



Group Mediclaim Policy

	Process Owner	Authorized by
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1.Objective:

Mediclaim policy aims to provide mediclaim coverage to all the insured employees with hospitalization expenses as well as domiciliary hospitalization benefits if he/she suffers from an illness or accidental injury during the policy period.

Smartlink has tied up with ICICI Lombard Insurance Company, a leading insurance company in India.

2.Scope:

1. All permanent employees
2. Employee, Spouse & upto Four Children

Eligibility : Rs. 200,000/- across all levels per family per year

3.Registration:

- Employee would be covered once they join the company.
- Mediclaim Cards bearing identification number would be issued to all covered employees by HR & Administration department.
- Employees are requested to inform immediately to the HR department for inclusion of spouse incase of marriage and new born child in the policy and mark cc to Mr. Salil Kamat, Goa.

4. Service provided:

- Treatments in the Hospitals / Nursing homes in India are covered. [List enclosed]
- Covers Pre & Post hospitalization expenses (30 days & 60 days).
- Provides cashless benefit to the clients in more than 2000 hospitals all over India.
- Hassle free claim settlement process due to in-house Health Administration Team.
- The coverage includes expenses incurred towards room, boarding expenses, nursing expenses, surgeon / specialist fees, charges for blood, oxygen etc.
- Domiciliary hospitalization benefit means Medical treatment for a period The indemnity provided by the policy is restricted to sum insured provided in the schedule.

5. Scope of Cover :

- Age Band 1 day to 65 years only.
- Family Definition- Employee, Spouse and 4 Dependent Children upto age 28 yrs covered under Policy.
- Maternity Benefit For metro and non metro Rs.50,000 subject to First 2 children.
- Day 1 Baby covered from 1 day Upto the family SI.
- ICICI Lombard shall pay for expenses which are reasonably and necessarily incurred towards Hospitalisation
- Due to contracting of any disease or illness or any bodily injury through accident.
- Should require hospitalisation for a minimum of 24 hrs.
- Limit of Liability of ICICI Lombard is subject to a maximum of the Sum Insured (Contact HR for Details) - Cannot be enhanced during the occurrence of the policy.
- Sum Insured is on floater basis - can be utilised by any insured member of the Family, Multiple no of claims possible.
- Add-on Cover: Upto 30 days Pre-Hospitalisation and 60 days Post Hospitalisation is covered.
- Cover is only for Allopathic treatment under a registered medical practitioner.
- Room Rent Room Rent 3% of SI max of Rs 3500-ICU 4% of SI max of Rs 5000 If insured is admitted in a higher category, then insured will bear difference of all medical expenses as in final hospital bill in same proportion.
- Ambulance Charges limited to Rs.1000 Per Person

Special Condition:

- Liability for nasal sinus surgeries upto Rs 35000/-. Hospitalisation arising out of Psychiatric ailments upto Rs 30000/-
- 50% co-pay for cyber knife treatment /stem cell transplantation. Cochlear implant treatment shall be restricted to 50% of the SI.

7. Compensation Payable

ICICI Lombard would pay compensation under following heads:

- Room Expenses in Hospital/Nursing Home
- ICU Charges
- Nursing Expenses
- Treating Doctor Fees (Visit Fees/Consultation/Surgeon fees)
- Anesthesia & Anesthetist charges

- Investigation Charges (Lab Reports, X rays, CT Scan etc)
- Treatment cost -Medicines (Pharmacy bills) -Blood / Oxygen -Cost of Pacemaker / Cost of Organs (E.g. Stents, Lens, etc) -Operation Theatre Charges -Operation Theatre Consumables -Surgical Appliances -Implant Charges -Dialysis, Chemotherapy, Radiotherapy.

8.General Exclusions

- Lasik Surgery.
- Septoplasty, Infertility & Related Ailments incl. 'Male sterility'
- Expenses on fitting of Prosthesis;
- Any device/instrument/machine contributing/replacing the function of an organ;
- Holter Monitoring are outside the scope of the policy

9. Charges Not Payable

The following charges in the Hospital Bill are not payable:

- Administration charges.
- Admission / Registration fees.
- File / Records Management charges.
- Service / Surcharges/ Processing Fees etc.
- Bed booking for Visitor/ Reserving charges.
- Food & Beverages, Soaps, Toiletries & Laundry Expenses.
- Resident Doctor Charges or RMO Charges.
- Special Nurse / Attendant charges.
- Telephone / Photocopy / Courier.
- FIR / MLC charges.
- Package Charges / Bulk Charges unless supported with detailed break-up.
- Charges over and above the Sub-limits for certain treatments as given in policy.
- Room rent/ ICU charges over and above the Sub-limits as given in the policy.

10.Procedure for Cash-less Claims:

- Planned treatment in Network hospital (as per list)
- Employee visits hospital & completes pre-authorisation form.
- Pre-auth form sent to I healthcare & approval taken in advance.
- Approval valid for 7 days upto hospitalisation.
- Could be enhanced upon hospitalisation.
- Only expenses not approved/not payable to be settled by employee
- Emergency in Network Hospital
- On admission provide I healthcare Card or Employee No.
- Hospital to Intimate Ihealthcare & seek approval.
- Approval TAT for Ihealthcare is 4 hrs.
- Any Queries raised by Ihealthcare to be resolved by Hospital.
Employee or Family member to follow up with Hospital for cashless.
- Where Cashless tie-up is not available or not fulfilled, the insured employee can claim through a re-imburement claim.

11.Procedure for Claims reimbursement :

- Claim file sent to HR department - Goa with all relevant documents in Original & Xerox copy immediately from the the **date of discharge** to Mr. Salil Kamat salil.kamat@smartlink.co.in contact Number - 9158899424 **Claims received after the date of discharge will not be considered for reimbursement.**

Below documents to be filled ;

- Duly filled Claim form (signed by the Insured Employee)
- Discharge summary (with details of complaints and the treatment availed)
- Final Hospital Bill (detailed break-up) along with interim bills
- Payment Receipts including advance receipts, if any
- Doctor's consultation papers / Indoor case papers
- All investigation reports (E.g. Blood report, X-ray, Sonography, CT Scan, MRI, etc.)
- All pharmacy bills supported by doctor prescriptions
- Implant sticker/invoice (Eg lens details in cataract case, stent details in angioplasty)
- Medico Legal Certificate (MLC) and / or FIR for all road accident cases
- For miscellaneous charges -detailed bills with supporting prescription of Doctor
- Photocopy of Health card and Photo ID Card (Preferably Employee Card). Cancelled cheque/PAN Card copy..
- . One set of original documents and one set of Xerox
- All Discrepancies raised by us have to be ideally addressed /settled within 20days.

12.Helpline:

- Toll Free number (24 X 7) - 1800 209 888 (Accessible from Mobile Phones Also)

13.Steps:

- Dial the Number, Select 1 / 2 for Language option
- Select 1 for Claims
- Select 3 for I Healthcare

14. Features on the Call Centre Currently:

- Facilitates in Network Hospital guidance
- Status Update on the Cashless issuance
- Claims Status Update
- Call Back Facility in unresolved queries

(Disclaimer: Please note that this mediclaim Policy supersedes all the prior mediclaim policies. The management will have all discretion in administration of this policy.)