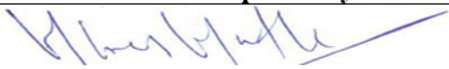
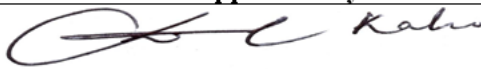


Mediclaim Insurance Scheme Benefit Administration Process

Effective from 1st January, 2017

Proposed By	Approved By
	
Mr. Manas Martha – VP – HR	Mr. Chandru Kalro - MD

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1. Objective

- 1.1. The objective of this process document is to map the process to extend a comprehensive medical hospitalization coverage for regular employee, spouse, dependent children and dependant parents and thereby provide health security to the employee and his/her dependant family members

2. Applicability

- 2.1. The scheme will apply to all the employees on the regular rolls of the Company (including probationers) and their dependents to the extent covered under the scheme.
- 2.2. Family for the purpose of the scheme would mean and include only the following.
 - 2.2.1. Spouse of the Employee
 - 2.2.2. Own dependent children of the employee up to a maximum number of two who are up to the age of 25 years who are unmarried and/or unemployed.
 - 2.2.3. Dependent parents of the employee.

3. Policy

- 3.1. TTK Prestige Ltd has taken an insurance coverage with specified sum assured for self and dependants under floater policy with M/s United Insurance Company Ltd. The policy coverage is provided with a cashless facility in notified hospitals through licensed third party administrator (TPA), Vidal TPA Health Insurance Pvt Ltd for Health insurance. This health insurance cover with TPA facility is also available with the reimbursement option to the insured.

4. Sum Insured – Coverage

- 4.1. The sum insured is a uniform floater sum insured for employee and family as below:
 - 4.1.1. Officers Category : Self : Rs. 1 Lakh, Dependents : Rs.50,000
 - 4.1.2. Managers and Executive category - Self : Actual Bill Amount *. Dependents : 50 % of the Actual Bill Amount *.

Actual Bill Amount * - Prior communication about the intended claim to the management is mandatory to avail the mediclaim benefit.

5. Benefits & Other Conditions

- 5.1. The highlight of benefits and conditions of the policy are as follows:
 - 5.1.1. Policy includes pre hospitalization and post hospitalization - This policy pays for costs incurred for up to 30 days before hospitalization and for up to 60 days after hospitalization, subject to a maximum of 10% of sum insured .This will be applicable only if the claim document with hospital approval has been submitted to HR.
 - 5.1.2. Employees and Dependants can avail mediclaim facility from the day 1 of policy coverage
 - 5.1.3. Policy covers pre-existing diseases apart from the Exclusion list in Annexure 1, for employees and dependants.

- 5.1.4. Maternity coverage is extended under the scheme and will be applicable from day one, based on actuals limited to INR 25,000/- per claim for normal delivery and INR 35,000/- per claim for caesarean. Delivery of twins or more at a time to be treated as a single delivery.
- 5.1.5. New Born child covered from day one excluding congenital defects (defects by birth) within the overall definition of family. This limit is outside the maternity limit.
- 5.1.6. A new addition to policy for dependants is allowed only at the time of employee inception to policy / renewal of policy. In the event of Marriage or Child birth in the family of the employee, the employee has to immediately inform HR Department to cover the spouse and children in the Policy
- 5.1.8 Minimum hospitalisation time required is 24 hours in a 15-20 beds in a registered hospital / registered nursing home. Room rent - 2 % of sum insured and ICU -4% of Sum Insured is payable
- 5.1.7. On separation from company, coverage for all members (Employee/ Spouse / 2 Children / Parents) ceases to exist. No refund of premium is made to employee on account of this nor will it be transferred to employee's personal name
- 5.1.10 There are standard list of exclusions, enlisted in **Annexure I**, which will not be covered under this policy.
- 5.1.11 Other general guidelines provided in the mediclaim policy signed with the Insurer will apply.

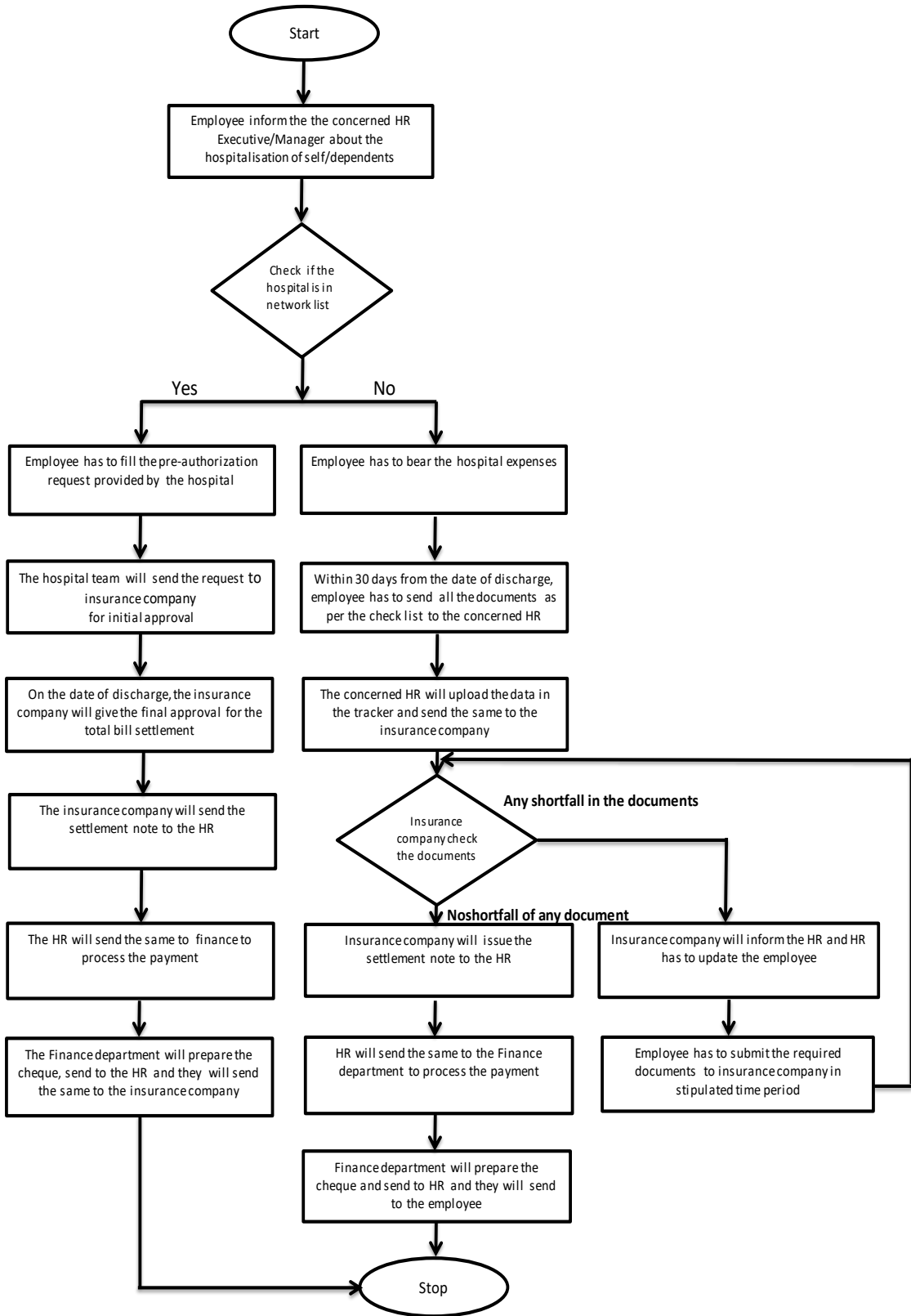
6. Claim Settlement Procedure

The claims settlement procedure is as follows:

1. The employee who wishes to avail cashless facility should carry the cashless card to the network hospital provided and sign a pre-authorisation form. This is available with each network hospital. The hospital would send the same in mail to the TPA for authorization. The TPA would approve the authorization form and will intimate to hospital by mail. Based on the initial estimation provided by the hospital authorities (doctors) for the said hospitalization, TPA would decide the limits and release approval. In case of major ailments only, the release of money will be substantial, otherwise depending on the case, the authorization will be in partial amounts and / or subsequently replenished on further requests from the hospital to the TPA.
2. In case of emergencies, the employee should make initial payments necessary and get the admission done for self / dependents as the case may be to avoid any delay due to pre-authorisation process for cashless treatment. The preauthorisation process referred above can be availed parallelly after admission to meet the emergency and he can continue the treatment thereafter on cashless mode.
3. Pre-authorisation approval takes normally 2 to 3 hours in practical scenarios by TPA. However, situations could arise wherein the time taken is higher due to any administrative /operational issues which the hospital and TPA have within themselves. In such cases of difficulty, employees are advised to contact the TPA help line directly. The numbers are available on the reverse of the cashless card. Such situations may also be reported to the concerned HR Executive/Manager to consolidate feedback and enhance service levels with the TPA and Insurer.

4. After discharge from the hospital, the employee can request for a copy of the entire documentation on such hospitalization, if required. Normally in a cashless treatment, the bills, discharge summary and break ups and any such related papers are transferred from hospital to TPA directly for settlement of claims. The TPA, as per approval of insurance policy conditions pays such claims which are allowable. There will be certain disallowances such as registration fees, miscellaneous, diet expenses etc. which are normally borne by patient and he has to settle it for due discharge from hospital.
5. The reimbursement claims are made for employees / dependants who have availed non-network hospital treatment. In cases of reimbursement, the employee will need to pay and bear all payments pertaining to hospitalization / non-hospitalisation bills. Such bills need to be attached along with the specified format and couriered to the concerned, HR Executive/Manager.
6. All claims should necessarily have supporting documents, reports, prescriptions, doctor / surgeons' fees, proofs of payment and break up bills. Such bills have to be on hospital letter heads or with the seal of the hospital. Genuine claims towards hospitalization will only be paid on scrutiny of the bills. All claims are paid as per the policy conditions and conditions laid out by insurer to TPA. Wherever, ambulance has been availed, it has to be a registered ambulance vehicle which is meant for the use of ambulance and bills pertaining to ambulance should clearly mention ambulance charges and registration number to avoid any dispute on settlement of claim.
7. Settlement of cashless claims and reimbursement claims are within the control of TPA and Insurer. The claims would take at least 30 to 45 days period from submission of all bills by hospital to TPA or by employee to TPA subject to all necessary documents in place. Wherever there is a clarification required due to any difficulty in understanding the bills etc., the TPA will revert to the employee for more clarifications, which the employee has to provide in his interest to settle the claims. Loss of bills / reports/ documents in case of reimbursement will not be eligible for payment.
8. The detailed claim processes and list of network hospitals will be available on our Prestige One portal.

7. Process Flow



8. General

1. The concerned HR Executive/Manager would provide the mediclaim cards to the employees within 30 days from the date of joining of the employee/on the receipt of additions of the dependents from the employee.
2. The concerned HR Executive/Manager would ensure to settle the mediclaim reimbursement bills within 40 days from the receipt of all the required documents from the employee
3. The eligible employee alone shall have the sole and exclusive right to make any claim and receive payment under the scheme.
4. In case of any question arises to the interpretation of the scheme or any clauses thereof or as to any rights or obligations arising from this policy, the decision of the Head of HR shall be final and binding.
5. The Management reserves the right to withdraw amend alter or modify the scheme at any point of time.
6. The Concerned HR Team list.

S.no	Division	HR	Email ID	Contact no
1	Marketing & Sales	1. Sireesha P	sireesha.p@ttkprestige.com	9550033377
		2. Balaji Ganesh	balaji.ganesh@ttkprestige.com	9972608515
2	Hosur Unit1	1. Rajappa	rajappa@ttkprestige.com	9952133362
		2. Pavan	pavan.g@ttkprestige.com	9449038819
3	Hosur Unit2	1. Rajappa	rajappa@ttkprestige.com	9952133362
		2. Pavan	pavan.g@ttkprestige.com	9449038819
4	Coimbatore	1. Prince Wilfred	prince.wm@ttkprestige.com	9488955493
		2. NRS Subramanium	subramaniyam.nrs@ttkprestige.com	9488955493
5	Kharzan	1. Prashanth Bodiwala	prashant.bodiwala@ttkprestige.com	8155007311
		2. Samir Patel	samir@ttkprestige.com	8155007311
6	Roorkey	1. Vikram Singh	vikramsingh@ttkprestige.com	9720224124
		2. Bajrang Singh Nathawat	bajrang.nathawat@ttkprestige.com	7454802626

7. The Contact Persons in Insurance Company

Category	Insurance Company	Contact Person	Email ID	Contact no
Officers	Vidal Health Insurance	Anbumani	anbumani.a@vidalhealthtpa.com	9972065879
Executive	United National Insurance	Jyoti Nair	jyoti.nair@vidalhealth.com	9819699624
Managers	United National Insurance	Jyoti Nair	jyoti.nair@vidalhealth.com	9819699624

Annexure I

Exclusions List

S.no	Treatments	S.no	Treatments
1	Adenoidectomy	19	FESS
2	Appendectomy	20	haemo Dialysis
3	Ascitic/Pleural tapping	21	Fissurectomy/Fistulectomy
4	Auroplasty	22	Mastoidectomy
5	Coronary angiography	23	Hydrocele
6	Coronary angioplasty	24	Hysterectomy
7	Dental Surgery	25	Inguinal/Ventral/Umbilical/Femoral hernia
8	Dilation & Curettage	26	Parental chemotherapy
9	Endoscopies	27	Polypectomy
10	Excision of Cyst/Granuloma/lump	28	Septoplasty
11	Eye Surgery	29	Piles/Fistula
12	Fracture/Dislocation excluding hairline fracture	30	Prostate
13	Radiotherapy	31	Sinusitis
14	Lithotripsy	32	Tonsillectomy
15	Incision and drainage of abcess	33	Liver aspiration
16	Colonoscopy	34	Sclerotherapy
17	Varicocelectomy	35	Varicose Vein Ligation
18	Wound suturing		

Annexure II

Mediclaim Data Enrollment Form

1	Name of the Employee	
2	Employee code	
3	Designation	
4	Gender	
5	Location	

S. No	Name	Relationship	Date of Birth
		Self	

(List all Family members i.e Wife/Husband,Children and parents)

Signature of the Employee

Date:

Annexure II

Declaration of Newly Born child

I request you please include my new born child in the Group Medical Insurance Scheme from the date of birth.

Name of the child :

Gender :

Date of Birth :

Name of the Employee

Employee code

Designation

Company

Division

Unit/Location.

Signature of the Employee

Date:

Annexure II

Declaration form for Newly Wedded Spouse

I request you to please include my spouse in the Group Medical Insurance Scheme.

Name of the spouse :
Date of Birth :
Gender :
Wedding Date :

Name of the Employee
Employee code
Designation
Location.

Signature of the Employee

Date:

FAQs

1. How do I enrol in medi-claim policy?
Mediclaim data enrolment form is incorporated in joining kit, you may fill and enrol yourself and family. Please ensure that the same reaches concerned HR Executive /Manager to enable us to send your card within the stipulated time.
2. Who all are covered in medical insurance?
We cover Employee, Spouse, 2 kids and employees parents.
3. Whom should I reach out for corrections in my medical card?
Please reach out to your concerned HR Executive/Manager.
4. After submitting my medi-claim enrolment form, when will I receive my Medi-claim cards?
You would be eligible for Medi-claim benefit as soon as the enrolment is done. However it would take 30 days from the time of enrolment to receive the Medi-claim cards.
5. How do I get my medi-claim card?
You can download your mediclaim card from the Prestige One portal (<http://10.225.103.11/TTK-Prestige-Intranet/MyHR/MediclaimECards.aspx>) by logging into your account.
My HR → Mediclaim cards → Download
Cards are also available with your Commercial Manager / concerned HR as a backup.
6. Is this applicable for domiciliary also?
No, this is applicable only in the case of 24 hrs hospitalisation.
7. What are all the treatments claimed under Medi-claim and what is my insured amount?
Only diseases which are listed in annexure 1 are not eligible.
Officers Category: Rs. 1 Lakh for self and Rs. 50,000 for dependents.
Managers & Executives Category: - Self : Actual Bill Amount *. Dependents : 50 % of the Actual Bill Amount *.
*Actual Bill Amount * - Prior communication about the intended claim to the management is mandatory to avail the mediclaim benefit.*
8. What are all the hospitals covered under Medi-claim? If we go to other hospitals what are all the documents required for reimbursement?
Network list of hospitals is available in our Prestige One portal.. If you avail treatment in Non-Network hospital, you need to submit the Claim form & all the supporting bills from the hospital (The detailed documents required are clearly mentioned in the claim form)
9. Whom should I reach out for cashless claim?
 - I. If you or your dependents are hospitalised in network list of hospitals, please inform the respective HR Executive/HR Manager.
 - II. Parallely, ensure that the hospital sends the pre-authorisation approval to;
Managers / Executive (EG/MG grade) Ms. Jyothi Nair: jyothi.nair@vidalhealth.com - 9819699624
Officers (OG grade) Mr. Anbumani: anbumani.a@vidalhealthtpa.com (Officers) – 9972065879

10. Whom should I reach out for claim reimbursement?

If you or your dependants are hospitalised in non-network hospitals please send the below list of documents to the concerned HR executive / Manager within 30 days of discharge.

List of documents to be submitted

Claim Form Duly signed (by Doctor)	Investigation Reports
Original Pre-authorisation request	Investigation Reports (Including CT / MRI / USG / HPE)
Copy of the preauthorisation approval letter	Doctor's Reference Slip for investigation
Hospital Discharge Summary	ECG
Operation Theatre Notes	Pharmacy Bills
Hospital Main Bill	Any other, please specify

11. How long would it take for my claims to be reimbursed?

40 days, provided all necessary documents are submitted.

12. How do I add my spouse / children?

Spouse addition – within 30 days of marriage

Children – As soon as they are born