MAROUGEN EDUCATION FOUNDATION : 2021-22 EMPLOYEE BENEFIT POLICY

COVERISKS

MUTHOOT RISK AND BROKING PRIVATE LIMITED

- Group Health Insurance
- TPA Service Offerings
- Login Procedure
- Process for Hospitalisation
- Escalation Matrix
- Exclusions

Group Health Plan & Accident coverage

- Policy Holder: M/S. Marougen Education Foundation
- Period of the Cover: 12 months
- Inception Date: 4th February 2021
- Expiry Date: 3rd February 2022
- Insurer: Reliance General Insurance Company Limited
- TPA: Rcare
- Health Sum Insured: 3 lac
- Accident Sum Insured: 5 lac
- Members Covered: Employee
- Maternity charges to be claimed is not permitted.
- Geographical limits: India (Treatment overseas in India only)

Group Mediclaim Coverages

- ✓ Pre-existing Diseases
- ✓ Maternal Time exclusion for diseases (30 days / 1st year/ 2nd Year & 4th Year)
- ✓ Room Rent: 2% of SI Normal and 4% of SI for ICU
- ✓ Congenital Internal Disease are covered
- ✓ Ambulance charges (Roll: 1000/- per claim
- ✓ Day care treatments

Scope of Insurance Cover

- **Includes**
  - ✓ Only "in-patient" hospitalisation expenses
  - ✓ Active line of treatment with minimum of 24 hours hospitalisation
  - ✓ Pre-hospitalisation expenses of 30 days before admission and post hospitalisation expenses for 60 days after discharge for an eligible hospitalisation
- **Excludes**
  - ✓ Non-Medical Expenses : Registration/Administration, hospital surcharge, food bills for attendants, telephone charges, pharmacy charges for non-medical items etc.
  - ✓ Other standard exclusions.

Rcare– Service Offerings

Online access to view dependent's details ,claim status and e-cards.

Cashless Hospitalization

SMS facilities for Pre-authorizations.

24 hour telephonic Nurse line

Claims Administration.

Enrollment in the program

- Existing employees are covered under the policy from 6th -February-2021.
- All New joiners must enroll themselves within 15 days of joining .



How does the plan work ?

- Hospitalization event can be
- Planned or Emergency
- In a Network hospital or Out of Network

Network Hospitalization (Planned)

Call up Nurse Fee (1800 3009)

Affirs prior to Admission date

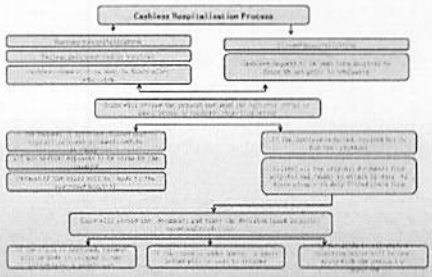
Fill it up by the help of the creating Doctor and fax it back to the Nurse Fee

Medical Management Team assesses the Pre-auth and after it is approved, Nurse fee sends Credit letter to Network Hospital

All Medical Expenses including Room Rent would be covered



Cashless Hospitalization Process



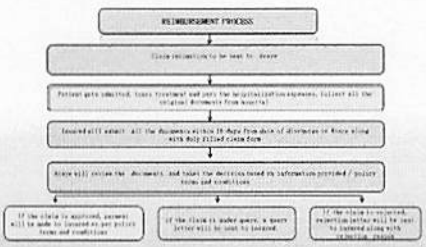
REIMBURSEMENT PROCESS

Claim intimation to be sent to Aware

Patient gets admitted, takes treatment and pays the hospitalization expenses, collect all the original documents from hospital

Insured will submit all the documents within 10 days from date of discharge to Aware along with duly filled claim form

Aware will review the documents and take the decision based on information provided / policy terms and conditions



Possibility of Denial of Cashless - examples

- When the Hospital has not sent the Pre-Auth request within 24hrs of Hospitalization
- Admission for investigations/ observation / evaluation only
- Admission beyond a certain no. of days apart from the normal package stay
- Treatment not matching with disease mentioned on pre auth form
- **Any treatment which otherwise could have been taken on OPD basis. Active line of treatment is mandatory.**
- Any congenital external disease
- Hospital not sending proper query reply raised by TPA.

Some Important Do's & Dont's

- Please take photo copies all the documents before submitting the documents for reimbursement.
- Always carry photo ID proof along with your medical card of the patient. Photo ID proof can be: Driving license / Pan Card / Passport / Voters ID
- In case of planned hospitalization, take approval before getting admitted in hospital
- For Reimbursement cases, always collect all originals from Hospital including final bill with break up and payment receipt
- Submit the medical claim documents within 20 days from Date of discharge.

Non-Network Hospitalization (Planned & Emergency)

Select the Hospital that should have more than 15 Beds. Hospital should work for 24/7 and hospital should registered under local Govt

Kindly make the arrangements for the admission and pay for all expenses at the hospital

Collect all original documents from the Hospital including the Hosp & Dr. Reg No.

Claim needs to be sent to us within 30days from the Date of Discharge

Pre & Post Hospitalization Bills

Pre Bills: 30 days prior to Date of Admission

Post Bills: 60 days after Date of Discharge

Procedure of discharge & claim at Non - Network Hospital

- ✓ The employee is requested to arrange for the admission and all other payments required by the hospital
- ✓ Collect and submit the documents [illegible] after discharge
- ✓ Hospital registration number is required and Mandatory

NOTE: A claim will not be assessed if the documents are not submitted.

- **Claim Submission Timeline - All claims to be submitted to TPA within 7 days from date of discharge. In case of post hospitalization the timeline would be 30 days from investment completion or completion of 60 days post hospitalization, whichever is earlier. Claim intimation should be given within 7 days from the DOA for Reimbursement Claims**

NOTE: Any delayed submission beyond the timeline mentioned above will not be processed. In such cases, letter from the employee would be required with a valid reason for delay in submission. It is at the discretion of the insurer to provide the approval for such cases.

- The following are the mandatory documents required for availing reimbursement claims:
  - Original detailed discharge summary
  - Original investigation reports, payment receipts (pre-numbered) along with the doctor's advice
  - Original final hospital bill - consolidated and with detailed breakup and relevant cash paid receipts
  - Detailed breakup of the surgical package if any
  - Medicine bills with doctor's prescriptions
  - MLC Certificate from the hospital in case of road traffic accident
  - Obstetric history / antenatal scan report in case of maternity claims
  - Scan report in case of cataract claim
  - Photostat copy of the employee T Joke ID, in case of dependent claim, attach photo ID proof (pan card/ passport/ voter card/ election card)
  - All the bank account details of the employee must be filled out in the claim form.
  - Cancelled cheque leaf (bank account details must be of the employee only)

Claims Administration

- Claims Administration Team
  - Document handling
  - Registration of claim with insurer
  - Liaison with insurer for payment
  - Explanation of paid amounts and rejection
- Document Recovery Team (DR Team)
  - Sends reminders for the missing/required document(s). In case of non-receipt of the same, may send the entire claim back to the employee or deduct the appropriate amount and send the balance claim for QC
- Quality Check Team (QC Team)
  - Re-assesses the claim to ensure that the claim is complete in all respect before sending it for payment to the insurance company.
- Claim settlement
  - Approximate time to settle claim is 2/3 working days from completion of documentation

Escalation Matrix

Contact Level	Name	Bills to Number	e-mail
General Queries	Customer Care	1800-3008	[illegible]
1st Level	Mr. Ratwar Amruthur	+91 9730863720	[illegible]
2nd Level	Mr. Liju James	+91 9972399863	[illegible]

Standard exclusions to the Insurance Cover

- ✓ Injury or disease directly or indirectly caused by or arising from or attributable to war or war like situations and by nuclear weapons.
- ✓ Circumcision unless necessary for treatment of diseases
- ✓ Congenital ailments or defects/anomalies
- ✓ Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- ✓ Venereal diseases, HIV and AIDS, Infertility treatment and Naturopathy
- ✓ Cost of spectacles, contact lenses, hearing aids
- ✓ Any cosmetic or plastic surgery except for correction of injury
- ✓ Hospitalization for diagnostic tests only even if prescribed by a medical practitioner
- ✓ Voluntary termination of pregnancy during first 12 weeks (MTP)
- ✓ Unproven or experimental treatment not approved by Indian Medical Council

Exclusions

Person in connection with or in respect of:

- ✓ Injury / disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war-like operations (whether war has been declared or not).
- ✓ Circumcision unless necessary for treatment of a disease not excluded here under or as may be necessitated due to an accident.
- ✓ Vaccination or inoculation of any kind unless it is post animal bite.
- ✓ Change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
- ✓ Plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- ✓ Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.
- ✓ Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalization.

Exclusions

- Charges incurred at a hospital or nursing home primarily for diagnosis, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury for which confinement is required at a hospital or nursing home. (Admission for diagnosis, evaluation, investigation, observation etc. is not admissible).
- Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapon / material.
- Naturopathy treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatments/ therapies. Treatments including experimental drug therapy not based on established medical practice in India, experimental or unproven treatments / therapies.
- External and/or durable medical / non-medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, infusion pump, etc. Ambulatory devices, i.e., walker, crutches, belts, collars, casts.

Exclusions

- Splints, slings, braces, stockings, Elastic crepe bandages, external orthopedic pads, subcutaneous insulin pump, diabetic footwear, glucometer / thermometer, alpha / water bed and similar related items, etc., and also any medical equipment, which is subsequently used at home etc.
- Genetic disorders and stem cell implantation/surgery.
- Change of treatment from one system of medicine to another unless recommended by the consultant/hospital under which the treatment is taken.
- Treatment such as rotational field quantum magnetic resonance (RFQMR) enhanced external counter pulsation (EECP), etc.
- All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, ayah, private nursing/barber or beauty services, diet charges, baby food, cosmetics, illness paper, diapers, sanitary pads, toiletry items and similar incidental expenses.
- Any kind of service charges, surcharges, admission fees/registration charges, luxury tax and similar charges levied by the hospital.
- Domiciliary treatment is not covered.
- Non-Conventional drugs like Hormonal therapy/Adjuvant therapy/Immune modulators in cancer treatment are payable if it forms part of main hospitalization. Such medicines when administered in isolation cannot be considered as such treatment does not fall under day care procedures.

Exclusions

- Non-Conventional drugs like Hormonal therapy/Adjuvant therapy/Immune modulators in cancer treatment are payable if it forms part of main hospitalization. Such medicines when administered in isolation cannot be considered as such treatment does not fall under day care procedures.
- Treatment for Sleep Apnoea Syndrome, treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and CPAD (Continuous Peritoneal Ambulatory Dialysis)
- Monitor charges are not payable.
- Holter Monitoring is not payable.
- For claims related to Robotic/Gamma Knife/Cyber Knife, liability to be restricted to conventional radiotherapy as per policy guidelines.
- Laser assisted Hemorrhoidectomy / Fistula / Prostatectomy / Coblation assisted Tonsillectomy – Claim
- liability is restricted to cost of conventional surgery.

Exclusions

- Attendant charges including food, bed, travel charges for any ailments are not admissible.
- HIFU (High intensity focused ultrasound)/MR GUIDED Focused Ultra sonographic Surgery (MRgFUS) for
- Ozone / Hyperbaric Oxygen therapy – Claim not admissible as it is not a proven treatment.
- Artificial Pancreas System – claim not payable as it is not a customary procedure.
- Epidural injections – Claim not payable as it does not require 24 hours hospitalisation.
- Replacement of Battery and/or Leads of Pacemaker - Only cost of Prosthetic devices implanted during surgical procedure is payable.
- Diagnostics test sent abroad - Not payable as our geographical limits is only India.
- Ayurvedic doctor's prescribing allopathic treatment – Claim not payable.

T John Group
T John, Gottigere,
Bannerghatta Road,
Bangalore 560083
Karnataka

SUMAN MISHRA

Pay Period	:	01/11/2021 To 30/11/2021
Payment Date	:	10/12/2021
Employee Number	:	TJC1083
Pay Entity	:	TJohn Group of Institutions
Department	:	Commerce
Location	:	T John - Bangalore
Job Description	:	Asst.Professor
ESI Number	:	Not Eligible
PF Number	:	PYBOM00342690000012112
UAN Number	:	101496953577
PAN	:	
Working Days	:	30.00
Days Worked	:	28.00

Payment Details

Description	Earnings Amount	Gross Salary Amount
Basic	15870.00	17004.00
House Rent Allow	6348.00	6801.00
CCA	280.00	300.00
Loyalty	373.00	400.00
DA	3968.00	4251.00
Annual Grade Pay	5600.00	6000.00
Total Earnings	32439.00	34756.00

Deductions

Description	Amount	Amount
Provident Fund E	1800.00	1800.00
Profession Tax	200.00	200.00
Loyalty Deductio	373.00	373.00
Total Deductions	2373.00	2373.00

Pay Summary

	GROSS	NET
Gross Salary	32439.00	30066.00

Disbursment Details

Bank	B.S.B	Account #	Amount
Union Bank of India	- -	435302010028210	30066.00

***** End Of Payslip *****

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Sr. Rose Mary Balayya
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T. JOHN COLLEGE
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Bannerghatta Road, BANGALORE-560 083