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KEY FEATURES

POLICY COVERAGE

- Hospital Expenses
- Pre Hospitalization Expenses (up to 30 days)
- Post Hospitalization Expenses (up to 60 days)

GENERAL HOSPITALISATION EXPENSES

- In-Patient Hospitalization (for a period exceeding 24 hours)
  - Expenses on hospitalization for minimum period of 24 hours are admissible. However, this time limit may not apply for some specific treatments

EXPENSES REIMBURSED UNDER THE POLICY

- Room charges as provided by the hospital/nursing home
- Nursing expenses
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists fees
- Anesthesia, Blood oxygen, Operation Theater Charges, Surgical Appliances, Medicines & Drugs, Diagnostics Materials & X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of organs & similar expenses
EXCLUSIONS

- Treatment for injuries arising out of an act of War
- Circumcision unless necessary for treatment of a disease due to an accident or as a part of any illness
- Routine eye examinations and cost of glasses, contact lenses and hearing aids and all external aids
- Dental treatment or surgery of any kind unless requiring hospitalization arising out of an accident
- Convalescence, general debility, “Run-down” condition or rest cure
- Congenital external disease
- Venereal diseases, AIDS/HIV
- Any fertility, infertility, sub-fertility or assisted conception operation, treatment for sterility
- Charges incurred in the hospital purely for diagnostic purpose
- Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials or radioactive contamination
EXCLUSIONS

- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician
- Treatment arising from or traceable to pregnancy
- Any routine or preventive examinations, vaccinations, inoculation or screening
- Outpatient treatment charges
- Change of sex
- Any cosmetic, plastic surgery or aesthetic procedure
- Any treatment received outside India
- Naturopathy treatment
- Use of intoxicating drugs/alcohol and treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from or related to, such abuse or addiction
- Any stay in hospital for any domestic reason or where there is no active regular treatment by a specialist
- Any other reasons which get included by Insurance Company from time to time
**EXCLUSIONS**

- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician
- Treatment arising from or traceable to pregnancy
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- Any other reasons which get included by Insurance Company from time to time
SPECIAL BENEFITS

- Hospitalization expenses on account of Pre-Existing disease

- Family floater coverage that covers the entire family, which includes Self, Spouse and two dependent children up to the age of 21 years
**Medical Reimbursement**

The policy provides reimbursement of Hospitalization expenses up to Sum Insured to an individual/family on floater basis subject to the following sub-limits:

<table>
<thead>
<tr>
<th>Description</th>
<th>Limit</th>
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<tbody>
<tr>
<td>A ROOM, BOARDING EXPENSES</td>
<td>1% of Sum Insured</td>
</tr>
<tr>
<td>IF ADMITTED IN ICU</td>
<td>2% of Sum Insured</td>
</tr>
<tr>
<td>B SURGEON, ANESTHESIST, CONSULTANT, SPECIALIST FEES, NURSING EXPENSES</td>
<td>Within Sum Insured</td>
</tr>
<tr>
<td>C ANESTHESIA, BLOOD, OXYGEN, OT CHARGES, MEDICINES, DIAGNOSTIC MATERIAL &amp; X-</td>
<td>Within Sum Insured</td>
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<tr>
<td>RAY, DIALYSIS, CHEMOTHERAPY, RADIOThERAPY, COST OF PACemaker, ARTIFICIAL</td>
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<tr>
<td>LIMBS etc.</td>
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<tr>
<td>D TOTAL EXPENSES INCURRED FOR ANY ONE’S ILLNESS</td>
<td>Up to Sum Insured</td>
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CLAIM SETTLEMENT

Claims Process

Reimbursement

Cashless
All such hospitalisations should be intimated to HR immediately or within 3 days of hospitalisation to register with below mentioned details:

- Name of the employee
- Employee code
- Name of the patient
- Relationship with the patient
- Name of the hospital
- Nature of illness
- Date of Admission
- Approximate Expense

Mediclaim form along with relevant documents to be submitted for reimbursement within 15 days of discharge of the patient.
DOCUMENTS TO BE SUBMITTED

- Oriental Insurance Mediclaim form in original duly filled in and signed
- First Consultation letter
- Original Discharge Summary with Date & Time of admission and discharge
- Original Final Hospital Bill giving detailed break up of all expense under the dedicated heads
- Stamped receipt for final hospital bill
- Pharmacy cash receipts/cash bills along with the supporting prescription
- Reports towards investigations done, Pathology/Radiology/Cardiology
- Original payment receipt towards the investigation charges
**CONTACT PERSON @ HR**

**For Claim Intimation and Claim Status**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Rakesh Patwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Contact Ph. Number</td>
<td>022-39829999 Ext. No. 9411</td>
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<td></td>
<td>022-39829411</td>
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<tr>
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