1. OBJECTIVE

This is an addition to compensation in order to attract, retain and provide comfort to employees and to arrive at a “Total Compensation” approach.

2. APPLICABILITY

All employees other than the covered under ESI scheme

3. POLICY STATEMENT

KARVY attempts to provide plans that offer the best health benefits programs for employees and their immediate dependents at a reasonable cost to employees.

4. GROUP MEDICLAIM

- This policy is extended by M/s. Bharathi Axa General Insurance Company Ltd
- First 30 days exclusion is waived. The coverage is available from Day one.
- Pre-existing Diseases exclusion is waived. That means diseases existing prior to taking this policy are also covered.
- Employee, Spouse and up to 2 children (DAUGHTER - up to 25 yrs or a dependant unmarried, SON - up to 21 yrs ) are covered under the Group Mediclaim Policy of the company.
- The premium for the coverage is paid by the employer.
- The policy covers reimbursement of Hospitalization expenses for illness disease or accidental injury sustained.
- 30 days pre and 60 days post - hospitalization expenses are reimbursed provided such expenses relate to the disease for which hospitalization was done. Duplicate of discharge summary is required for claiming post and pre-hospitalization emergency
- The details of sum assured are given below:
  - The above sum insured is on floater basis for the employee and family members.
  - Any one or more can utilize the benefit up to the maximum of SI.
5. **Identity Cards**

- All insured persons will be given e-identity cards with specific numbers by TPA is Good Health Plan Ltd visit HRIS for the same or www.ghptpa.com.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>SUM INSURED</th>
</tr>
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<tbody>
<tr>
<td>Above ESI and Up to S7</td>
<td>Rs. 1.00 lakhs</td>
</tr>
<tr>
<td>S8, S9, S10, S11</td>
<td>Rs. 1.50 lakhs</td>
</tr>
<tr>
<td>S12, S13, S14, S15</td>
<td>Rs. 3.50 lakhs</td>
</tr>
<tr>
<td>S16 and above</td>
<td>Rs 5.00 lakhs</td>
</tr>
</tbody>
</table>

- Whenever any service is required contact TPA and inform Med claim card identity number

- The Policy covers expenses reasonably and necessarily incurred under the following heads in respect of each insured person subject to overall ceiling of sum insured for all claims during one policy period)

- Room, Boarding Expenses as provided by the hospital / nursing home. (Room rent depends on SI)

- Nursing Expenses.
  - Fees of surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists.

- Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Material and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, artificial limbs & Cost of Organs and similar expenses.

7. **Maternity Coverage**

- Maternity benefit available for normal and caesarean. This benefit is available from day one for the first two children

- Amounts payable for maternity claims are subject to some limit. (Normal claims: Rs.25,000/- and for C-Sec: Rs.35,000/-)

- Cover for new born child is from day one and employee has to inform within 3 days to corporate HR – ravihr@karvy.com

- Employees on getting married should inform name and date of birth of spouse within one week for inclusion under the policy.
8. **Cash Less Facility**

- If treatment is taken in the Hospitals which are tied up with Insurance Company, there is no need to pay the bills and seek reimbursement.

- Directly TPA will arrange payment to the hospital and there is no need for the Insured person to make any payment unless it is exceeding the Sum Insured / beyond sub limits Procedure for Hospitalization (NETWORK HOSPITALS)

- Patient can approach any listed hospitals provided by TPA / Insurance company

- On admission, patient should ensure that hospital sends fax/ e mail to TPA and obtain pre authorization. If this is not done by the hospital, the insured has to pay the bills and seek reimbursement from TPA. The hospital will send the entire hospitalization documentation in original to TPA Hence the employee may request a copy of the same for further diagnosis / post & pre reimbursement on making the necessary payments as per the hospital norms.

  - Hospital Management reserves the right for admission”
  - For list of net work hospitals - please visit [www.phplpa.com](http://www.phplpa.com)

9. **Procedure for Hospitalization (NON-NETWORK HOSPITALS)**

- Keep TPA informed about the admission within 24 hours from the time of admission in hospital

- When the discharge takes place before the approval is given to the hospital by TPA and if the location is in remote area where there is no communication facility, bills are required to be submitted for reimbursement to TPA. These bills are reimbursed subject to the satisfaction of Insurance Company

- Claims for reimbursement should be sent within 10 days to HO from the date of discharge from the hospital. The following documentations are to be sent to HO for onward submission to TPA Duly filled and signed Claim Form Discharge Summary.

  Final Hospital Bill with Detail Break-Up and its payment receipt.

- **Medical prescriptions & Bills.**

- Investigation Reports & Bills Employee may retain a photocopy of the required documents for future reference.
10. **Policy Exclusions**

- Circumcision unless necessary for treatment of a disease.
- Cost of spectacles, contact lenses, hearing aids and any cosmetic treatment.
- Dental treatment /surgery unless requiring hospitalization, Convalescence, general debility, congenital external defects, V.D., intentional self injury, accident while driving under the influence of intoxicating liquor and drugs AIDS, expenses for diagnosis X-ray or tests not consistent with the disease requiring hospitalization.
- Naturopathy treatment.