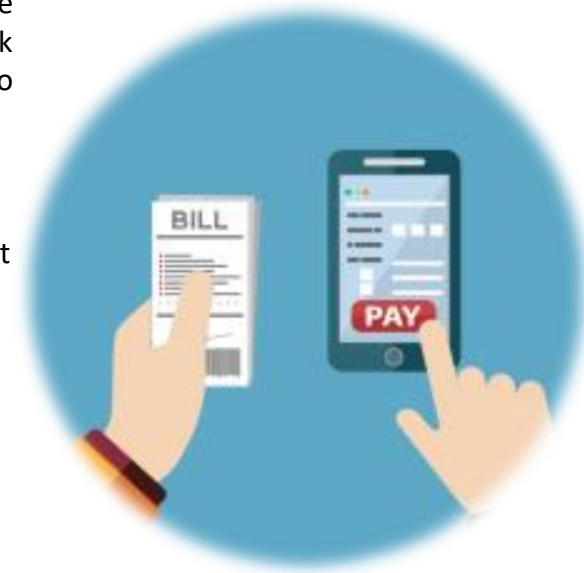
Note: Above exclusions are only indicative, please refer Insurer website / IRDA website for complete Standard List

Hospitalization Procedure

Definition of Cashless

Cashless hospitalization means FHPL TPA may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Network Hospital and FHPL TPA . In such case, FHPL 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** : FHPL Website - <https://www.fhpl.net/> , choose Network hospital option (Select Insurer New India Assurance > Select Insurer as New India Assurance Company, State, City & Search > You may view online as it is updated regularly throughout the policy year.



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.

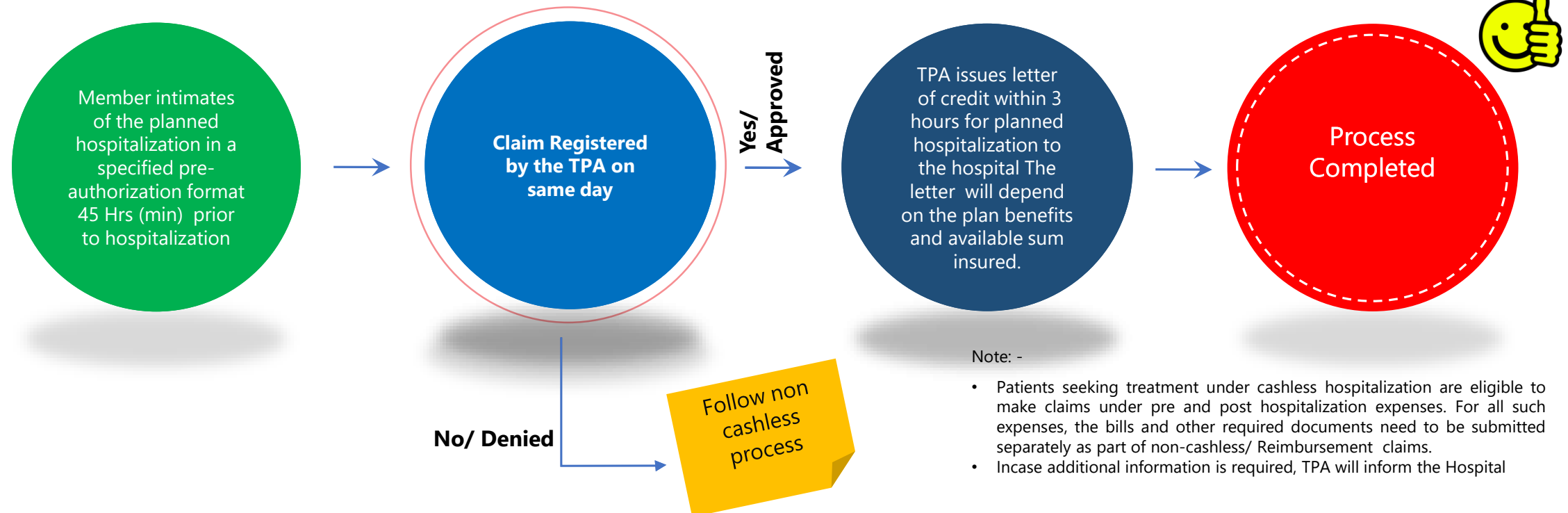
The above-mentioned discount is not applicable in case of Reimbursement claims from PPN/GIPSA network hospitals and the same will be deducted at the time of final settlement.

Cashless Planned Hospitalization

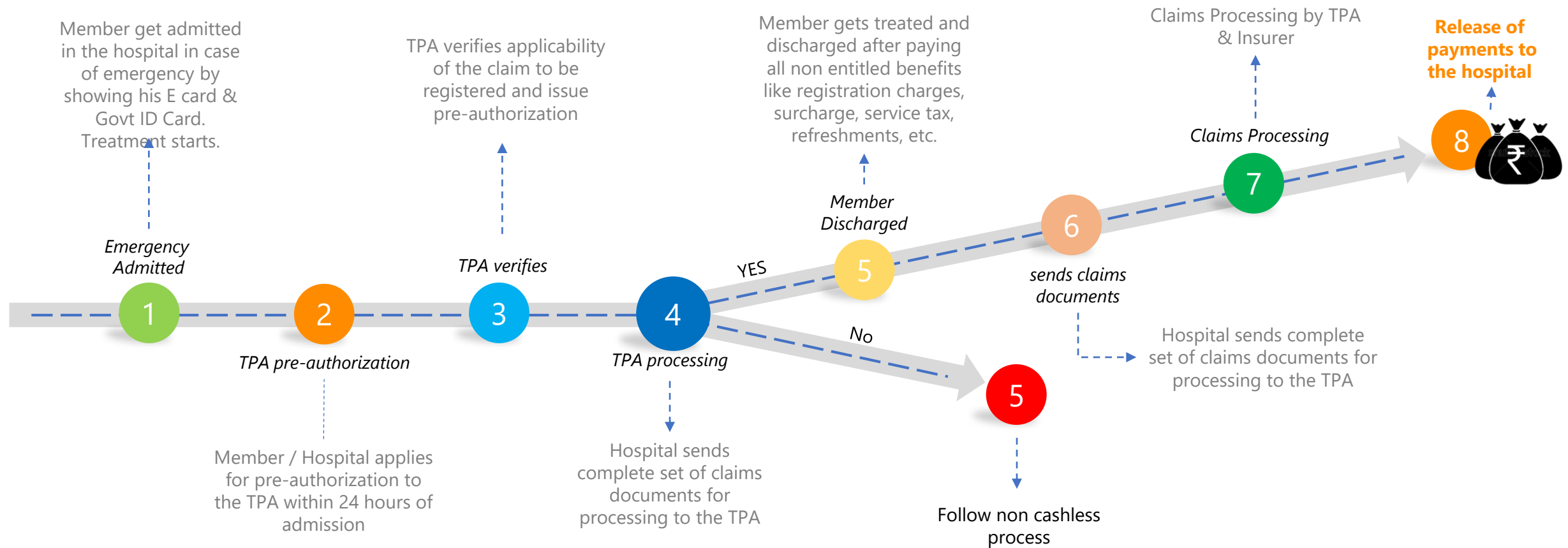
Cashless Hospitalization : Planned

Step 1 Pre-Authorization

All non-emergency hospitalization instances must be pre-authorized with the Help Desk, as per the procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the Insured Member is not inconvenienced when taking admission into a Network Hospital. The Insured Person shall provide the documentation and information your TPA may require to establish the circumstances of the claim



Emergency Cashless Hospitalization Process



Reimbursement Hospitalization

Admission procedure **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.

Discharge procedure

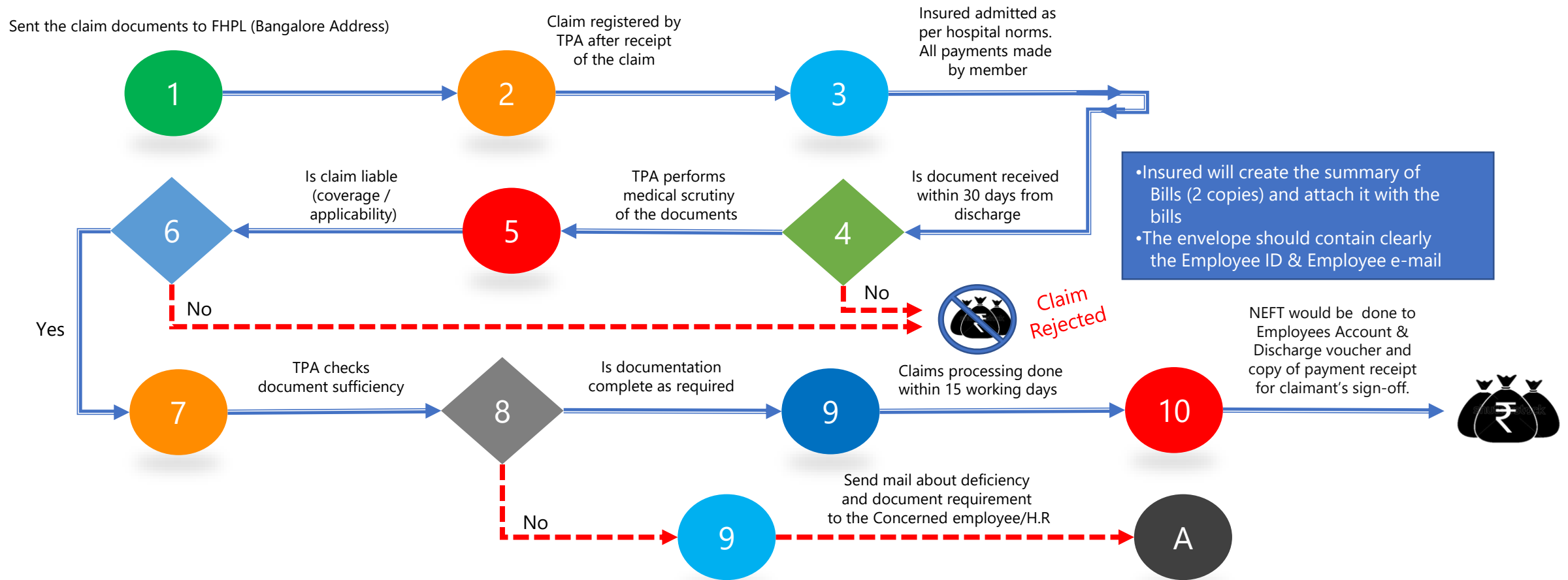
In case of non network hospital, you will be required to clear the bill and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as discharge summary, investigation reports etc. for submitting your claim.

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



Dispatch Address: To.

Kind Attn: Mr. Dinakaran / Ms. Hajira., Family Health Plan Limited., Ground Floor, Corporate Miller, Thimmaiah Road, Govinda Chetty Colony, Vasanth Nagar, Bengaluru, Karnataka 560051

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

Note: 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 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	Coverage
Policy Holder	Waters India Pvt Ltd
Period of the Cover	Annual
Inception Date	01-04-2024 to 31-03-2025
Insurer	New India Assurance Company Limited
Sum Insured Limits	60 Times of the monthly salary
Members Covered	Only Employee
Geographical Limits	Worldwide
Accidental Death	Yes (100% of Capital Sum Insured)
Dismemberment	Yes
Permanent Total Disablement from injuries other than those named above	Yes
Permanent Partial Disability	Yes (Please refer to Policy for list)
Temporary Total Disability	Covered - Weekly Benefit- 1%of Capital Sum Insured subject to maximum of INR 5000 per week
Terrorism	Covered
Medical Expenses	INR 25,000 or actuals which ever is lower
Carriage & cremation of dead body	Up to INR 5,000

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

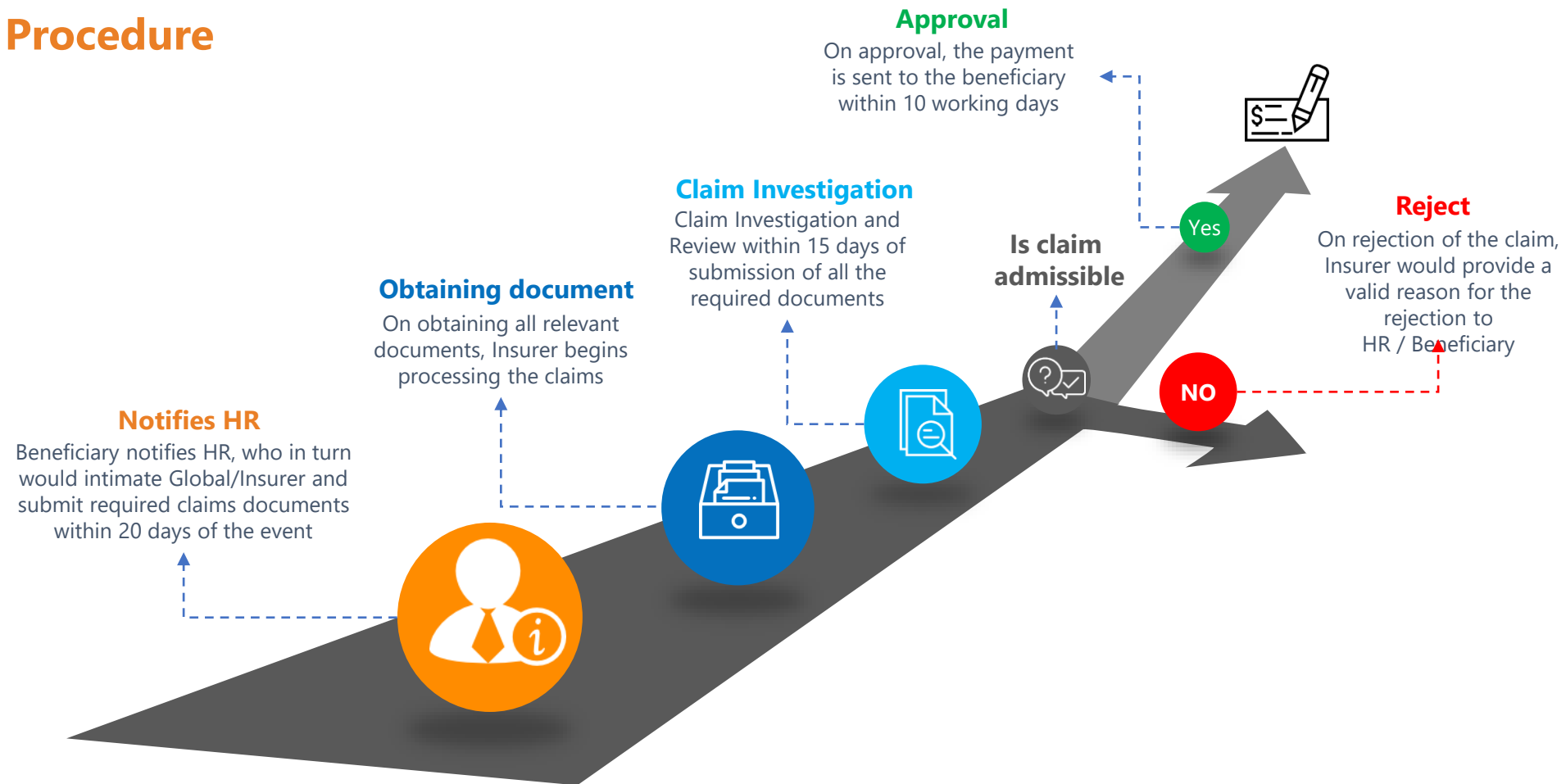
- Service on duty with any armed force
- Intentional self injury, suicide or attempted suicide
- Insanity
- Venereal disease
- AIDS
- Influence of intoxicating drink or drugs
- Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the 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 : Benefit Details

Claims Procedure



Check List & Contacts:

	Weekly Benefit Claims	Death Claims	Dismemberment/ Disablement Claims
Sr. 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	Post Mortem/ 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
Mr. Yathish MM	9686575143	watersindia@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 Personal Accident : Benefit Details

Plan Name	Group Term Life
Policy Holder	M/s Waters India Pvt Ltd.,
Period of the Cover	Annual
Inception Date	01-04-2024
Expiry Date	31-03-2025
Insurer	Kotak Life Insurance Company Limited
Sum Insured Limits	36 times of monthly basic salary
Members Covered	Employee
Geographical Limits	Worldwide
Minimum age for coverage	18 Years
Maximum age Without IUW	65 Years (Lats Birthday)
Maximum age for coverage	Retirement / 60 years
Members on sabbatical leave	Not Covered

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	₹ 20,000,000
Individual Underwriting (IUW) Conditions	Subject to Kotak Life Insurer
Individual Underwriting (IUW) Conditions	On event of death due to any means
	All members whose covers are above FCL will be subject to individual Medical underwriting
	FCL shall apply to all members upto 60 age last birthday or normal retirement age whichever is earlier. Members above 60 years of age will be subject to complete medical underwriting for full sum assured proposed
	Note: IUW mailer will be sent by Insurer to Employee based on corporate shared report

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. INR. 20,000,000

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.

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

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

Thank you!



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