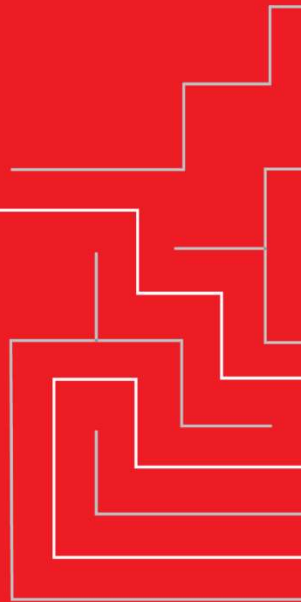


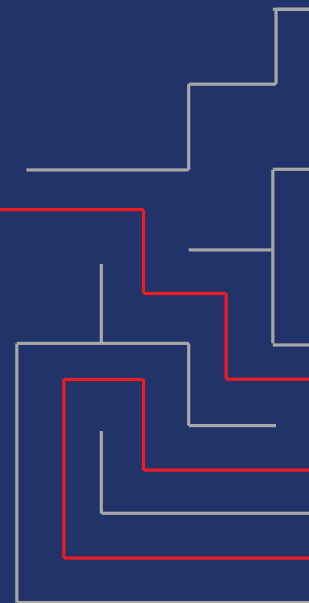
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FIDEL SOFTECH LIMITED

Employee Benefit Manual - 2024 -2025



Benefit coverage



**Group Mediclaim
Policy**



**Group Personal
Accidental 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 Insurance Core Plan
Policy Holder	✓ Fidel Softech Limited
Period of the Cover	✓ 12 months
Policy Start Date & End Date	✓ 04 th June 2024 to 3 rd June 2025
Insurance Company	✓ TATA AIG GENERAL INSURANCE COMPANY LIMITED
Third Party Administrator	✓ MDIndia Health Insurance TPA Pvt. Ltd.
Sum Insured Type	✓ Family Floater Sum Insured
Sum Insured Limits	✓ Flat Sum Insured of INR. 3,00,000/-
Members Covered Core Plan	✓ Employee Only. ✓ 18 Years - 90 Years
PED waiting period	✓ Waived off
Waiver of waiting period(30 days / 1 year)	✓ Waiver

Group Medical Plan

Plan Name	Base Plan
Pre-hospitalization cover	✓ Up to 30 days
Post-hospitalization cover	✓ Up to 60 days
Room Rent Restrictions - Non-ICU room and ICU room <i>Insured employees are requested to use prudence and proper negotiation with Hospital/ Nursing home in availing the eligible room category.</i>	✓ 1% of SI for Normal and 2% for ICU. Normal Room Rent is inclusive of Nursing Charges
Co Payment / Deductibles	✓ No Co-payment on claims
Lasik Surgery if refractive error of eye is greater than +/- 6.5D	✓ Covered
Inclusion of LGBTQ members	✓ Policy will also provide cover for LGBTQ members. However, gender reassignment surgery and hormonal therapy shall be excluded
Ambulance Charges	✓ Road Ambulance Covered up to 1% of SI with maximum amount of INR 1000 Per Hospitalization.

Group Medical Plan

Plan Name	Base Plan
Emergency Air Ambulance	✓ Emergency Air Ambulance is covered with per event limit of INR 100,000
Congenital Internal diseases	✓ Covered
Congenital External diseases	✓ Covered in Life threatening condition only
Lucentis Injection	✓ Lucentis is covered up to Rs. 50,000 per family within Floater Sum Insured
Ayush Cover	✓ Covered in Govt. Recognized hospitals only up to 25% of Sum Insured
Day Care	✓ List of 541 Day Care procedure a in Policy Terms and Conditions is covered
Hospital Cash Benefit	✓ Hospital Cash Benefit is covered for Rs 500 per day for 7 days Only if Hospitalization is more than 5 days
Psychiatric ailments	✓ Policy also covers hospitalization arising out of Psychiatric ailments within a limit of Rs. 50,000 per family.
Functional Endoscopic Sinus Surgery	✓ Policy also covers hospitalization arising out of Functional Endoscopic Sinus Surgery within a limit of 35,000 per family within the Family Floater SI

Group Medical Plan

Plan Name	Base Plan
Health Check-up	✓ Preventive health check up covered up to INR 2000 per life for Employee only on reimbursement basis subject to following conditions. It should not be prescribed by the doctors. Claim towards health check up can be made only once during the policy period.
COVID 19	✓ Covered from Day 1
Terrorism	✓ Any Hospitalization due to terrorism activities will be covered up to IPD Sum Insured
Dental Treatment	✓ Covered in case of hospitalization due to accident on IPD basis only
Organ Donor	✓ Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient limited to the In-Patient Sum Insured
Family Transportation	✓ Covered up to INR 5000
Nursing Allowance	✓ Covered for INR 100 per day up to a maximum of 15 days with a deductible of 2 days
Cataract Limit (INR)	✓ Covered INR. 20000 per eye. (Inc of Lens.)
Portability	✓ Portability is available on this product as per TATA AIG Retail Health Norms and product features.

Group Medical Plan

Plan Name		Base Plan	
Others Benefits & Condition		<ul style="list-style-type: none"> ✓ Modern Treatments -IRDAI specified 12 Modern Treatments covered with 50% Co-pay ✓ Cyberknife treatment covered with 50% Co Pay ✓ Cochlear Implant treatment restricted to 50% of SI 	
Limit on Treatment/Illness/Surgery	Metro	Non metro	
Appendix	20000	18000	
Eye related(Other than Cataract)	25000	20000	
Gall Bladder	25000	20000	
Hernia	20000	18000	
Hydrocele	15000	12000	
Hysterectomy	28000	25000	
Piles	18000	15000	
Urinary Stone (incl DJ stent removal for same stone)	35000	30000	
Joint Replacement including Vertebral joints	90000	80000	
		Modern Treatments*	Limit
		Uterine Artery Embolization and HIFU	Covered with 50% co-pay
		Balloon Sinuplasty	Covered with 50% co-pay
		Deep Brain stimulation	Covered with 50% co-pay
		Oral chemotherapy	Covered with 50% co-pay
		Immunotherapy- Monoclonal	Covered with 50% co-pay
		Intravitreal injections (Except Lucentis)	Covered with 50% co-pay
		Robotic surgeries	Covered with 50% co-pay
		Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Covered with 50% co-pay
		Bronchial Thermoplasty	Covered with 50% co-pay
		Stereotactic radio surgeries	Covered with 50% co-pay
		Intra Operative Neuro Monitoring	Covered with 50% co-pay
		Stem cell therapy	Covered with 50% co-pay

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

15 To 20 working days from date of submission, provided all documents required are submitted

Reimbursement : Submit at **MDIndia Health Insurance TPA Office**

Address:

To,

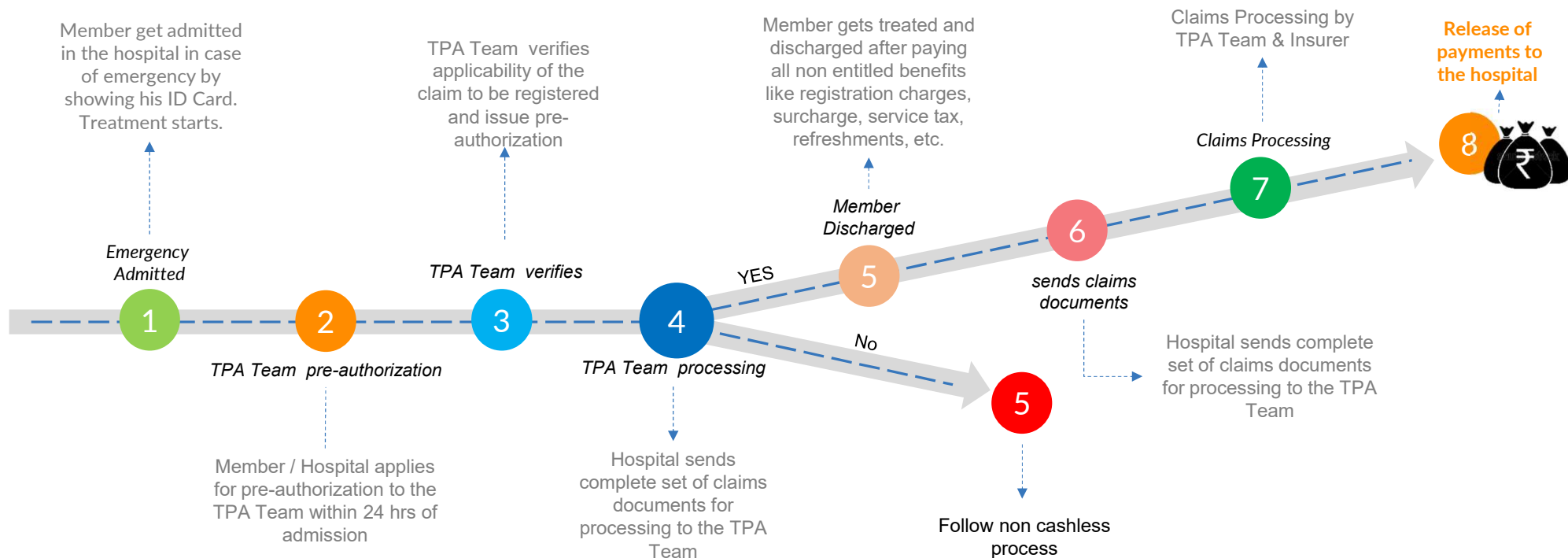
Mr. Erum Shaikh

MDIndia Health Insurance TPA Pvt. Ltd.

S. No. 46/1, E-space, A-2 Building, 3rd floor, Pune Nagar Road, Vadgaonsheri, Pune 411014

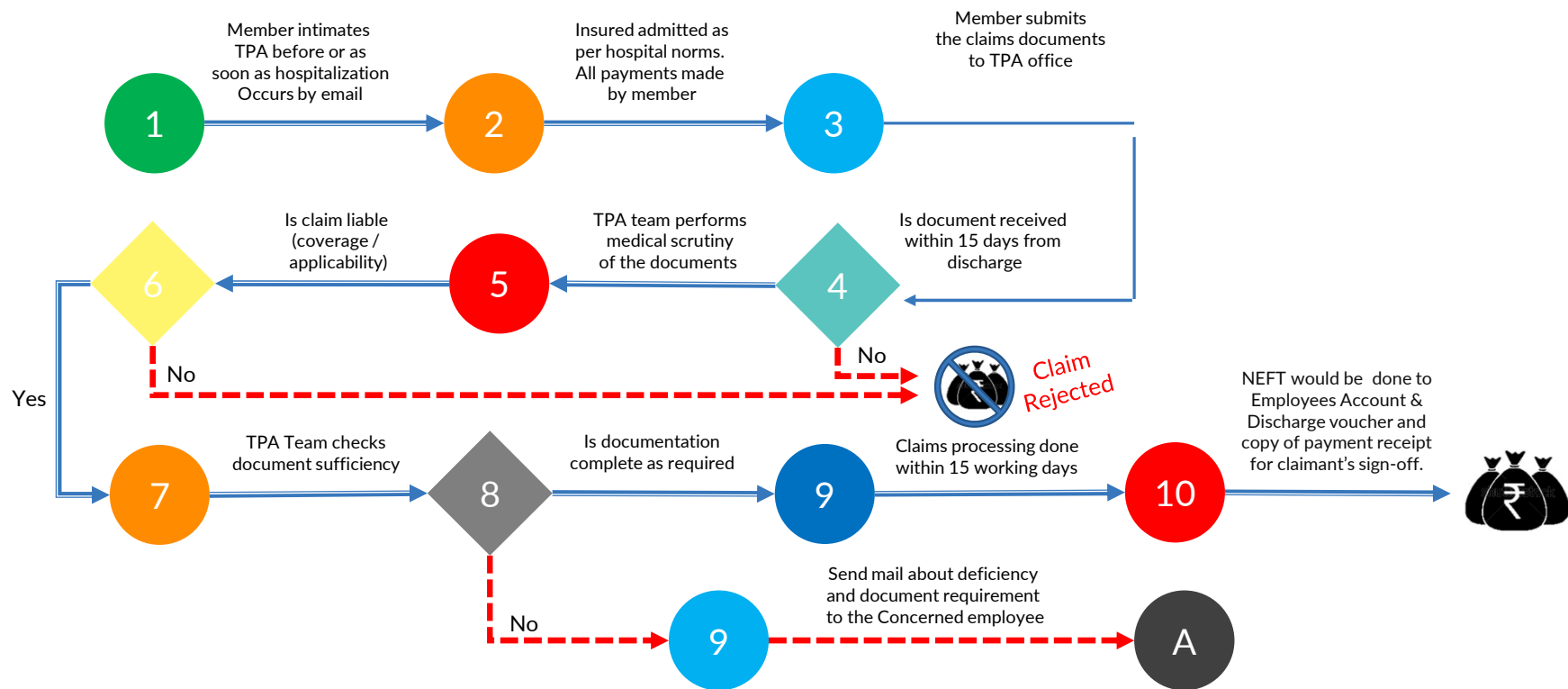
Cashless Hospitalization Process

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

Group Medical Plan : 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 dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalization 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 hospitalized 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



Group Medical Plan : General Exclusions

- 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.,.
- Infertility treatment, Intentional self Injury, Outpatient treatment.
- 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 or condition of similar kind commonly referred to as AIDS, HIV 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.
- Lasik treatment or any other procedure for correction/enhancement of vision is not covered.
- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.



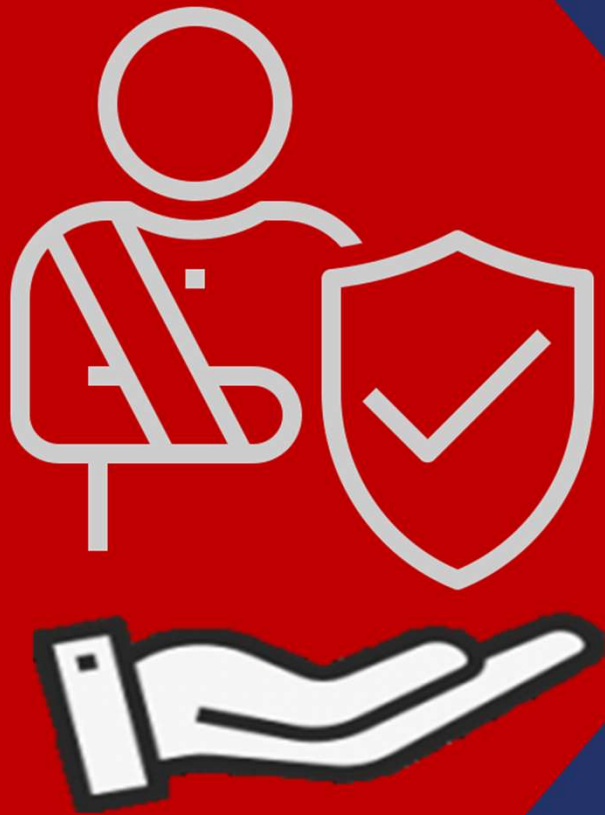
Contact Details

TATA AIG | Third Party Administrator : MDIndia Health Insurance TPA Pvt. Ltd.

Link to view Network Hospital List : <https://mdindiaonline.com/ProviderList.aspx>

Claim Intimation (within 24 hours of hospitalization), email id : &

Contact Details	Insurance Partners	SPOC	2nd Level	3 rd Level	Escalation Point
Relationship Manager	MDIndia Health Insurance TPA Pvt. Ltd.	Erum Shaikh	Avadhut Panchal	Amol Kalpande	Sagar Pardeshi
Email ID		eshaikh@mdindia.com	avadhutip@mdindia.com	akalpande@mdindia.com	spardeshi@mdindia.com
Contact No.		7028369801	7058098700	7208978361	7391059593
Relationship Manager	Global Insurance Brokers	Ajit Thakur		Snehal Joshi	Meriam Ansari
Email ID		ajit.thakur@globalinsurance.co.in		Snehal.Joshi@globalinsurance.co.in	Meriam.ansari@globalinsurance.co.in
Contact No.		7774830702		9552509877	



Group Accident Policy

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

Policy Details

Plan Name	Group Personal accident
Policy Holder	FIDEL SOFTECH LIMITED
Period of the Cover	12 months
Inception Date	4 th June 2024
Expiry Date	3 rd June 2025
Insurer	TATA AIG General Insurance Company Limited
Sum Insured Limits	Flat Sum Insured INR. 5,00,000/-
Type of Coverage – for Employees	Accidental Death, Permanent Total disability, Permanent Partial Disability , Temporary Disability
Geographical Limits	Worldwide

Group Personal Accident : Benefit Details

Death

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

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 1% of AD SI or INR 5000 or actual weekly salary for 104 Weeks whichever is less

Group Personal Accident : Benefit Details

Policy Details

Plan Name	Group Personal accident
Accident Medical Expenses	Fixed INR 100000 for IPD with Sublimit of INR 30000 for OPD or actual claims , whichever is lower.
Education Grant	10% of Principal SI or up to Rs 20000 or Actuals, whichever is lower for maximum 2 eligible children.
Home Alteration and Vehicle Modification Benefit	Covered Rs. 25000
Family Transportation Benefits	Up to Rs. 30000 or Actuals, whichever is lower.
Ambulance Services	Up to Rs. 3000 or Actuals, whichever is lower.
Repatriation of Remains	Up to Rs 2500 or Actuals, whichever is lower
Funeral Benefits	Rs 5000

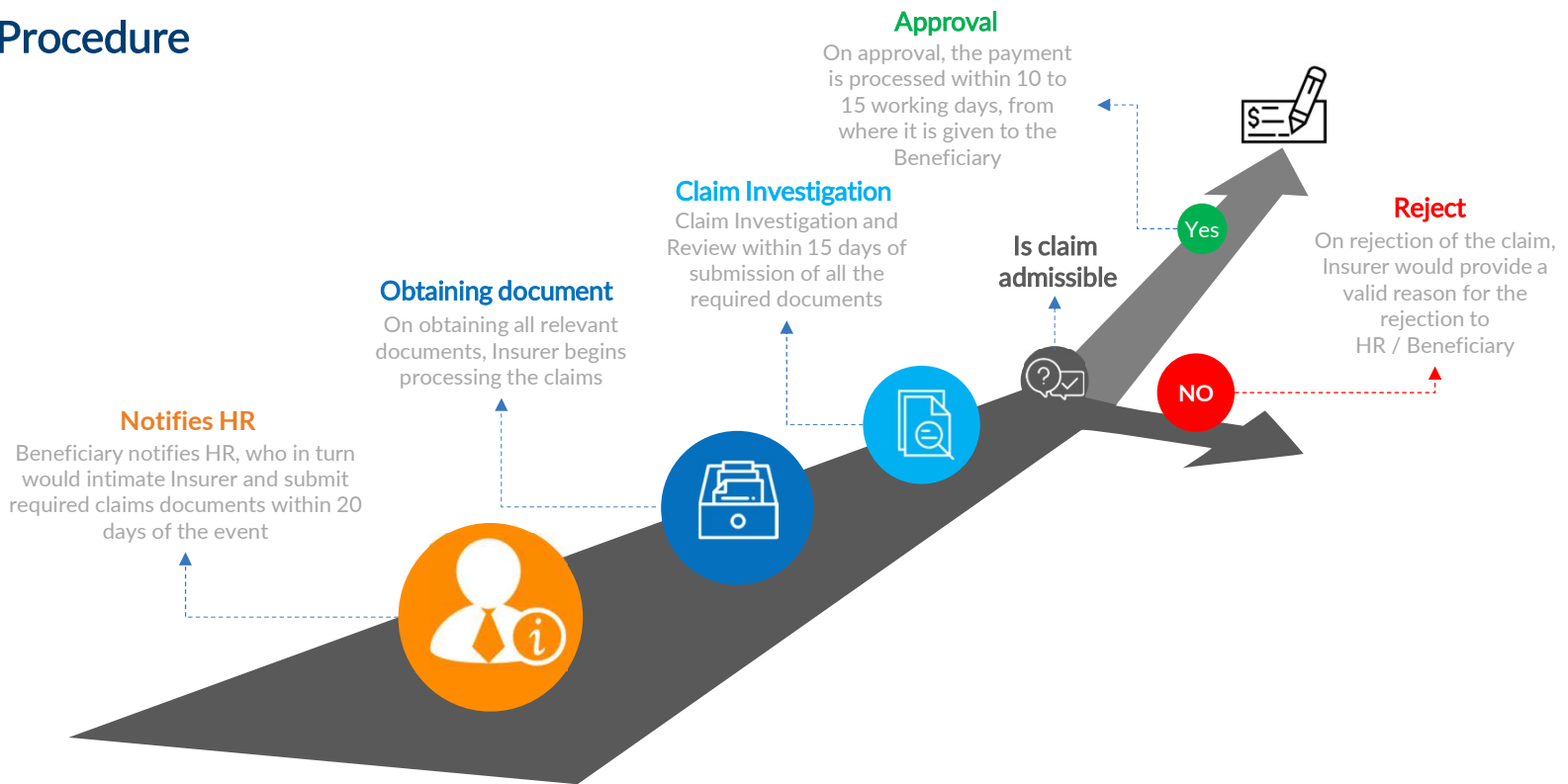
Group Personal Accident : Key exclusions



- Service on duty with any armed force
- Intentional self injury, suicide or attempted suicide
- Insanity
- Venereal disease
- AIDS
- Influence of intoxicating drink or drugs
- Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world
- Nuclear radiation or nuclear weapons material
- Childbirth, pregnancy or other physical causes peculiar to the female Gender
- While committing any breach of law with criminal intent

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 details of the Insured (policy holder)	Bank details of the Insured (policy holder)	Bank details of the Insured (policy holder)

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

Contact Points

Siddhesh Muley – Global Insurance Brokers	+91 9175338347 Siddhesh.Muley@globalinsurance.co.in
Ajit Thakur – Global Insurance Brokers	+91 7774830702 Ajit.thakur@globalinsurance.co.in

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Thank You !

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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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