

Employee Benefits Manual

... Helping our clients
manage employee expectations 24 x 7, 365 days a year

M/s. National Payments Corporation of India

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Insurance Benefits Manual
For the Year 2020-21

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Benefit Details

Policy Parameters

Insurer / TPA	THE NEW INDIA ASSURANCE / PARAMOUNT TPA
Policy No./Policy Period	30/09/2020--29/09/2021
Family Coverage	FAMILY FLOATER 😊+😊+😊😊 Employee + Spouse+ 2 Dependent Children
Sum Insured	GRADED



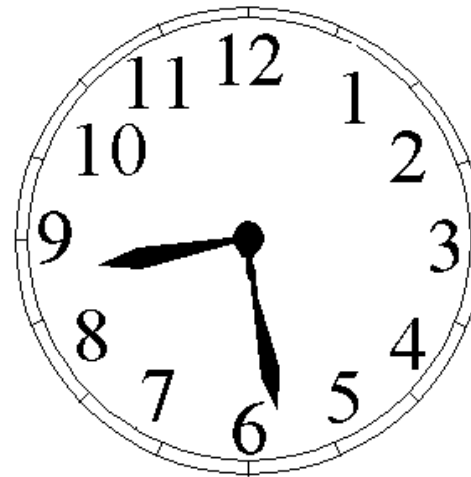
Applicable Members

Employee	Yes
Spouse	Yes
Children	Yes
Mid Term enrollment of existing Dependents	Not Permitted--however 1 month window period will be provided from inception for including dependents who are missed out
New Joiners (New employees + Dependents)	Allowed (covered from date of joining) Ensure the name given to HR for enrollment is the same as that in which your bank account was created to avoid re-issuance of the claim reimbursement cheque.
Acquisition of new dependents (Spouse/Children)	Allowed (covered from date of marriage or birth)

Standard Hospitalization: 24 hours

Reimbursement of expenses related to

- Room and boarding
- Doctors fees
- Intensive Care Unit
- Nursing expenses
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Physical therapy
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy
- Organ transplantation charges



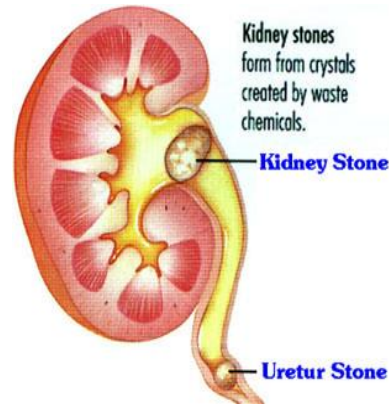
A) The expenses shall be reimbursed provided they are **incurred in India** and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.

Day Care Procedures



Radiotherapy

Kidney stone removal



Dialysis

Day Care Procedures - Covered

Expenses on hospitalization for minimum period of 24 hours are normally admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye 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.

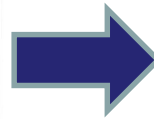
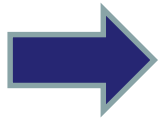


Pre- and Post-Hospitalization Expenses Period

Reimbursement of expenses related to



30 days



60 days



Room Rent



Room Rent and Boarding

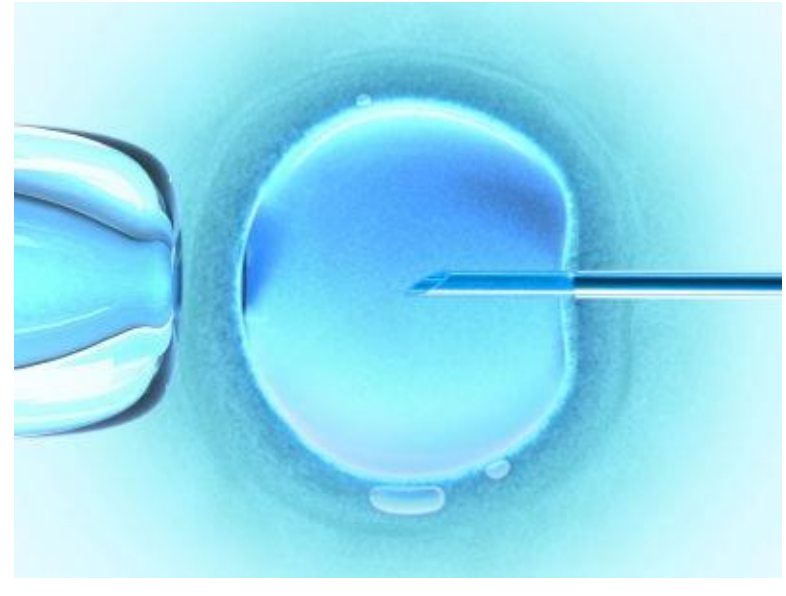
For SI Rs. 2 Lac - Rs.4,500/- for Normal and Rs.6,000/- for ICU;

For SI Rs. 3 Lac - Rs.5,500/- for Normal and Rs.6,500/- for ICU;

For SI Rs. 5 Lac & 7 Lakh- Rs.10,000/- for Normal and Rs.10,000/- for ICU;

The amounts payable under room rent shall be at the rate applicable to the entitled room category. In case insured opts for a room with rent higher than the entitled category ,then all the charges payable under OT,surgeon ,anaesthetist,etc shall be limited to the charges applicable to the entitled category.The difference in the entire charges has to be paid by the employee

Comprehensive Maternity



Maternity Benefit

Rs. 85,000/- for Normal and Caesarean. including treatment for PCOD, endometriosis, fibroids etc.within the Maternity Limit.

9 months waiting period not applicable

Baby coverage from Day one.

Maternity Benefit

Reimbursement of expenses related to maternity

❖ The maximum benefit allowable will be INR 85,000 for Normal and C-section inclusive of the Sum Insured limit, max up to first two children. There are special conditions applicable to the Maternity Expenses Benefits, explained below:

- These benefits are admissible only if the expenses are incurred in a Hospital/Nursing Home as **an in-patient 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 medical termination of pregnancy post 12 weeks from the date of conception are covered within maternity limit.
- Pre- and post-natal OPD medical expenses are NOT COVERED

Benefit Details	
Maximum Benefit allowable	INR 85,000 for normal delivery and LSCS
Restriction on no. of children	First two children
Baby Coverage for Permanent Employees	Covered from Day 1 up to the Family Floater Sum Insured (this coverage is intended to be available for illness, not for Baby Expenses associated with a healthy baby - Cost of Vaccinations, Immunizations, OPD General Pediatrician visits, Neo-natal specialist visits , OPD General Doctor consultations , Health tonics, food supplements , etc.. are not covered)

Pre Existing Ailments



Pre Existing Disease - Covered for all existing employees.

Any Pre-Existing ailments such as diabetes, hypertension, etc or related ailments 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, is covered for all the employees and their dependents.

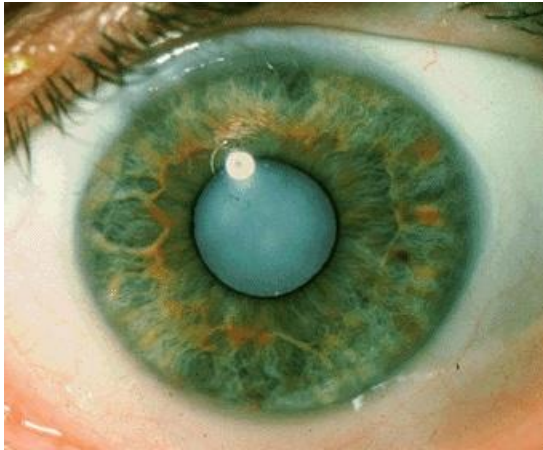
First 30 Days Exclusion



First 30 Days Exclusion – Waiver granted for all employees.

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. If the Policyholder renews the Health Policy with the Insurer and increases the Limit of Indemnity, then this exclusion should apply in relation to the amount by which the Limit of Indemnity has been increased. But in this policy said exclusion is not applicable.

First, Second Year and Fourth Year Exclusion



1st, 2nd and 4th Year Exclusion – Waiver granted for all employees.

During the 1st, 2nd and 4th Year of the operation of the policy the expenses on treatment on diseases such as Cataract, Benign Prostratic Hypertrophy, Hysterectomy for Fibromynoma, Hernia, Hydrocele, Congenital internal disease, Piles, Sinusitis and other related disorders, Fistula in anus are not payable. If these disease are pre existing at the time of proposal they will not be covered even during subsequent period or renewal, too. However in this policy this exclusion is not applicable.

Customized Benefit: Ambulance Services



Ambulance Services (Road)

Definition

Road Ambulance – to hospital, back home where medically necessitated

Sub-limit

Covered upto INR 2,500/- per insured person per policy period.

General Exclusions

- All Non Medical Expenditure
- Food purchased from Hotels / or brought from home.
- Naturopathy Treatment.
- Cost of vitamins/tonics unless forming part of treatment for the covered disease.
- Cosmetic Surgery, Spectacles, contact lens, hearing aids.
- Treatment for Infertility
- Dental treatment
- Beauty Treatment of any description
- Plastic surgery (other than necessitated due to accident)
- Treatment of AIDS, HIV, VD (STD)
- Intentional self Injury
- Accident treatment under the influence of Alcohol or intoxicating drugs



General Exclusions

- Congenital External Disease, defects or anomalies
- Out patient treatment
- Injury or diseases contributed by Nuclear weapons / Materials
- Disease or accident due to adventure sports
- Circumcision unless required for treatment of an illness
- Admission to the hospital only for the tests / Investigations (without treatment)
- Family planning Operations (Vasectomy or Tuberectomy etc....)



Cashless Hospitalization

Cashless hospitalization means the Administrator may authorize upon a Policyholder's request for direct settlement of eligible services and it's according 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 as these services are covered under the Policy.

WWW.PARAMOUNTTPA.COM

cashless@prudentialbrokers.com

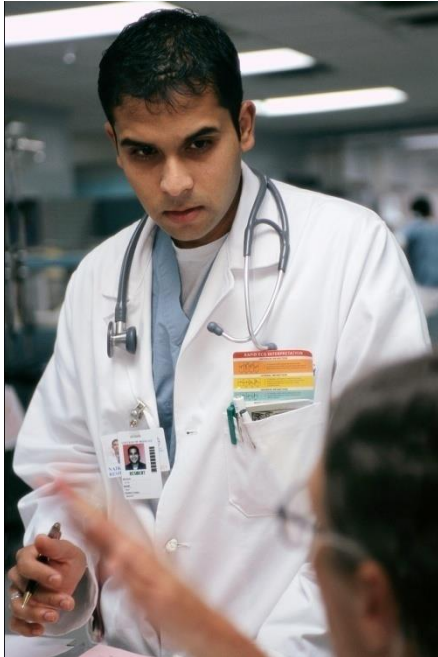
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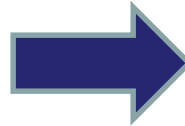
Planned Hospitalization

Emergency Hospitalization

Planned Hospitalization: Pre-Authorization Form and Process



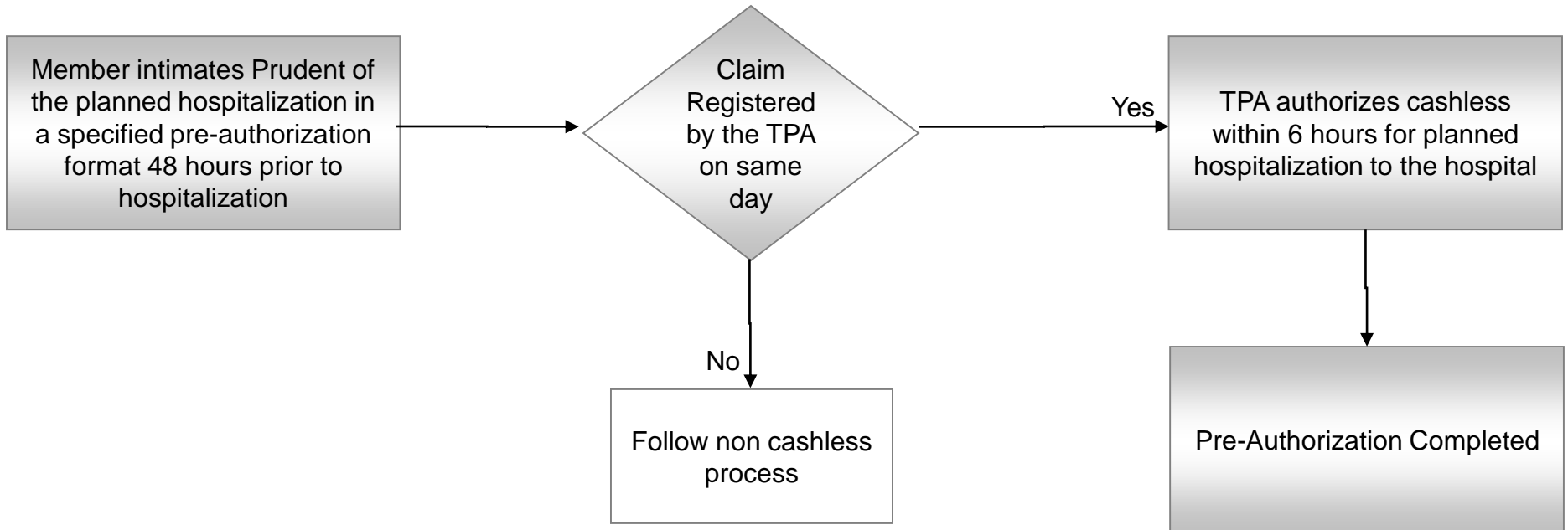
48 hours prior
to
hospitalization



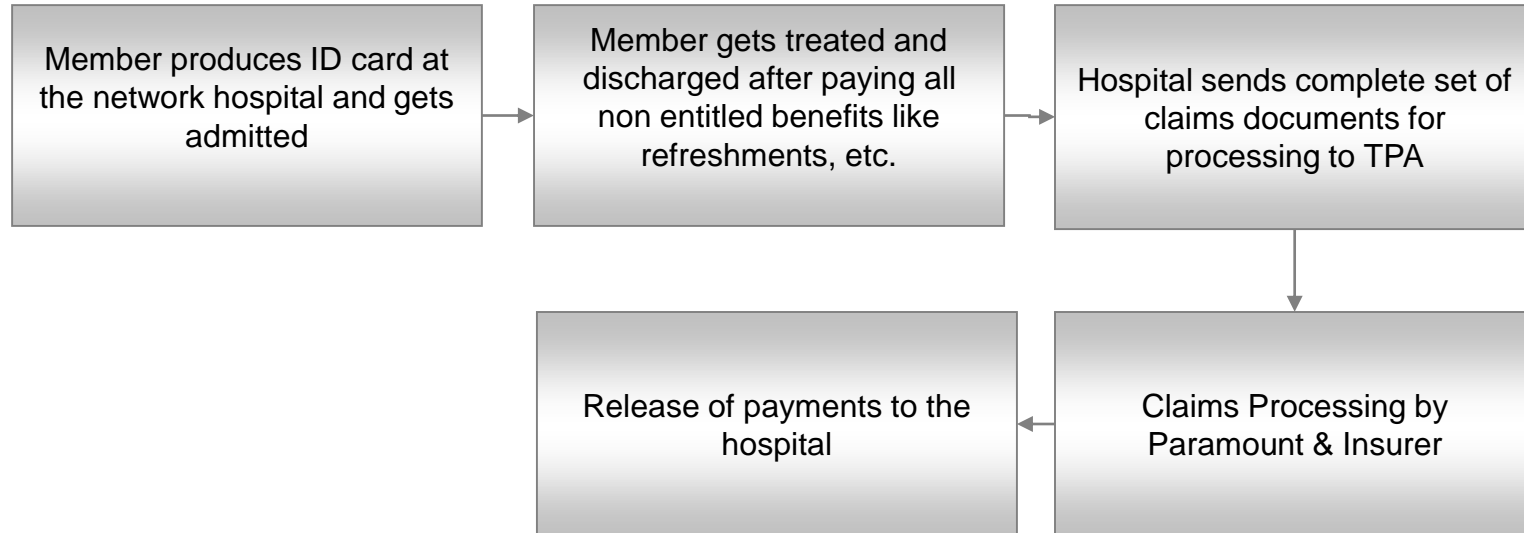
NEW PRE -AUTH
FORM.xlsx.pdf

At least 48 hours prior to planned hospitalization, your treating doctor must complete the pre-authorization form and the hospital's TPA Help Desk should fax it to the TPA. The TPA will approve cashless within 6 working hours, subject to the prescribed protocol meeting policy coverage terms and conditions. Should the TPA raise any queries, the treating doctor must answer them before the TPA can approve cashless hospitalization.

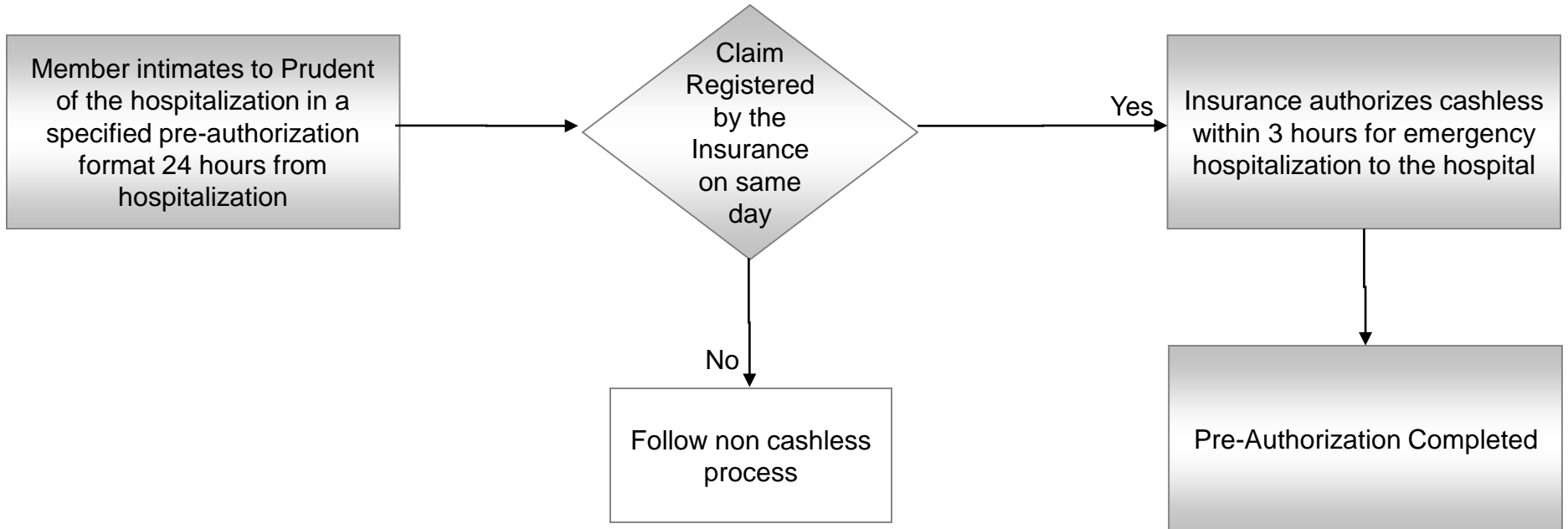
Pre-Authorization



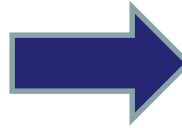
Admission, Treatment & Discharge



Pre-Authorization



Emergency Hospitalization: Pre-Authorization Form and Process



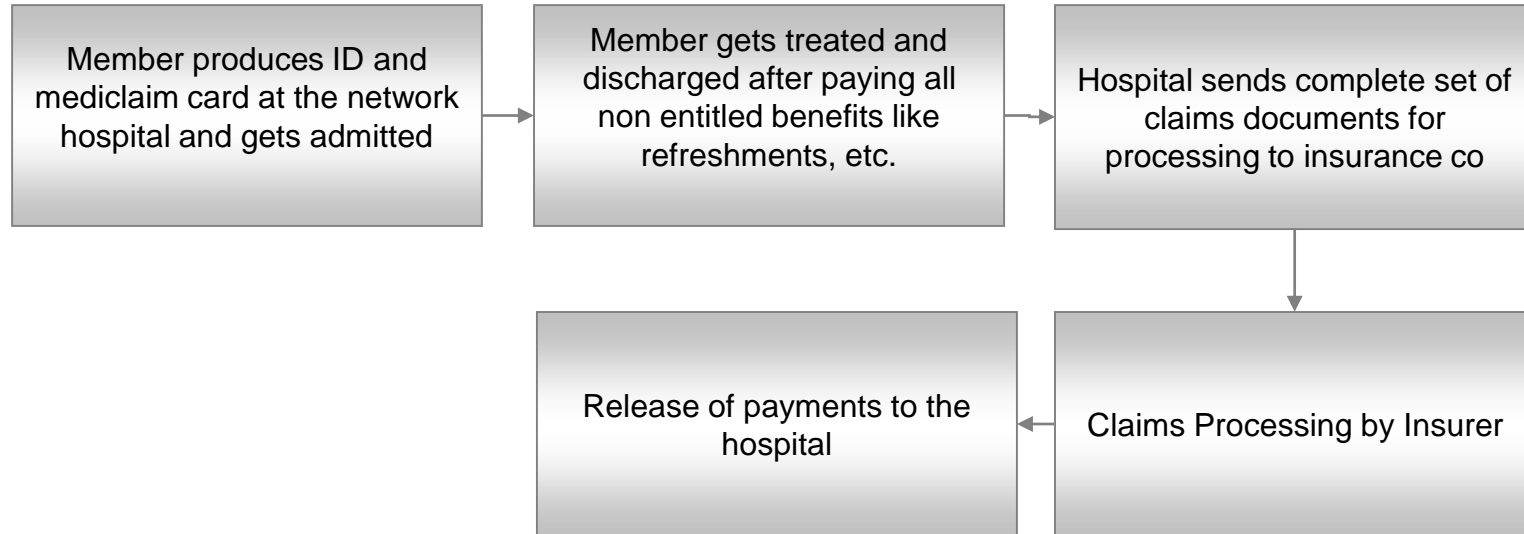
24 HRS



NEW PRE -AUTH
FORM.xlsx.pdf

In the event of an emergency, admit the patient immediately and submit the pre-authorization form **within 24 hours**, regardless of whether the hospital is empanelled. If the hospital is empanelled, the TPA will authorize cashless as per the process described in the previous slide. If the hospital is not empanelled, the TPA can still advise on the admissibility of expenses. You can file for reimbursement after the patient is discharged within **21** days of the date of discharge.

Admission, Treatment & Discharge



Non-Cashless Hospitalization

Admission procedure

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.

Discharge procedure

In case of non network hospital/network hospital, you will be required to clear the bill and submit a claim to insurance co 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

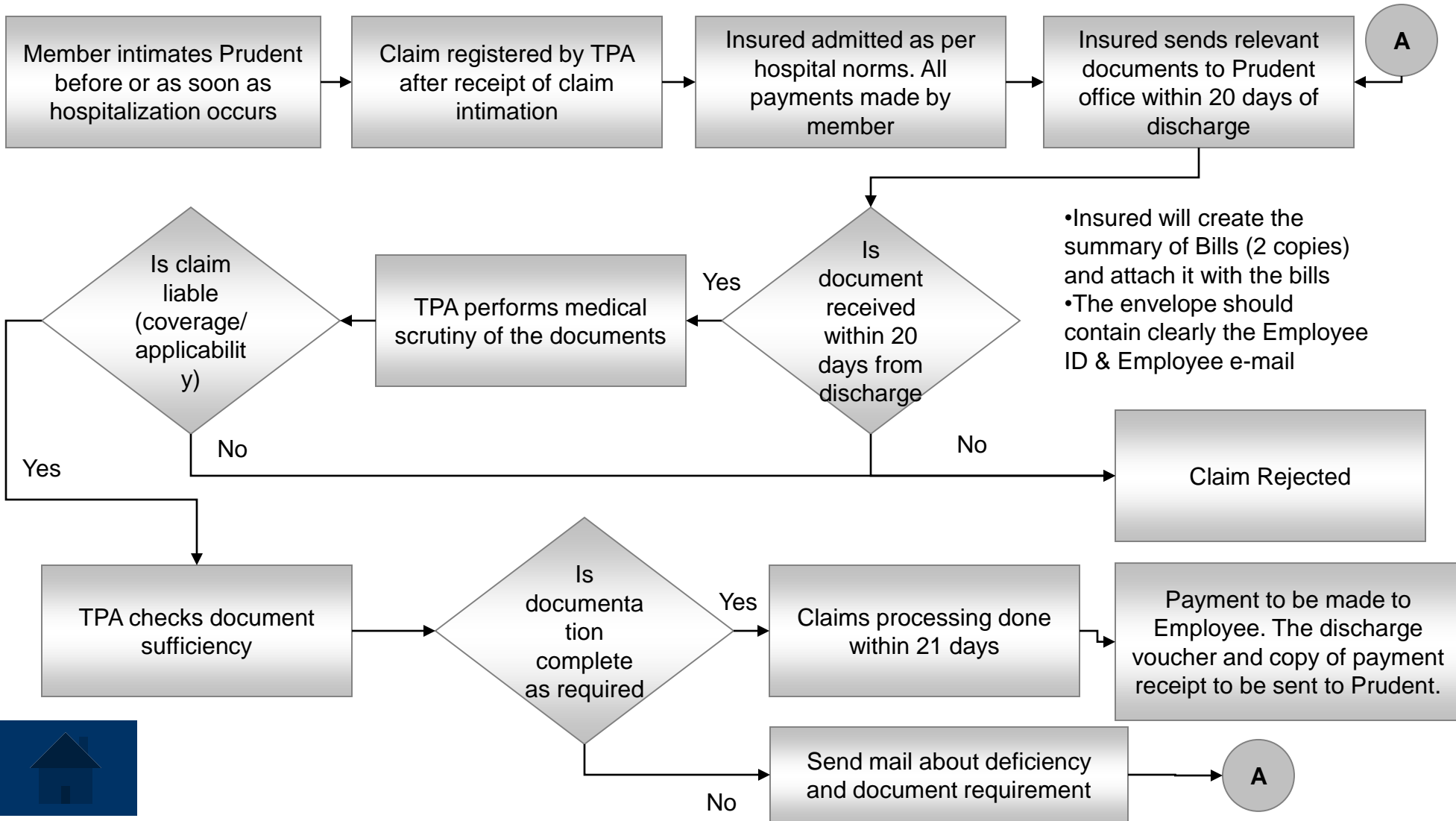
1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 20 days from the date of discharge from the hospital. (Applicable in case of Non Network/network hospital)



[Claims Process](#)

[Claim Docs](#)


REIMBURSEMENT- Claims Process



Claims Document List

Signed Claim form
Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
Discharge Card (original)
Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill
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.
In non- network hospitalisation, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital, if required.

Claims Submission Checklist



document
st for reimburseme

*Please retain photocopies of all documents submitted please submit the claim documents within 20 days from the date of discharge



Notification Highlights

Claim Intimation: Intimation should be given to Prudent Brokers and in any event within **48 hours of hospitalization** in respect of reimbursement claims.

INTIMATION CAN BE DONE-

VIA-MAIL- **npci@prudentialbrokers.com**

VIA-TELEPHONE- **022 -3306 6096**

OR

VIA HR

Submission of all claim papers: All claims for reimbursement should be submitted **within 20 days from the date of discharge** incase of claim for hospitalization.

In case of Delay in Intimation 10% Copay will be applicable.

pre/post - hospitalization to be submitted **within 65 days from the date of discharge**

Reimbursement Claims



Claim Submission Checklist

Form



document
st for reimburseme

Reimbursement Claim Form

Form



IRDA - Claim
Form.pdf

Submit all reimbursement bills, original reports, and prescriptions along with the claim form and checklist within 20 days of the date of discharge .

Pre-hospitalization claims within **65** days of discharge.

Prudent Insurance Brokers Pvt Ltd - Contact Details

Address: 101, Tower B, Peninsula Business Park, Lower Parel, Mumbai-400 013

Telephone: + 91 22 3306 6000 Fax: + 91 22 3306 6088

Mumbai	
Contact for Cashless	Contact for Reimbursement
cashless@prudentbrokers.com	mumbaiclaims@prudentbrokers.com
Mr.Jagadeesh	Mr.Akshay Rane
7506930141	08291988729

Mumbai	
Primary Contact	Secondary Contact
Mr. Kunal Bahuva	Dr. Sabiha D'Souza
Client Relationship Manager	AVP-Employee Benefits
+91 90043 84184	+91 99879 35557
kunal.bahuva@prudentbrokers.com	sabiha.dsouza@prudentbrokers.com

THANK YOU