



STENHOUSE

COMPREHENSIVE & AFFORDABLE RISK MANAGEMENT

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- Services offered
- Our clientele

01.

Scope Of Current Coverage

 **INSURED****GMS ALUMNI**

- Group Health Insurance

INSURER**The New India Assurance
Co. Ltd.**

- Group health insurance

 **TPA****Ericson Insurance TPA Pvt.
Ltd.**

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 **SERVICE****Stenhouse Insurance
Brokers Pvt. Ltd.**

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Group Health Insurance

Policy Parameters	
Insured / Client	GMS Alumni
Insurer	The New India Assurance Co. Ltd.
Third Party Administrator (TPA)	Ericson Insurance TPA Pvt. Ltd.
Policy Start Date	18-Feb-2022
Policy End Date	17-Feb-2023
Family Definition	<p>1+6</p> <ul style="list-style-type: none"> - Self + Spouse + 3 Dependent Children + 2 Dependent Parents. - Age of dependent children is limited up to 25 years - No age limit for unmarried/ divorced / widowed dependent girl child - No age limit for special care child - 3rd & 4th child to be included in case of twins/triplets.
Family Floater Sum Insured (FFSI)	<p>Family Floater Sum Insured of INR.600,000/-</p> <p>Sum Insured for Parents sub-capped to INR.400,000/-</p>
Age Bracket	<p>0-85 years for existing members.</p> <p>0-70 years for new joiners/new members</p>

Notes:

- 1+6 cover (ES3C2P).
- FFSI – INR.6.00 Lacs.
- Parental SI restriction – INR.4.00 Lacs.
- Age – 0 to 85 years.

Group Health Insurance - Coverages

Coverage	Benefit
Pre-existing diseases	Covered for all - for existing members. 6 months waiting period for new joiners / new members.
1st /2nd /3rd /4th year exclusions	Waived for all - for existing members. 6 months waiting period for new joiners / new members.
30 days waiting period clause	Waived for all - for existing members. 6 months waiting period for new joiners / new members.
Room Rent	Normal Hospitalization - 2% of SI - max up to INR.12,000/- fixed per day, same applicable for parents irrespective of SI restriction ICU Hospitalization - 4% of SI - max up to INR.24,000/- fixed per day, same applicable for parents irrespective of SI restriction
Proportionate deduction clause	Applicable. If higher room opted proportionate deduction will apply. Proportionate charges doesn't include cost of pharmacy, cost of implants and medical devices, diagnostics and not applicable for ICU charges as per IRDA circular - IRDAI/HLI/REG/CIR/151/06/2020 dt 11/06/2020.
Pre & Post hospitalization expenses	30 days pre hospitalization expenses are covered 60 days post hospitalization expenses are covered

Notes:

- PED and other exclusions waived.
- Room rent at 2% & 4% of FFSI for Normal & ICU.
- Proportionate deduction clause applicable.
- Pre-post covered for 30/60 days resp.

Group Health Insurance - Coverages

Coverage	Benefit
Co-payment Clause	10% co pay on all claims for Self, spouse & children. 20% co pay for parents.
Hospice Care (Domiciliary Hospitalization Cover)	Domiciliary Hospitalization not covered (Deleted)
Day Care Procedures	Any day care procedure covered with / without pre-auth in network or non-network hospital.
Congenital External diseases	Not Covered. Only Life Threatening conditions covered as per Insurer approval and case to case basis only.
Congenital Internal Diseases	Covered for all.
Ailment Capping	Capped at INR.3,00,000/- Lacs per disease per insured individual during the policy period.
Ambulance Charges	Covered up to INR 2,500 Per event, leading to hospitalization or ICU.

Notes:

- Co-pay clause.
- Domiciliary hospitalization not covered.
- Any one ailment capped at INR.3.00 Lacs per insured per policy period.
- Day care covered as per Insurer list of procedures.

Group Health Insurance - Coverages

Coverage	Benefit
Pregnancy and Child care - Scope of Maternity cover	- Baby Day 1 Coverage up to FFSI (Family Floater Sum Insured) - Maternity cover applicable only for first two living children.
9 months waiting period in maternity claim	Waived for all – for existing members. 6 months waiting period for new joiners / new members.
Normal Delivery	covered up to INR.50,000/-
C-Section / LSCS Delivery	covered up to INR.50,000/-
Pre and Post Natal expenses	Covered within maternity limit
AYUSH Cover	Covered up to 25% of FFSI subject to max INR.25,000/-, provided the treatment is taken under in-patient hospitalization in a Government Ayurvedic/Ayush hospital or NABH accredited hospital following all registration eligibility and norms.
Hospitalization / Injury Arising Out Terrorism	Covered for all.

Notes:

- Maternity coverage terms.
- Ayush coverage terms.

Group Health Insurance – Other Coverages

Coverage	Benefit
Cyber Knife Treatment/Robotic Surgery/Bio Absorbable Stent	Covered up to 50% of Family Floater Sum Insured (FFSI).
Cataract	Covered max up to INR.24,000/- per eye
Animal Bite / Serpentine Attack	Covered max up to INR.5,000/- per event for treatment on OPD basis only with policy aggregate of INR.2,00,000/- Lacs.
Claims Intimation	Claims intimation to be made within 30 days. If intimation of claims is made after 30 days, co-pay of 10% will be applicable. This co-pay will be over and above all other conditions of the policy.
Reimbursement Claims Reporting / Submitting Period	Reimbursement claims to be submitted within 30 days from date of discharge. Post hospitalization claims to be submitted within 15 days from date of expense incurred/event.
Foreign Nationals to be covered with the Geography of India	Foreign nationals means ex-students holding citizenship of any other country are covered within the geography and currency of India. The treatment costs incurred within India are only covered.
Reasonable and customary clause	Reasonable and customary clause which is integral part of the floater policy clause shall not be waived. It will remain operating part of this proposal.

Notes:

- Coverage of advanced procedures.
- Claims submission timelines.
- Coverage of foreign nationals within geography and currency of India.
- Reasonable & Customary clause applicable.

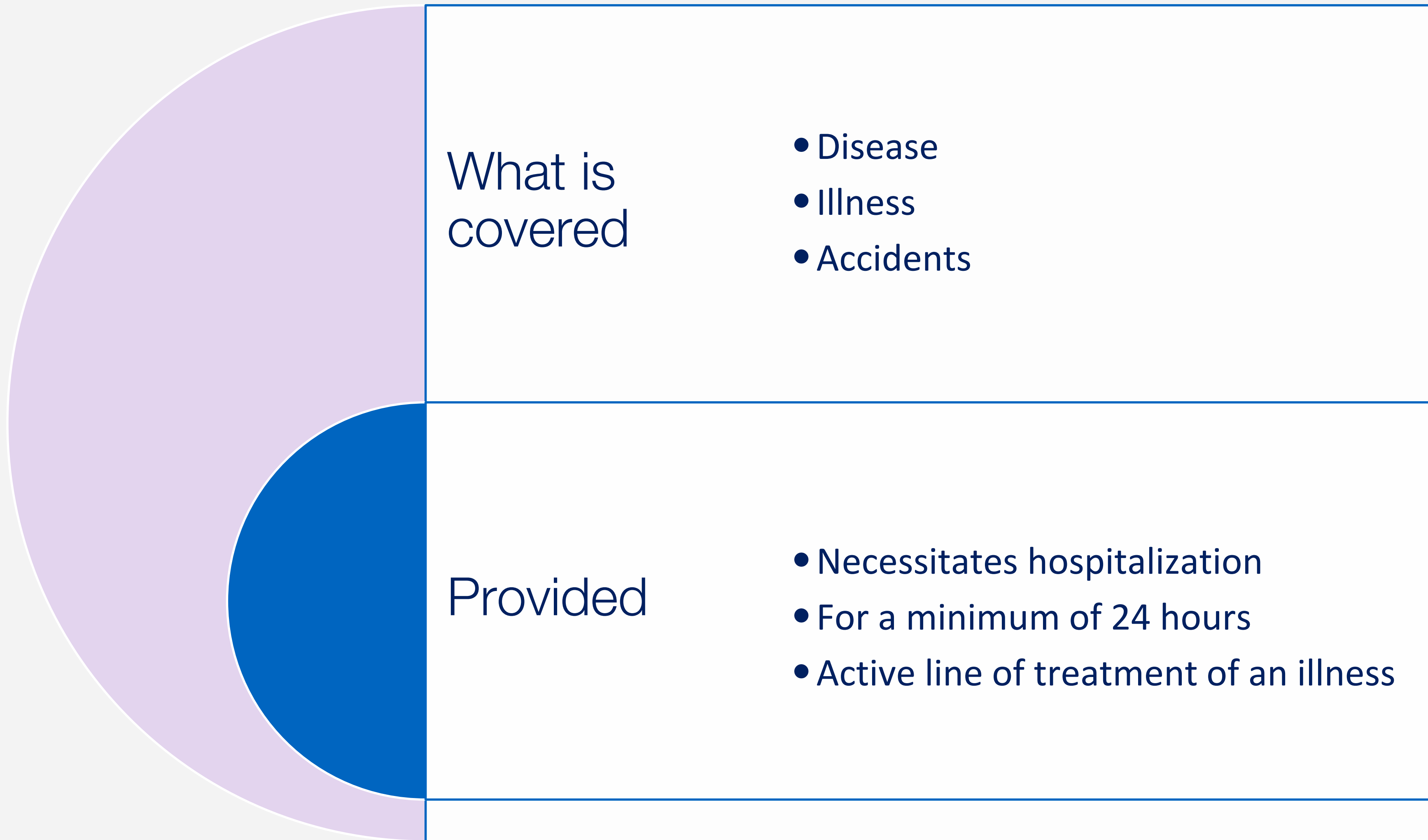
Group Health Insurance – Other Terms & Conditions

Coverage	Benefit
Special Conditions and Warranties	- For those hospitals where New India is having PPN network/New India Network, only PPN rates/New India Network rates will be applicable. If any employee/member opt for any rate/package which is other than what has been agree in PPN/New India Network shall not be indemnified. For the given procedure in PPN/New India Network, only agreed rates will be approved.

Notes:

- PPN Tariff applicable

Group Health Insurance – Coverage Criteria



Notes:

- All the conditions are essential for admissibility of claim
- Active line of medical treatment is the key indicator to processing and settlement of claim
- Cosmetic treatments are not payable even if all the conditions are met.

Day care procedures – less than 24 hours hospitalization

<ul style="list-style-type: none"> ✓Dialysis, ✓Chemotherapy, ✓Radiotherapy, ✓Eye Surgery, ✓Tonsillectomy, ✓Lap Appendectomy, ✓lithotripsy, ✓Hysterectomy ✓Cataract ✓Gall bladder ✓Coronary Angioplasty/ Angiography 	<ul style="list-style-type: none"> ✓Surgery of ✓urinary system ✓Prostate ✓Gastrointestinal ✓Genital ✓Nose/throat/eye ✓Hydrocele ✓Appendix ✓Hernia Repair ✓Arthroscopic knee surgery ✓Laparoscopic surgeries 	<ul style="list-style-type: none"> ✓Any surgery under anaesthesia, treatment of fracture and dislocation (excluding hairline fractures), Contracture release and minor reconstructive procedure of limbs which would otherwise require hospitalization ✓Any other ailment which included as per the rule ✓The treatment will be considered under hospitalization Benefit and has to be availed as An inpatient only.
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Notes:

- Because of technological advancement, 24 hour hospitalization is eliminated.
- Would be considered as daycare treatment.
- The list of procedures mentioned here is illustrative only.
- Other ailment can be added based on above mentioned conditions and Insurer approval of such procedures.

02.

Claims – Documentation

What is payable under in-patient hospitalization claim - illustrative

- Room, Boarding charges - include nursing Charges / duty doctor / RMO charges as per the definition of Room Rent.
- ICU charges are payable as per policy terms.
- Surgeon, Anesthetist, Consultants, Medical Practitioner, Specialist fees.
- Anesthesia, Blood, Oxygen, OT charges, Surgical Appliances, Medicines & drugs, Artificial Limbs, Cost of Prosthetic Devices like pacemaker, Implants and Relevant Laboratory / Diagnostic test and Similar expenses.
- Pre Hospitalization Expenses: Expenses incurred 30 days prior to date of admission (Consultation / Test Charges)
- Post Hospitalization: Expenses incurred up to 60 days from the date of discharge.

Notes:

- Any expenses directly incurred during the active line of medical treatment will be considered for admissibility.
- Consumables / external aid are generally not payable under the policy.
- In case the employee / dependent opts for higher room rent category than the eligible room category / room rent cap, then the total cost will be proportionate to the eligible room category / room rent cap, except for cost of medicines.

What is not payable - illustrative

- Admission/Registration
- Telephone charges
- Attendant's charges
- Admission Kit
- Thermometer Charges
- Sundry/Medico Legal Charges/Diabetic chart charges
- Container for Specimen/Disposable Bag charges
- Assistant fee/Follow up charges in advance
- Home Visit/Nursing charges - at residence after discharge
- External Surgical Aids:
 - Lumbo - sacral
 - Collar belt
 - Knee cap/Knee brace/walker
 - hot water bag
 - baby kit
 - urine pot / folding commode etc.
 - traction kit
 - Inhaler/ Nebulizer
 - Glucometer or any other equipments
- Diet charges
- Special/protein diet/health drinks unless prescribed by the doctor
- Documentation/Folder/Stationery/In Patient chart charges

Notes:

- This is only an illustrative list for understanding and indicative purposes.
- Non-medical and disallowances are processed by Third Party Administrator as per Insurer guidelines and IRDAI regulations.

General Exclusions

- Surcharges, service charges, miscellaneous charges, and other non treatment related expenses are not payable.
- The Policy excludes treatment for Psychiatric, mental disorders (including mental health treatments) and sleep-apnea, Parkinson and Alzheimer's disease.
- General debility or exhaustion ("run-down condition"), External Congenital Anomaly, Genetic, Hereditary and related disorders.
- The policy excludes the experimental / unproven treatments or therapies.
- The policy also excludes AYUSH coverage, Stem Cell Therapy, treatment with Injection Avastin/ Injection Remicade, Oral Chemotherapy, Cochlear Implant Procedure unless specifically called out and covered under the policy.
- Claims document shall be submitted within 30 days from the date of discharge, unless specifically modified in the policy terms.
- In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within seven (7) days after completion of such treatment, unless specifically modified in the policy terms.

Notes:

- Any treatment which is not scientifically proven or approved by medical association / council are excluded under the policy coverage and will not be payable
- Treatment which cannot be established are also not payable
- AYUSH coverage, Chemotherapy, Cochlear Implant Procedures are covered up to sub-limits / restricted SI / max admissible amount as specified under the policy terms.

Document Checklist

General Documents:

Duly filled and signed Claim Form with Photocopy of ID card

In-patient Treatment / Day Care Procedures:

- Original detailed discharge summary / day care summary from the hospital
- Original consolidated hospital bill with break up of each Item, duly signed by the insured
- Original payment receipt of the hospital bill
- First consultation letter and subsequent prescriptions
- Original bills, original payment receipts and reports for investigation
- Original medicine bills and receipts with corresponding prescriptions
- Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment receipts

Road Traffic Accident (In addition to the In-patient Treatment documents):

- Copy of the first information report from police department / copy of the medico-legal certificate
- Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether
- Claimant was under the influence of any intoxicating material.

Notes:

- These are standard document checklist as per TPA and Insurer guidelines.
- However, TPA may request additional documents for verification and process of claim on case to case basis as per Insurer guidelines.

Document Checklist

For Death Cases (In addition to the In-patient Treatment documents):

- Original death summary from the hospital and Copy of the death certificate from treating doctor

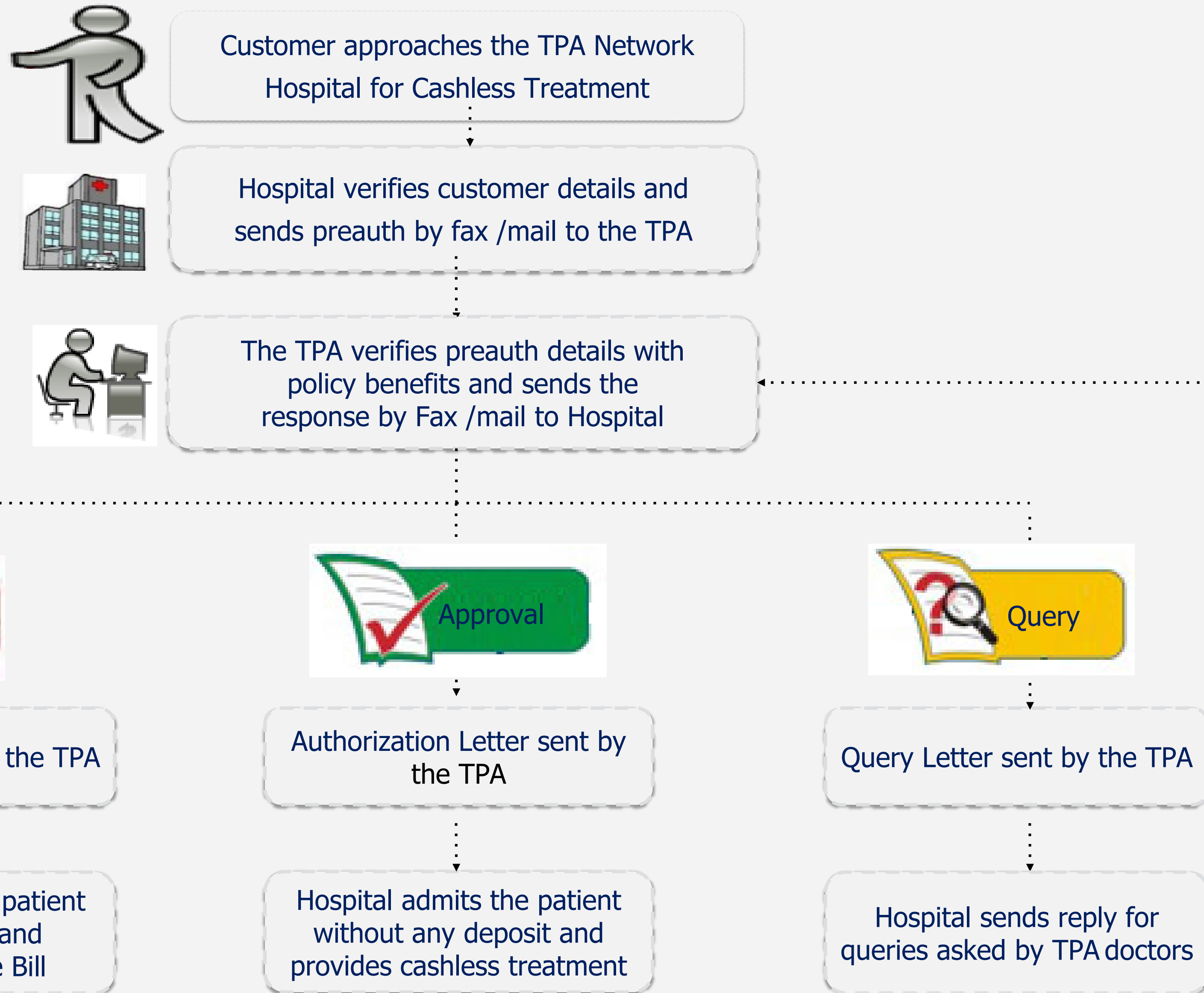
Pre and Post-hospitalization expenses (with copy of discharge summary):

- Original medicine bills, original payment receipt with prescriptions
- Original investigations bills, original payment receipt with prescriptions and report
- Original consultation bills, original payment receipt with prescription

Ambulance Benefit:

- Original bill with original payment receipt
- Treating doctor's consultation prescription indicating emergency hospitalization

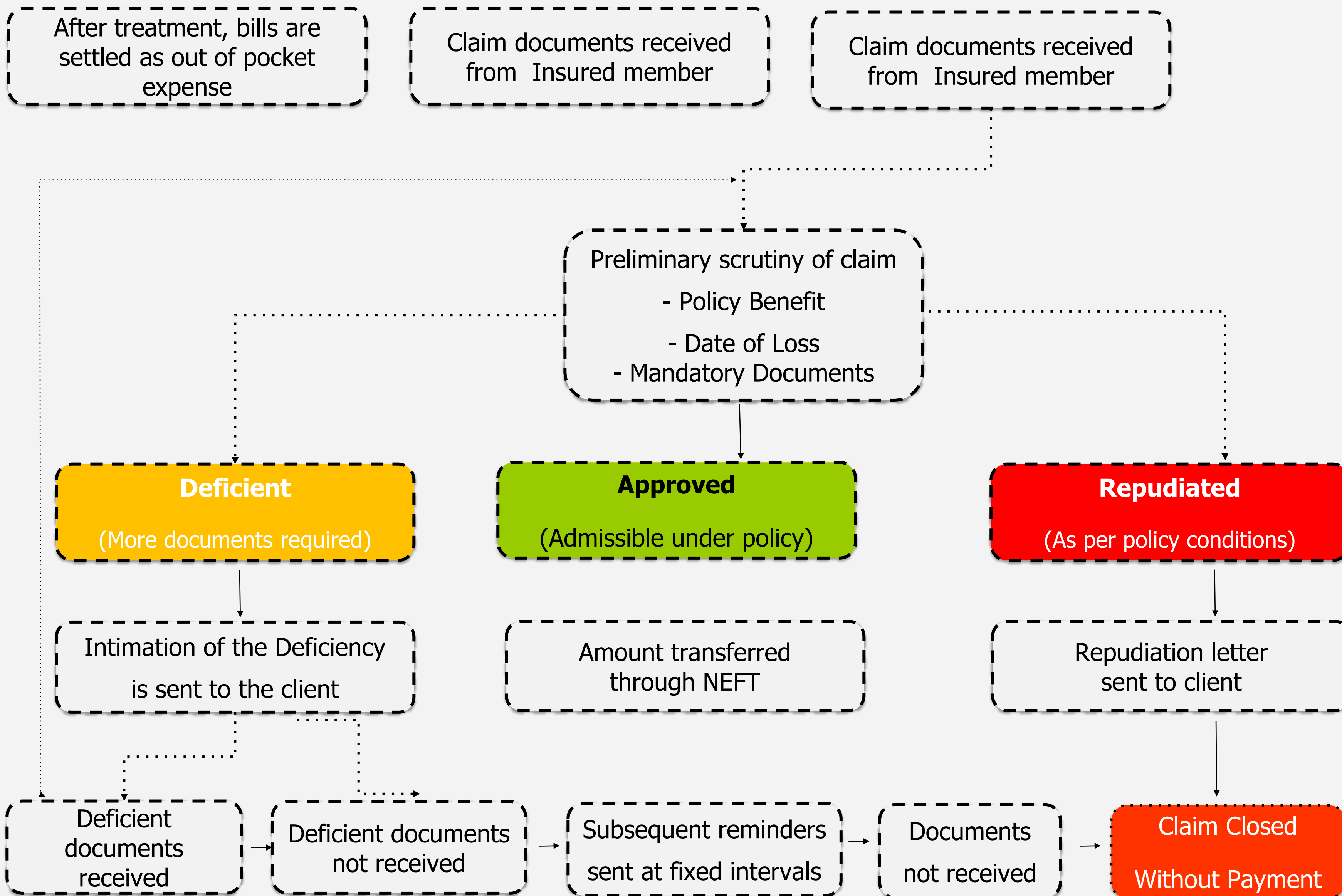
Cashless Claims Process



Notes:

- Suggested to go for cashless facility if the hospital is in network
- Network hospital details are available in the TPA website or can be checked with Stenhouse Point-of-Contact
- General practice in a hospital is that the discharge are orally advised by treating doctor in the morning but the claim documents process and billing / preauth to TPA are shared post 2.00pm
- It is always suggested to intimate the Stenhouse Point-of-Contact in case of any cashless requirement.
- Else, you may also escalate to Stenhouse team, in case of any delay from TPA side to provide cashless approval beyond 2-3 hours of submission

Reimbursement Claims Process



Notes:

- Claim form Part-A & Part-B dully filled and signed must be submitted.
- Value of claim has to be specified with documentary proof like bill and reports.
- Each bill have to be backed by respective reports or prescription.
- Shortfall documents as requested by the Insurer / TPA shall be submitted by the employee/insured at the earliest to avoid rejection / closure of claim.
- A general turn-around time (TAT) of 15-21 working days is expected from the date of registration of claims documents in full or final submission of shortfall documents to settlement of claim.

03.

TATs and Escalations

Dedicated Customer Service Team



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Level 3: Jiji George	- 7259652011	- jiji.george@stenhouse.in



Turn-around-Time

Cashless Authorization

Fresh Request	2-3 hours
Emergency Hospitalization	1-2 hours
Deficiency	2-3 hours

Reimbursement Claims

Claim Settlement 15-21 working days
** based on submission of all documents / shortfalls or queries*

Deficiency	04 working days
1 st Reminder	10 working days
2 nd Reminder	15 working days
3 rd Reminder	15 working days
Closure Letter	45 th Working day
Denial	10 working days

Cards

E-Cards	3-5 working days
Physical Cards	10-12 workings days

Response to:

Query / Grievance 24 hours

Frequently Asked Questions

1. What is the Process for Natural Addition?

Additions : Allowed for newly wed spouse or New born baby

Intimate HR - Insurer within 30days

2. What is the Process for Addition of New Joiners / Deletion of Existing members?

HR to send the Addition/Deletion data on periodic basis. The data should be sent to Insurer within 30 days from Date of Joining or Date of Leaving.

3. What Mid Term Addition or Replacement of members?

It is not possible to delete one member and add another without any natural addition / deletion during the policy period.

4. How does the Hospital verify that the cardholder is genuine?

Any recognized photo id can be produced including your Organization Identity Card, Driving License or Aadhar card any other such card which will help the hospital to establish the authenticity of the patient.

Frequently Asked Questions

5. What is a Preauthorization Request?

This is a Request for Cashless Hospitalization. The same has to be duly filled up, signed and stamped by the Hospital Authorities. Thereafter it has to be sent by fax / e-mail to Ericson TPA. The Contact details of Ericson TPA is available in the hospital.

6. What is the mode of Payment for claims submitted by me once approved by TPA?

The mode of payment for Insurance claims will be NEFT only w.e.f 1st April 2014 as per IRDA guidelines. Employee needs to send the NEFT details and Cancelled Cheque with name printed along with claim form. (in case name not printed on Cheque, need to submit bank pass book copy or statement as account proof)

7. Any other query ?

Stenhouse will be happy to help you. Please call or write to any one of the dedicated customer service team members mentioned in earlier slide.

04.

The Stenhouse Advantage

What we bring to the table

01. Multinational

We are an mnc insurance broking company with direct contacts to global reinsurance markets.

02. Strong Relationships with Insurers

We have excellent working relationships with insurance companies in india.

03. Risk Management Partner

We operate as a risk management partner to our clients providing single window risk mitigation programmes to large and medium sized corporates.

04. Niche & Speciality Insurance

We have expertise and experience in handling niche and speciality insurance products.

05. Experienced Professionals

Our team includes experienced insurance professionals who have direct underwriting experience and are capable of devising comprehensive insurance programmes.

06. Proactive Claims Servicing

We have experienced claims servicing teams to deal with insurers, surveyors and others to ensure that our clients get the best value for their claims.

07. Personalised Service

We have dedicated relationship management teams headed by account managers for personalised service.

08. Global Reach

We have global reach to handle the requirements of our clients in India, Asia and across the world.

Thank You.