Medical Insurance Policy

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1. Purpose

The purpose of this medical policy is to provide employees with access to necessary healthcare services, minimize the financial burden, and promote overall well-being through comprehensive coverage and preventive care.

2. Scope

This policy applies to all full-time employees engaged with CI Global Technologies Private Limited.

3. Definition

"Employee" means all the full-time employees, appointed by CI Global Technologies Private Limited.

"Company" refers to the entity CI Global Technologies Private Limited.

"Medical Insurance" refers to insurance coverage that reimburses medical expenses incurred by employees and their eligible family members for hospitalization, surgeries, diagnostic tests, medications, and other medically necessary treatments.

"Family Members" includes spouses, dependent children (up to 25 years of age), and parents of the employee.

"Accident" refers to a sudden, unforeseen, and external event causing injury or death, leading to compensation as per the defined insurance coverage.

4. Guidelines

4.1 All the full-time employees of CI Global are enrolled in medical insurance upon joining

4.2 Medical insurance covers the employee's family (spouse, dependent children, and parents). It is a floater policy where the employee and their family are collectively covered for the full amount of the policy

4.3 Employees may enroll themselves and their dependents during the annual enrollment period specified by HR

4.4 Employees should provide appropriate documentation to verify the eligibility of their dependents during the enrollment process

4.5 Employees will be responsible for reporting changes in status (e.g., marriage, divorce, childbirth) to the HR team for updating records

4.6 An 'E-Card' containing information such as the insured person's name, age, policy number, and coverage details will be provided by the company which needs to be presented for all medical services covered under the policy

4.7 The TPA (Third third-party administrator) will facilitate the processing of claims, providing necessary support to employees in utilizing their medical benefits

4.8 The medical insurance coverage limit for employees ranges from ₹50,000 to ₹5,00,000

4.9 Employees are encouraged to reach out to the HR department to obtain the most up-to-date information regarding their medical insurance coverage

4.10 In the unfortunate event of an employee's death during a medical procedure, the organization will bear the full cost of the treatment, regardless of the outcome. Additionally, all applicable statutory benefits, such as gratuity (if eligible), provident fund (PF), and the salary for that month, will be disbursed to the nominated beneficiary

5. Eligibility to make the claim

5.1 A claim is valid if the illness or injury has been confirmed through diagnostic tests

5.2 The treatment must align with the diagnosis and be medically necessary

5.3 The treatment must be covered under the policy

6. Claim Process

6.1 In case of a medical emergency, employees or their nominees must inform the HR department immediately

6.2 For cashless treatment, employees must visit a network hospital and present their E-Card at the billing desk to avail of direct billing benefits

6.3 If an employee receives treatment at a non-network hospital, they must pay the medical expenses upfront, collect all receipts and medical documents, and then submit a reimbursement claim. Cashless treatment is not available at non-network hospitals

6.4 For reimbursement claims, the HR department will provide the employee with a claim form to complete. The employee must fill out the form, obtain the required signature and seal from the hospital, and submit it to the HR department along with the following original documents:

- Medical reports and original hospital bills
- X-ray/Lab test reports
- Hospital discharge summary issued by the treating doctor
- Copy of the E-Card

6.5 The HR department will assist employees in filing claims with the insurance provider and ensure that all required documentation is submitted. The Third-Party Administrator (TPA) will guide employees on the claim submission process and documentation requirements

6.6 Once a complete claim is submitted, the TPA will process and reimburse the claim within 30 days from the date of submission

7. Coverage Benefits

7.1 The insurance plan covers the following:

- **In-patient hospitalization:** Covered up to the sum insured, with hospital room rent capped at 2% of the sum insured per day (maximum INR 5,000). ICU charges are covered up to double the normal room rent limit
- **Pre-hospitalization expenses:** Covered up to 30 days before hospitalization
- **Post-hospitalization expenses:** Covered up to 60 days after hospitalization
- **Domiciliary hospitalization:** Covered up to the sum insured
- **Road ambulance charges:** Covered up to INR 1,500 per incident in case of emergency
- **Psychiatric inpatient care:** Covered up to INR 25,000, provided treatment is administered in a recognized psychiatric unit under the direct supervision of a registered psychiatrist
- **Maternity benefits:** Coverage is applicable for up to two deliveries or medically required terminations
    - Normal delivery: Covered up to INR 30,000
    - C-section delivery: Covered up to INR 50,000
    - Pre- and post-natal maternity expenses: Covered up to INR 5,000, included within maternity limits
- **Newborn baby coverage:** Covered from birth, included in the base cover

- **Infertility treatment:** Covered up to INR 75,000, within maternity limits
- **Ultra-modern treatments:** Cyberknife, robotic surgery, stem cell therapy, stereotactic radio surgeries covered with 50% co-pay, up to a maximum amount depending on the insured category

8. Policy exclusions

8.1 Certain conditions and treatments are not covered, including but not limited to:

- Cosmetic surgeries, unless medically necessary
- Treatment for self-inflicted injuries or substance abuse
- Experimental or unproven treatments
- Non-medical expenses (such as service charges, telephone bills, etc.)
- Any exclusions specified in the insurer's policy document

8.2 Employees are encouraged to refer to the insurer's policy document for comprehensive information on base coverage, optional coverage, waivers, discounts, and exclusions

9. Accident Insurance

9.1 Coverage Details

9.1.1 All full-time employees of CI Global are covered under this policy, which provides financial protection in the event of accidental death, disability, or medical expenses resulting from an accident. The maximum sum insured per employee is INR 10,00,000, with an aggregate event limit of INR 50,000,000

9.1.2 Employees are encouraged to reach out to the HR department to obtain the most up-to-date information regarding their medical insurance coverage

9.1.3 Accidental Death & Disability Benefits:

- In case of accidental death, the nominee will receive a lump sum payout equal to the sum insured
- For **permanent total disability (PTD)** (e.g., loss of both hands, feet, or eyes), the employee will receive 100% of the sum insured
- For **permanent partial disability (PPD)** (e.g., loss of one hand, one foot, or partial loss of eyesight), a percentage of the sum insured will be paid based on the severity, as per the insurer's guidelines
- In the case of **temporary total disability (TTD)** that prevents the employee from working, a weekly compensation of up to INR 5,000 or 1% of the sum insured (whichever is lower) will be provided for a maximum of 104 weeks. However, this benefit will not exceed the insured person's weekly income

9.1.4 Additional Benefits:

- **Medical expenses** arising from an accident will be covered up to 10% of the sum insured or 40% of the admissible claim amount, whichever is lower
- A **funeral benefit** of INR 10,000 will be provided to cover related expenses
- In the event of **accidental death or permanent total disability**, an additional INR 20,000 per child (up to two dependent children under 25 years) will be provided for education, provided they are full-time students in an educational institution
- **Ambulance expenses** for hospital transportation after an accident will be covered up to INR 2,500

9.1.5 Special Coverage: Accidents resulting from animal, insect, or snake bites will be covered, except in cases of mosquito bites

9.2 Claim Process

9.2.1 Employees or their nominees must immediately inform the HR department in case of an accident that requires a claim

9.2.2 For reimbursement claims, the HR department will provide the employee with a claim form to complete. The employee must accurately fill out the form, obtain the required hospital signature and seal, and submit it to HR along with the necessary original documents. The required documentation varies based on the type of claim:

- For Accidental Death: FIR copy, post-mortem report, death certificate, nominee's ID proof, salary details, and proof of nominee's relationship with the deceased
- For Disability Claims: Medical reports, a disability certificate from a government hospital, police report (if applicable), employer's confirmation letter, and photographs showing the injury (if required)
- For Medical Expense Reimbursement: Hospital bills, medical reports, prescriptions, doctor's certification, and proof of hospitalization (if applicable)

9.2.3 All claims must be submitted within 30 days from the accident or hospital discharge

9.2.4 Claims will be processed within 30 days after the submission of all necessary documents

9.3 Exclusion

9.3.1 The policy does not cover injuries caused by self-harm, suicide attempts, or substance abuse

9.3.2 Injuries resulting from participation in adventure sports, professional racing, hazardous activities, or engaging in any illegal activities are not covered under the policy

9.3.3 Accidents related to war, civil unrest, terrorism, nuclear exposure, or radioactive contamination are excluded from coverage

9.3.4 Pre-existing medical conditions, psychiatric disorders, or infections unrelated to an accident will not be covered under the policy

9.3.5 Air travel-related accidents will only be covered if the employee was traveling as a fare-paying passenger on a commercial airline. Accidents occurring during private, military, or unauthorized air travel are not covered

9.3.6 Injuries sustained while engaging in unlawful acts, military operations, or acts of war will not be covered

9.3.7 Claims related to pregnancy, childbirth, or any associated complications are excluded from coverage

9.3.8 Medical or surgical treatment that is not directly related to an accident is not covered

10. Exception Clause

10.1 Any deviation from this policy will be made at the discretion of the management