We are pleased to inform you that we have renewed our Group Mediclaim Policy for the year 2015-16.

We have partnered with The Oriental Insurance Company Limited for India Infoline Finance Limited employees & National Insurance Company Limited for other companies to offer Group Health Insurance Scheme to our employees and their dependents for the policy period 1 October 2015 to 30 September 2016. Paramount Health Services (TPA) Pvt, Ltd, (PHS) will be our Third Party Administrator (TPA) who will manage our claims administration process.

Employees who have completed 5 years of service with the company as on October 01, 2015 are exempted from any contribution.

Employee, spouse, two children and dependent parents or in laws are covered under the policy.

**Benefits & Coverage’s:**

- Floater Basis (Self + Spouse + 2 Junior most children + 2 Parents/in laws)
- Pre E Pre Existing Diseases covered for all 30 days/ 60 days Pre/ Post Hospitalization
- Emergency Ambulance charges limited up to Rs.2500/-
- Co-Pay of 20% for dependent parents/ in laws only
- Mid Term Inclusion (due to marriage/ child birth) is covered

**For Maternity**

- Waiver of 9 months for maternity benefit i.e. new female employees/male employee’s wife is covered from day one of joining the company.
- Day 1 Baby covered under the Mediclaim Policy as per sum insured

**Room Rent Limits, Maternity Limits and Cataract limits - Metro Cities will only include (Mumbai, Kolkata, Delhi, Chennai, Bangalore, Hyderabad)**

<table>
<thead>
<tr>
<th>Sum Assured</th>
<th>Room Rent % Amt. claim room rent</th>
<th>Maternity Limits % Amt. Claim ICU</th>
<th>Maternity Limits</th>
<th>Cataract Limits</th>
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<tr>
<td></td>
<td></td>
<td>Metro Cities</td>
<td>Non Metro Cities</td>
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<td>50,000</td>
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</table>

**Room rent and other capping as per the base policy sum assured**
Caps/Ceilings for Diseases:

Hip replacements and Knee replacements Rs 1,75,000 per claim subject to Sum Insured (in case of bilateral knee or hip replacement surgery done during the same hospitalization, double the cap i.e. Rs 3,50,000 or up to sum insured whichever is minimum).

- Appendix/Piles/Hernia 20% of Sum Insured
- Psychiatric ailments – actuals with maximum of Rs. 30,000

Treatment for the following diseases the claim payable is restricted to Rs 15,000/- if treatment is taken in any city other than Mumbai (including Thane), Navi Mumbai, Delhi, NCR & Bangalore

- Viral Fever
- Malaria (Normal)
- Gastronteritis

Sum Assured:

**Sum Assured will be based on Grade as per the below mentioned table:**

<table>
<thead>
<tr>
<th>Employees Sum Insured the Policies 2015-16</th>
<th>Emp. Contribution from CTC</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>CTC PM Level</td>
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<tr>
<td>------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Senior Officer, Officer, Assistant Officer, Management Trainee</td>
<td>&lt;=15K</td>
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<tr>
<td></td>
<td>&gt;15K</td>
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<tr>
<td>Assistant Manager</td>
<td></td>
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<tr>
<td>Deputy Manager, Manager</td>
<td></td>
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<tr>
<td>Senior Manager</td>
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<tr>
<td>Deputy Vice President, Associate Vice President, Assistant Vice President</td>
<td></td>
</tr>
<tr>
<td>President, Senior Vice President, Executive Vice President, Vice Presidents</td>
<td></td>
</tr>
</tbody>
</table>

Important points:

- In spite of exorbitant claim ratio, there is no change in percentage of co-pay. The existing 20% co-pay will continue in the policy. This co-pay is applicable for dependant parents/In-Laws only, whereby employee needs to pay just 20% of final claim amount and balance 80% would be paid by the insurer.
- Please note that information available on family information link on Adrenalin – HR Foundation – Family Details is editable at the beginning of year.
- In case of new marriage, employee needs to inform HR Department of IIFL through mail regarding the same within 30 days from the date of marriage so as to provide mediclaim coverage to spouse.
• Similarly, in case of childbirth intimation needs to be given to IIFL HR through mail within 30 days of birth of a child for updating details on the system.
• Last date for updating details on Adrenalin is 21st of every month.

Why Group Mediclaim Policy:

• It helps to secure expenses of future illnesses and hospitalization by paying a fraction of the expenses as the insurance premium.
• It reduces the risk of financial helplessness in the case of expensive medical care including pre & post-hospitalization.
• It gives a sense of security to the insured employee for the expensive hospitalization and treatment for his/her family as a solid financial back-up in the event of medical emergencies.
• To gain Medical Security for Self, Spouse and Children (Max up to two junior most children), plus dependant parents or in laws (as applicable) to take care of Medical contingencies.
• As parents grow older, it becomes difficult to get hospitalization insurance without medical check-up and also at a very high cost of insurance premium in open market.

Claim Settlement Process -

Reimbursement of hospitalization expenses or cashless facility for availing treatment in network hospital needs minimum hospitalization of 24 hrs, recommended by attending doctor. Time in and Time out need’s to be appropriately captured in the discharge card.

Compensation Payable:

• Reasonable and necessarily incurred
• Room Expenses in Hospital/ Nursing Home – as mentioned above
• Emergency ambulance charges of Rs.2500/-
• Medical Practitioner /Specialist Fee
• Treatment cost availed in hospital,
• Medicines purchased in hospital and outside from chemist
• Blood / Oxygen charges
• Operation Theatre Charges
• Surgical Appliances
• Diagnostic cost
• Dialysis, Chemotherapy, Radiotherapy
• Medical Expenses up to 30 days for Pre-hospitalization and up to 60 days for post–hospitalization

***All above is subject to Sum insured.***
Exceptions to the coverage (General Exclusions):

- Plastic surgery
- Spectacles/contact lens/ hearing aid
- Dental treatment
- Convalescence / general debility
- Sterility / venereal disease / circumcision
- Intentional self injury
- Use of intoxicating drugs / alcohol
- Aids
- Diagnostic / laboratory expenses not consistent with Hospitalization
- Vitamins / tonic inconsistent with treatment
- Naturopathy
- Voluntary termination of pregnancy during the first 12 weeks (MTP)
- The above are only indicative and not exhaustive

Please Note:

1. However, time limit is not applicable for the following specific treatments:
   - Dialysis
   - Chemotherapy
   - Cataract operation by laser
   - Tonsillectomy
   - Eye surgery by laser

2. Hospitalization should be under the supervision of a qualified medical practitioner.
3. The hospital should be an institution in India for indoor care, registered with local authorities.

Claim Procedure (National Insurance Company Limited)

The claim settlement of this policy can be done in the following two ways;

(A) Cashless Hospitalization Process

- As per our past experience, 90% of hospitalization cases are pre-planned i.e. employee is aware that he/she or their family member will need hospitalization. Hence, it is always advisable to avail the cashless facility. Two days prior intimation should be given by concerned hospital to TPA so as to avoid delay in cashless approval. In case of delay if any, from Paramount team, please contact employee benefits team for assistance.

- In short, cashless hospitalization means hassle free hospitalization. In this, policy holder will not have to run around paying off the hospital bills and insurance company to get a reimbursement for the bills. The policyholder will be able to avail medical services at designated hospital and his bills will be settled through the TPA, appointed for the smooth servicing of the policy. In case of any planned hospitalization, and if possible, employees can inform to hospital for pre-approval process before 24 hrs in advance.
In cashless claim procedure, employee may choose the hospital from the list of net work hospitals available for cashless at Paramount site. Employee has to inform 48 hours in advance to Paramount to make the arrangement with respective hospital. In case cashless facility is not available in specific hospital, employee may avail the treatment in other hospital and can submit the claim to HR dept. at Thane as reimbursement claim within 15 days from date of discharge from hospital.

**Steps:**
This facility is available only at Paramount’s network hospitals. (list of which is available on [https://www.paramounttpa.com](https://www.paramounttpa.com))

All employees eligible under this policy shall receive “E-card /Cashless Card”, which will also serve as their policy identity card and is essential for availing the cashless hospitalization.

**Procedure**
1. Insured has to arrange for the Admission Request Note to be sent across from respective network hospital to Paramount TPA.
2. Admission request note is available on admission counter of network hospitals.
3. The admission request note is to be filled in by the treating Doctor with his signature & stamped by the Hospital.
4. It is mandatory for insured to mention the PHS ID, corporate name and employee code on the request for proper identification / verification & further processing.
5. It is mandatory for insured to thoroughly check the request note (to ensure that all required details are furnished & holds true to the best of their knowledge) & duly signing it as a confirmation.
6. Above mentioned points are very important for registration of claim & further processing.
7. On receipt of the completely filled request letter, claim will be registered & a unique claim number (FIR / CCN) will be generated. All correspondence will be against specific FIR for that particular hospitalization.
8. Claim documents will be forwarded to on duty doctor who will verify your coverage as per respective insurance policy and medical admissibility. If covered an authorization letter (AL) will be sent (faxed) to hospital.
9. In case there is a deficiency, it will be raised in the form of additional information to respective Hospital.
10. On receipt of deficient documents claim will be reviewed & processed further on as per admissibility.
11. If the coverage is not established, Intimation (Denial) will be sent to the hospital.

**The cashless will be completed at the time of discharge when the final documents are sent.**

- TPA pays all medical expenses and non-medical expenses are borne by the insured.
- The cashless facility may be denied in certain cases. The policyholder can then send the claim for reimbursement, which will be considered based on the merits of the policy features.
- Your E card of mediclaim does not automatically entitle you to cashless treatment as this facility depends on the terms and conditions of the policy in force.
- The cashless treatment begins only after the hospital receives the Authority Letter from the TPA.
(B) Claim Reimbursement Process

The claim reimbursement procedure can be adopted in case the medical treatment is taken in a non-notified hospital.

Employee need to submit the following Claim Documents along with the Claim Form within 15 days from the date of discharge of patient. Please ensure that claim form is filled properly and signed. Please also do not forget to mention the PHS ID (Paramount Unique ID for each employee) on the claim form along with latest mobile no. It is mandatory to mention NEFT as payment option. Account details need to be mentioned along with the cancelled cheque. While sending documents to IIFL Thana Office for reimbursement claim for further processing, kindly take photo copy set of documents and then send to IIFL Thana office.

Documents required with claim forms to process the claim
- Original Completely filled in Claim form with E card (form can downloaded from IWIN)
- Original Discharge Card/ Summary
- Original hospital final bill with separate payment receipt
- Original numbered receipts for payments made to the hospital
- Complete breakup of the hospital bill
- All bills for investigations done with the respective reports supported by relevant doctor’s prescriptions
- All bills for medicines supported by relevant doctor’s prescriptions

Claim Procedure (The Oriental Insurance Company Limited)

(A) Cashless Hospitalization Process

- The admission request note is available on the counter of the network hospital. It has to be filled in by the treating Doctor with his signature & stamped by the Hospital.
- Employees to mention Paramount health services code (PHS code on their health card) or Group name & employee code.
- Fax the Admission request note to Paramount Health Services on: 022 66444754/55 and mailed al.request@paramounttpa.com
- On receipt of the completely filled request letter, claim will be registered & a unique claim number (FIR / CCN) will be generated. All correspondence will be against specific FIR for that particular hospitalization.
- Claim documents will be forwarded to on duty doctor who will verify your coverage as per respective insurance policy and medical admissibility. If covered an authorization letter (AL) will be sent (faxed) to hospital.
- In case there is a deficiency, it will be raised in the form of an additional information letter & faxed to respective Hospital.
- On receipt of deficient documents claim will be reviewed & processed further on as per admissibility.
- If cover is established approval for a specific claim amount will be sent to the hospital However, If the coverage is not established, Intimation (Denial) will be sent to the hospital.
- Cases wherein the claim is denied for cashless benefit Claimant / Insured can send all claim documents for reconsideration in reimbursement along with claim form.
- Kindly note in case of any difficulty in cashless you can contact Mr. Uday at 0933031606 from Pioneer Insurance and Re-Insurance Brokers
**B) Claim Reimbursement Process**

Below mentioned claim papers should reach the corporate HR in Mumbai within 25 days of discharge from the hospital (this includes both working and non-working days and by reaching means courier being delivered/hand delivered)

1. Original Completely filled in claim form
2. Original Discharge Card/Summary
3. Original hospital final bill
4. Original numbered receipts for payments made to the hospital
5. Complete breakup of the hospital bill
6. All bills for investigation done with the respective reports
7. All bills for medicines supported by relevant prescriptions

Based on the processing of the claim, a deficiency, a denial or an approval is executed. In case there is deficiency the same would be intimated to you through your HR which has to be submitted promptly for the case to be reprocessed. In case of approval, a cheque is made out for the approved amount and sent to the HR.

**Note:** Only expenses relating to hospitalization will be reimbursed as per the policy taken. All non-medical expenses will not be reimbursed. Also in case of any query kindly speak to Mr. Uday Bhan , 022/66188545, udaybhan.kevat@pincinsure.com or Mr. Rohan Jhaveri , 9773413846, rohan.jhaveri@pincinsure.com. Also claims status can be obtained at or calling call center at Paramount Health Services 24 x 7 Help Desk (022 – 66620808)

The above documents and duly completed claim form need to be sent to the following address.

To,
Employee Benefits Team - HR
IIFL House, Sun Infotech Park,
Road No 16V, Plot No B-23,
MIDC, Thane Industrial Area,
Wagle Estate, Thane-400604

In case your claim is denied, the denial letter is sent to you HR quoting the reason for denial of your claim.

**Note:**

On receipt of claim at TPA, Medical team at TPA will determine whether the condition requiring admission and the treatment are covered by Mediclaim Insurance Policy. They will also check that all the other terms and conditions of insurance policy are complied with. Non-medical expenses will not be payable.

- In case your claim is denied, the denial letter is sent to you by courier / post / e-mail mentioning the reason for denial of your claim.
- Do not send Reimbursement Claim directly to United India or Paramount office, as IIFL HR will be checking internally for deficiency or pending documents and then will hand over the claim documents to Paramount for entering in their system. To avoid delay and rejection due to deficiency of documents, make sure that above documents check list is verified by employee before sending the claim for settlement.
- TPA may request for the submission of indoor case papers and letter of past history of the patient, if required.
• Reply of deficiency of documents should be submitted to HR Dept. at Thane within 7 working days from the receipt of information / mail to enable TPA to process the claim. In case you fail to submit the documents the case will be closed after a period of 25 days.
• Once all the documents are submitted to TPA then it will be further processed by them to settle the claim.
• Claim settlement through reimbursement process takes about 20 working days; hence wherever possible use cashless facility

Pre-Post Hospitalization expenses:

You need to submit all bills in original with supporting documents in the following manner:

• Consultation bills should be supported with consultation note / papers of the doctor.
• Investigation / Pathological / Radiological test bills should be supported along with Original Reports & recommendations for the same.
• Chemist bills should be supported with respective prescriptions.
• All pre-hospitalization bills should be submitted within 30 days from discharge from hospital.
• All post-hospitalization bills should be submitted within 7 days from completion of post hospitalization period of 60 days from date of discharge.
• Short fall (deficiency) claim documents must be submitted within 7 days upon request

Please Note:

• The above documents along with a signed claim form should be submitted to IIFL Thana Office.
• All medical expenses will be reimbursed as per the terms and conditions of the policy.
• Non-medical / Non Hospitalization (O.P.D) expenses will not be reimbursed.
• It is advisable to keep a photocopy of all documents that you have submitted for future reference.
• The claim is settled within 10 working days after the receipt of complete documents.
• If Employee want to check claim status than he can call on PHS Help Desk at 7710041075 (Monday to Friday between 10 am to 5 pm) or Toll Free No.: 1800 226655 / Call Center No. 022-6662-0808 (24 x 7) and provide PHS ID/ E code and get the status for claim submitted.

In case if you have any queries then, please feel free to contact HR department at employeebenefits@indiainfoline.com

Regards,
Team HR