



Presentation on – Group Mediclaim Policy
Broker Partner : Edelweiss Gallagher Insurance Brokers Limited



Basic Information

Indian Dental Association



Coverage Type
Group Mediclaim Policy



Insurer
The New India Assurance Co.Ltd.



Policy Period
10-10-2020 to 09-10-2021



TPA
Ericson Healthcare TPA Pvt. Ltd.

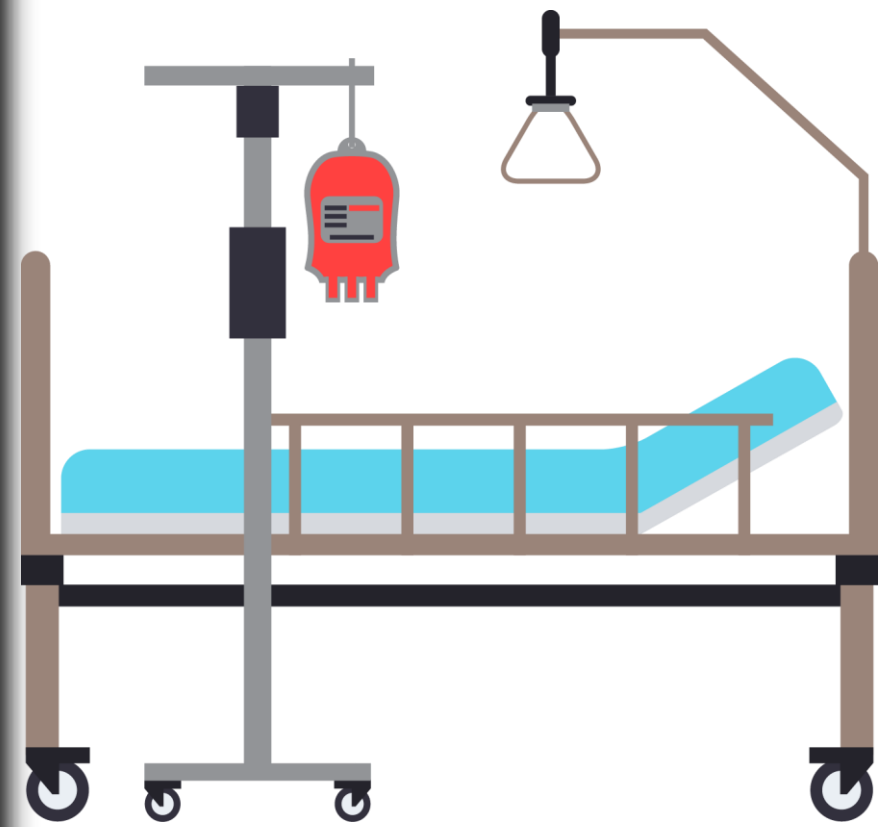


Dependent Coverage
Option 1 : Self,
Option 2 :1 +3 (Self, Spouse and 2 Children) ,
Option 3 : 1 + 5 (Self, Spouse , 2 Children,2 parents/In-laws)



Sum Insured
3 Lakh, 5 lakhs, 7 lakhs, 10 lakhs

Dependent children up to 25 years of age. Parents up to 90 Years of Age. Age limit of Proposer and Spouse up to 65



**Pre –Existing Disease Cover from Day 1 without any capping
Waived off**



**Cashless facility
Covered**



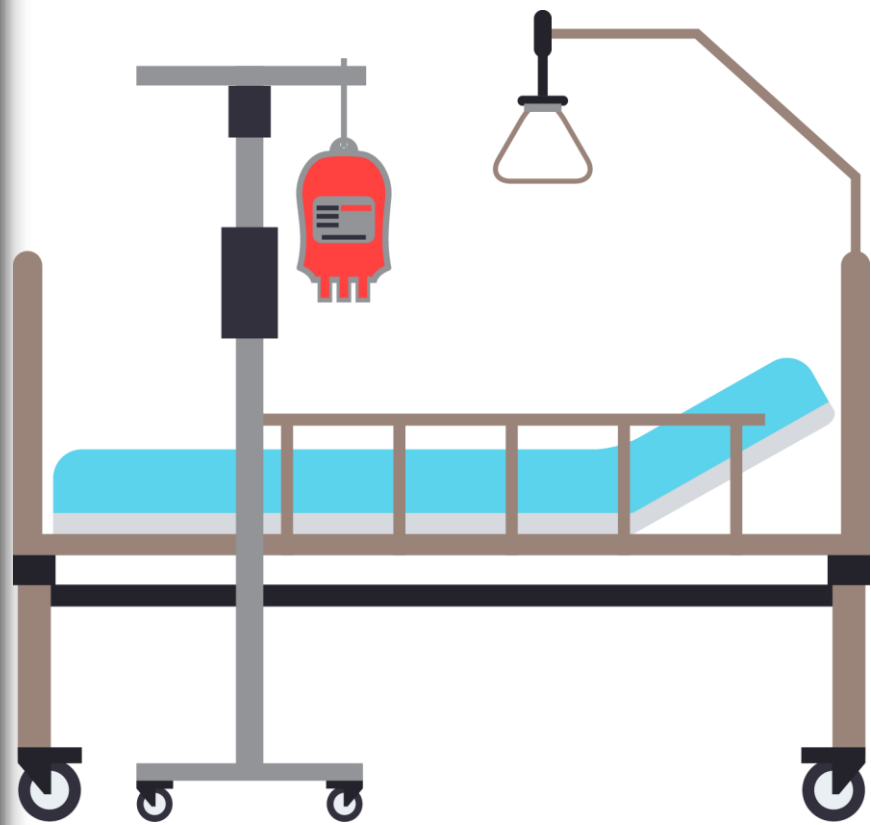
**1st Year, 2nd Year, 3rd & 4th Year Exclusion for Special Disease
Waived off**



**30 days waiting period
Waived off**



**Pre- Post hospitalisation expenses 30 and 60 days
Covered**



Capping on Room Rent

1% of SI for Normal and 2% of SI for ICU. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid



Maternity Cover

Covered - Upto 50,000 for both Normal and LSCS. 1 year waiting period for new joinee for maternity benefit. Maternity benefit restricted for two living children only



9 month waiting period

Applicable for new joinee



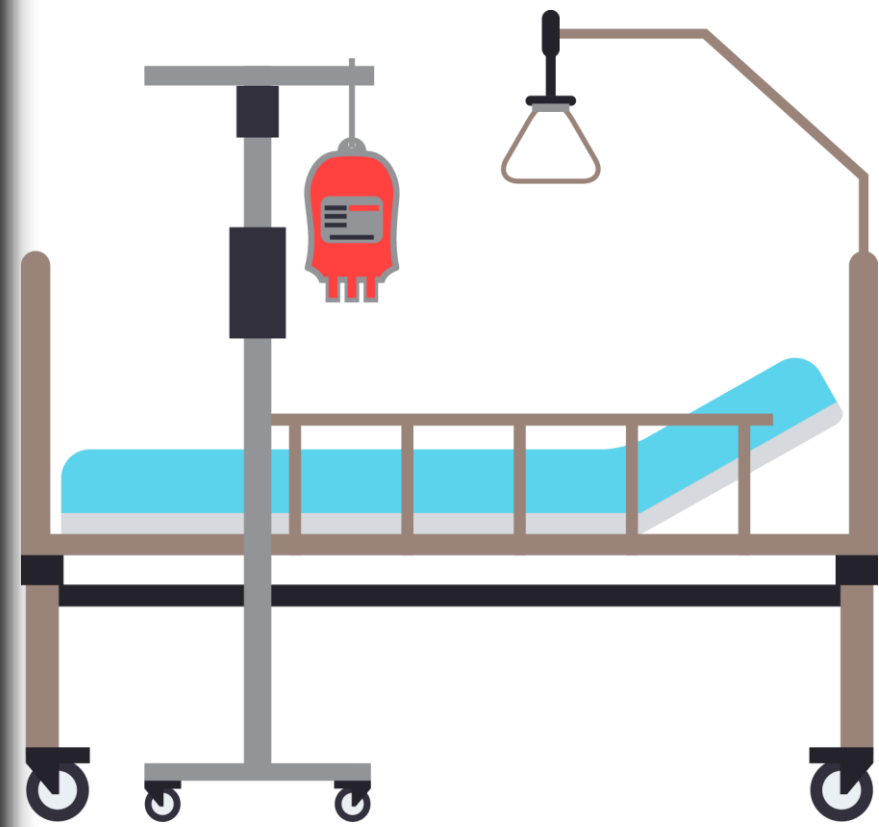
Pre-Post Natal Expenses

Within Maternity Limit for In-Patient treatment Only



Baby Day one Cover

New Born Dependent children covered from day 1 within the overall family floater Sum Insured



Congenital Internal Diseases

Internal Congenital diseases are covered maximum Rs.50,000/- per family



Day Care Procedure Covered



Co-Payment

40% Copayment applicable for all PED and 20% for Non PED claims for Parent/Parent inlaw

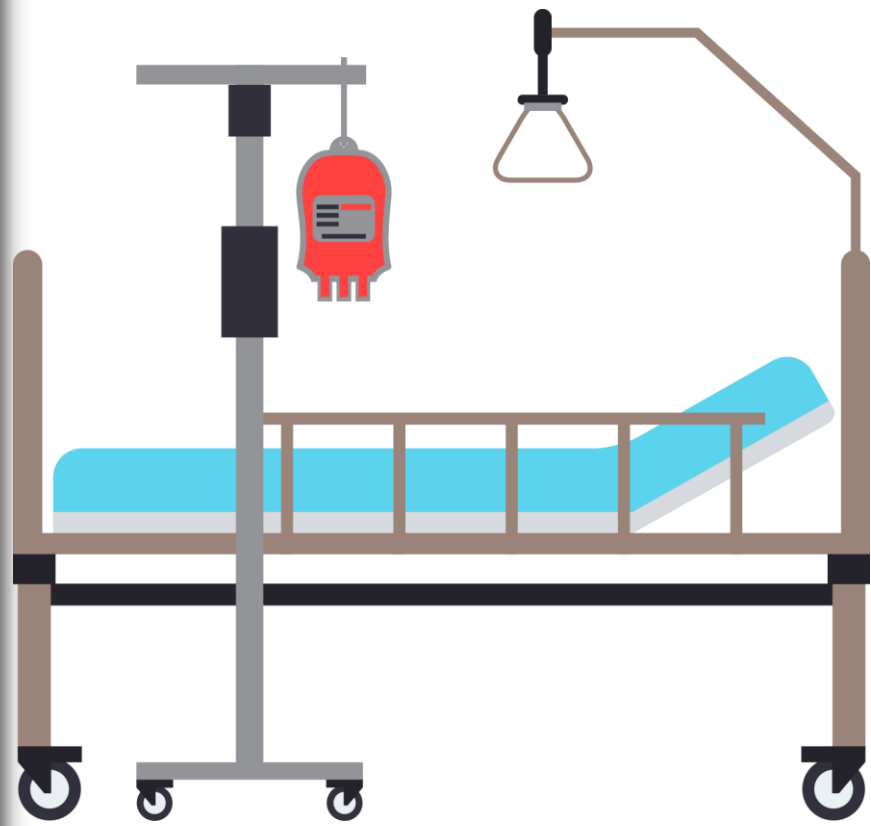


Ambulance Charges

Rs 2500/-



80D Benefit Available



**Limit under the policy/ Disease wise Capping
Cover Limit**



Cataract
Rs 24,000/- per eye



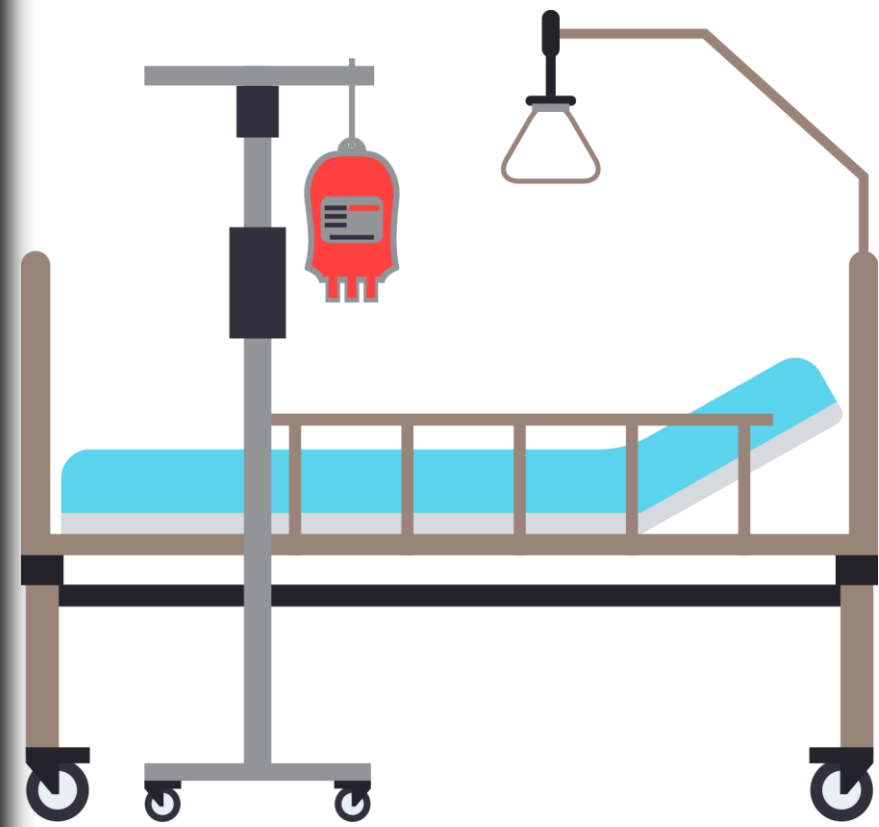
Hysterectomy
Rs 50,000/-



Hernia
Rs 50,000/-



Coronary Angiogram
Rs 20,000/-



CABG/Angioplasty

Rs 1,50,000/-



Knee Replacement/ Hip Replacement

Rs 1,50,000/-



Chemotherapy/ Dialysis Treatment

Covered under the policy for Rs.1 Lakh per year. No limit on number of cycles



PPN Network

Applicable



Claim Intimation

48 hrs from time of admission



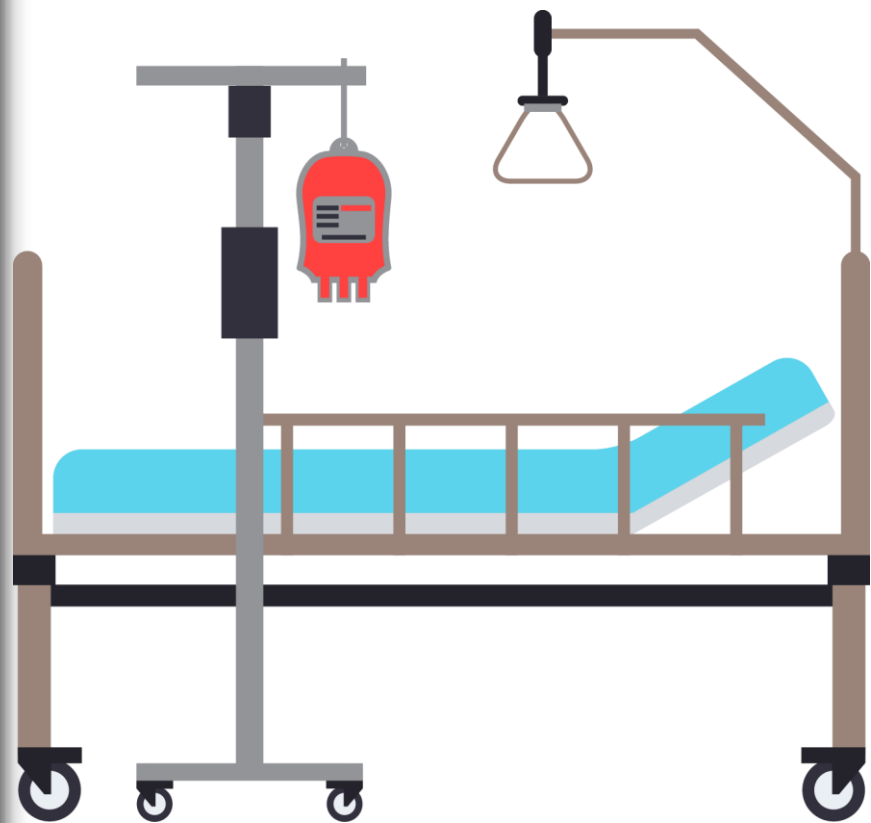
Claim document submission TAT

Within 30 days from of the date of Discharge. 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 policy



Special Condition

- 1. One set of parents are covered under the policy there will be a lock-in period of 3 years applicable. Cross selection of parents are not allowed**
- 2. Mid-term addition and Deletion of the Members under the policy are not allowed, Dependents of existing employees may be added only in case of marriage of employee or in case of childbirth. Appropriate premium to be charged as applicable**
- 3. This policy shall not consider previous any Health Insurance policy for continuity & No portability benefit can be given under this policy.**



CUSTOMER CONCERNS

Without a dedicated assistance customers mostly have the following concerns:





EXPERT TEAM

Dedicated Team of Medical Experts



PRIORITY SERVICE

Priority claim assistance provide with dedicated helpline and priority query resolution process



INTRANET ACCESS

The platform can be integrated with Clients Intranet through an API for easy access



ANALYTICS

Comprehensive dashboards to track metrics such as average call wait time, servicing TATs, dropped calls, and customer satisfaction ratio



BLUEBOX

Revamped enrolment and claims management portal with additional features and ability to integrate with TPA portals and payment gateways



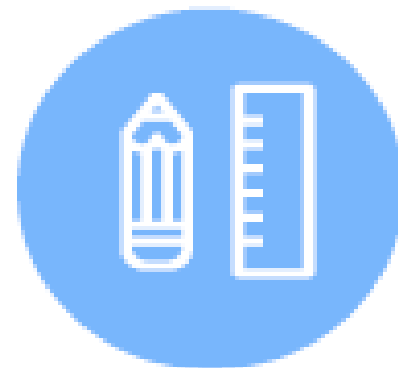
24 X 7 CASHLESS CLAIMS ASSISTANCE

Emergency cashless assistance is provided 24X7 to ensure smooth claim experience



COMMUNICATION

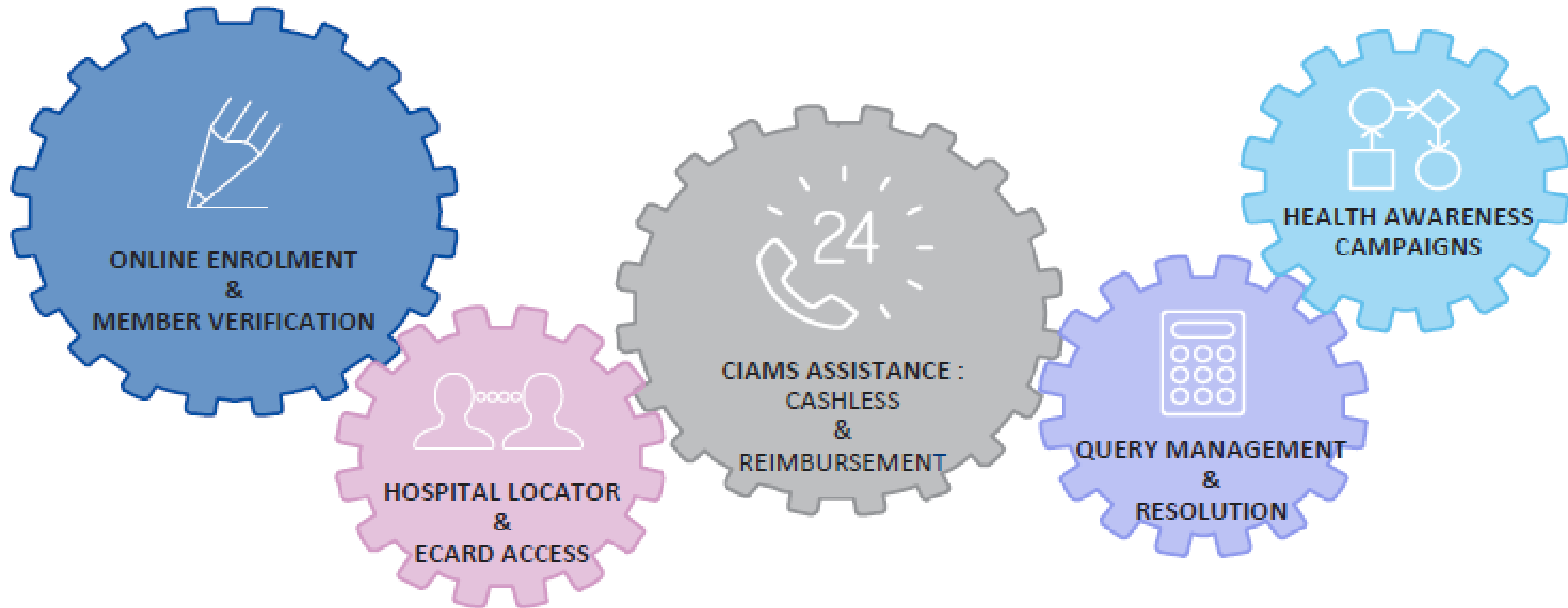
Multichannel integration – SMS , Email , Print , Social media, videos, GIF, etc



FEEDBACK

Robust customer feedback mechanism. Customer Centricity surveys and feedbacks are recorded and analyzed to improve product offering

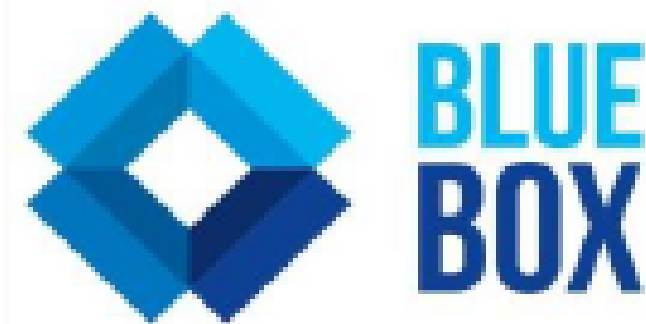
A CUSTOMER EXPERIENCE PLATFORM THAT HELPS TO CONTACT, SERVE AND SUPPORT CUSTOMER NEEDS





BLUE BOX

A comprehensive and employee-friendly platform with a **simplified** approach



CONTACT CENTER

In house Contact center serviced by qualified professionals and medical team



Speak

gbeak



Listen

reisu



Act

vci

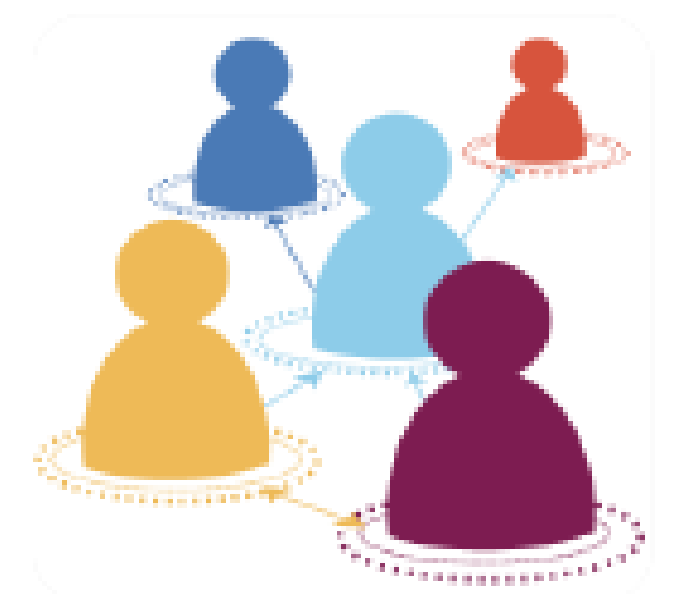


Tell

jei

COMMUNICATION TOOLS

- Escalation tracker – Call, Email, Social Media
- Customer Feedback
- Communication Calendar
- Grievance Tracker



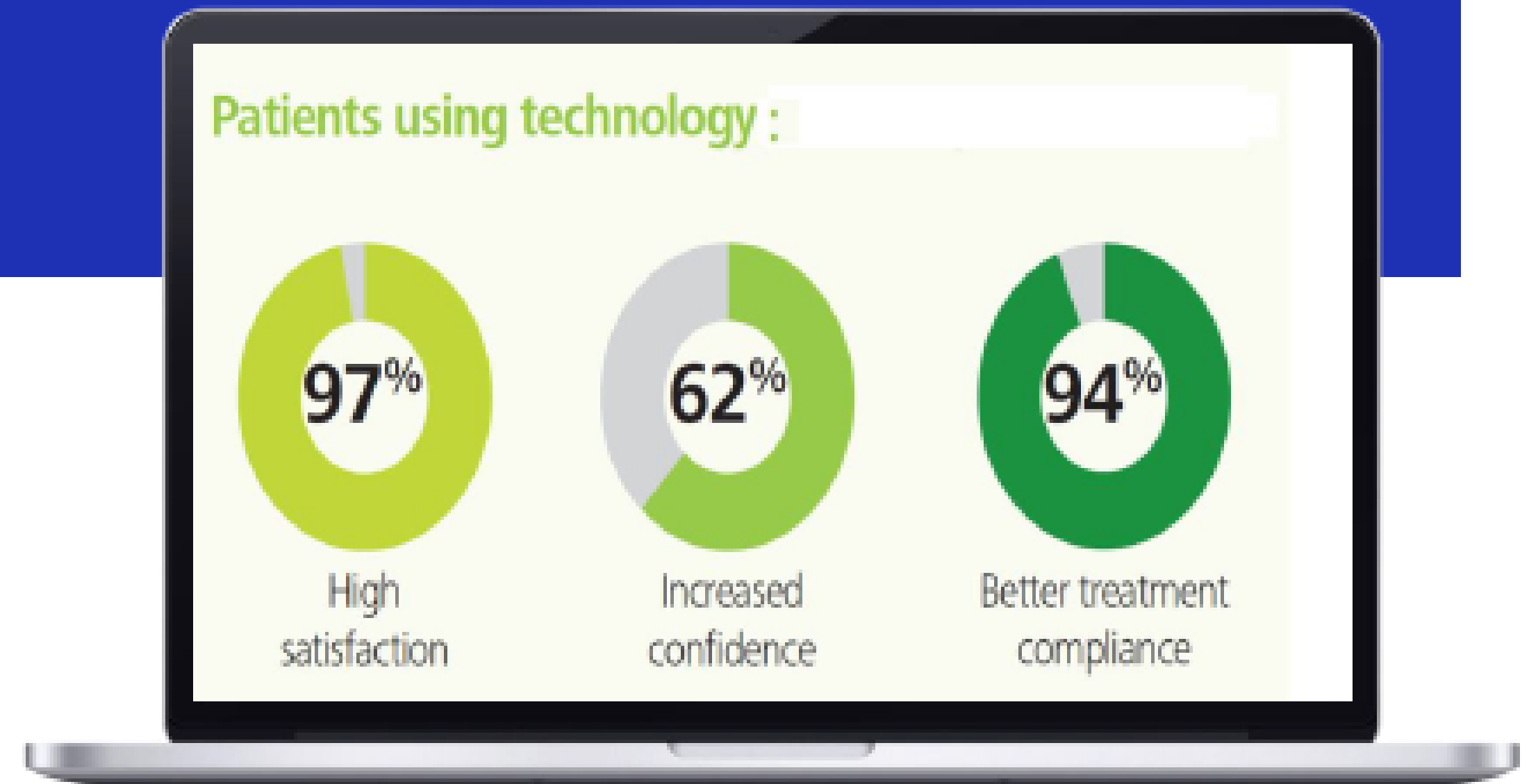


KNOW YOUR BENEFITS

Bluebox offers smart, easy and insurance information at fingertips to the customers

THE PLATFORM HELPS WITH:

- Demystifying Coverage & simplified explanation
- Balance sum insured available
- Address Common Myths
- Major Covers & Exclusions
- Explaining Claim Process & Deductions
- Do's and Don'ts
- Ask an Expert





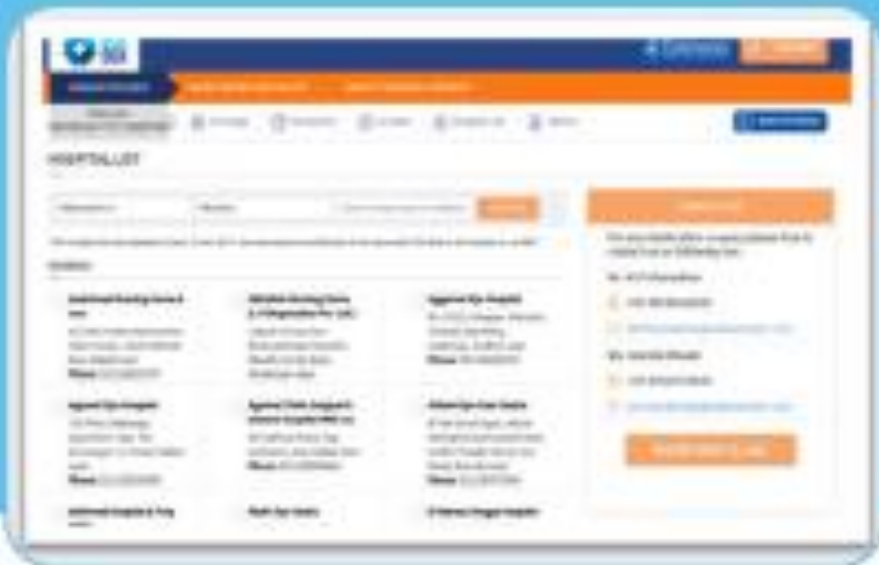
ONLINE ENROLMENT



MEMBER MANAGEMENT



POLICY T&C



HOSPITAL LIST



E-CARD



CLAIM UPDATE



Live Support

Our Live support is specially designed to provide 24/7 assistance for emergency /cashless claims, in collaboration with the TPA.

Dedicated Number

A dedicated number assigned to clients to reduce query resolution TAT. And A robust ticketing based resolution system to ensure customers don't have to be on phone for a long time

Medical Team

Our support team is designed to manage simple to complex queries with clear segregation of L1, L2 and L3 cases. An expert medical team attends to complex cases for quick resolution.

The Set-up

An internal team of Group Medical Insurance Claim (GMC) experts to readily accept claim related queries on policy terms & conditions





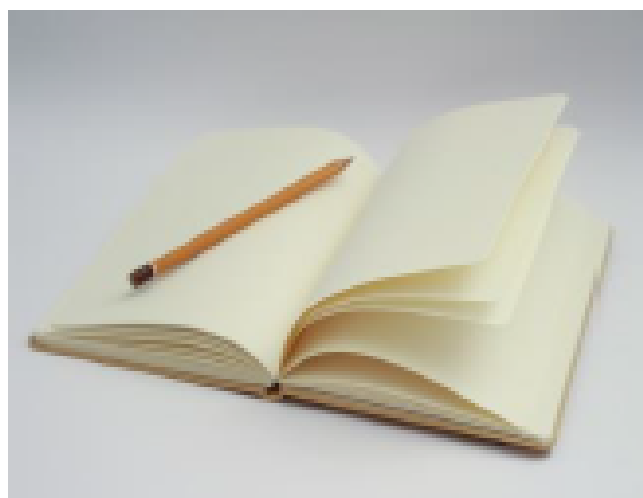
TRACKER



EXPONENTIA

A robust ticketing based resolution system to ensure customers don't have to be on phone for a long time

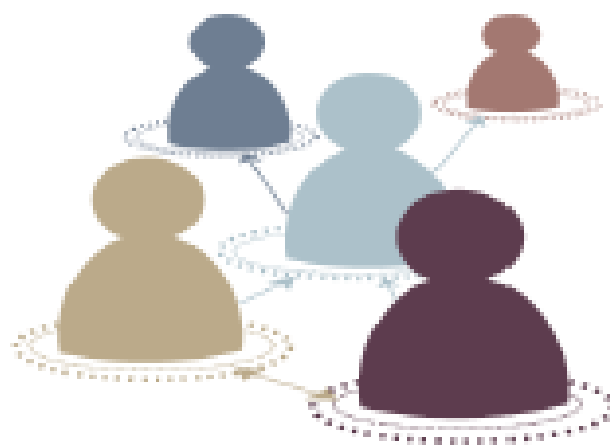
FEEDBACK



CUSTOMER CENTRICITY

Customer Centricity team collects sample feedback from clients regarding their experience and the quality of service rendered during claims..

COMMUNICATION



PRE-LAUNCH

During this phase EIBL will assist employees/ members through the enrolment process via phone call, informative emails, SMS and other modes of communication

ENGAGEMENT



ENGAGEMENT

During this phase EIBL will raise awareness about the policy features, T&C's etc through engaging mailers and reduce the queries directed to HR



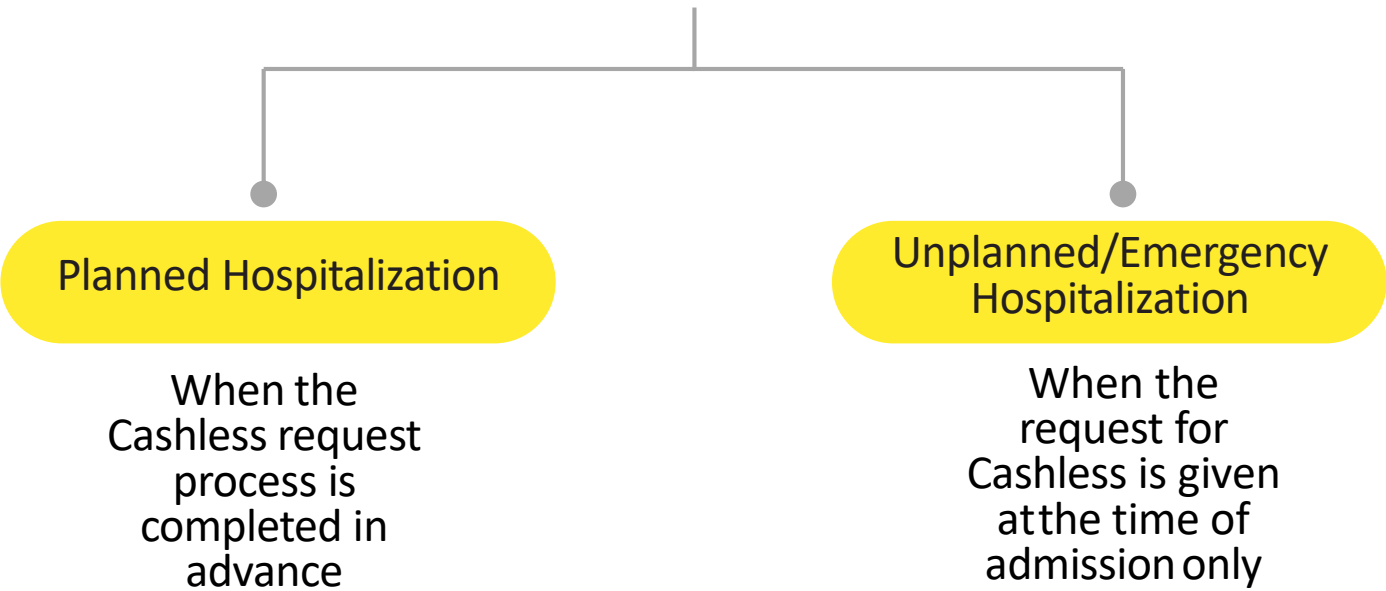
Claim needs to be intimated within 7 days from date of admission and documents need to be submitted within 30 days from date of discharge

Process 1



Cashless Facility

Cashless facility can be availed or granted when the hospital is registered as Network hospital of TPA



Process 2



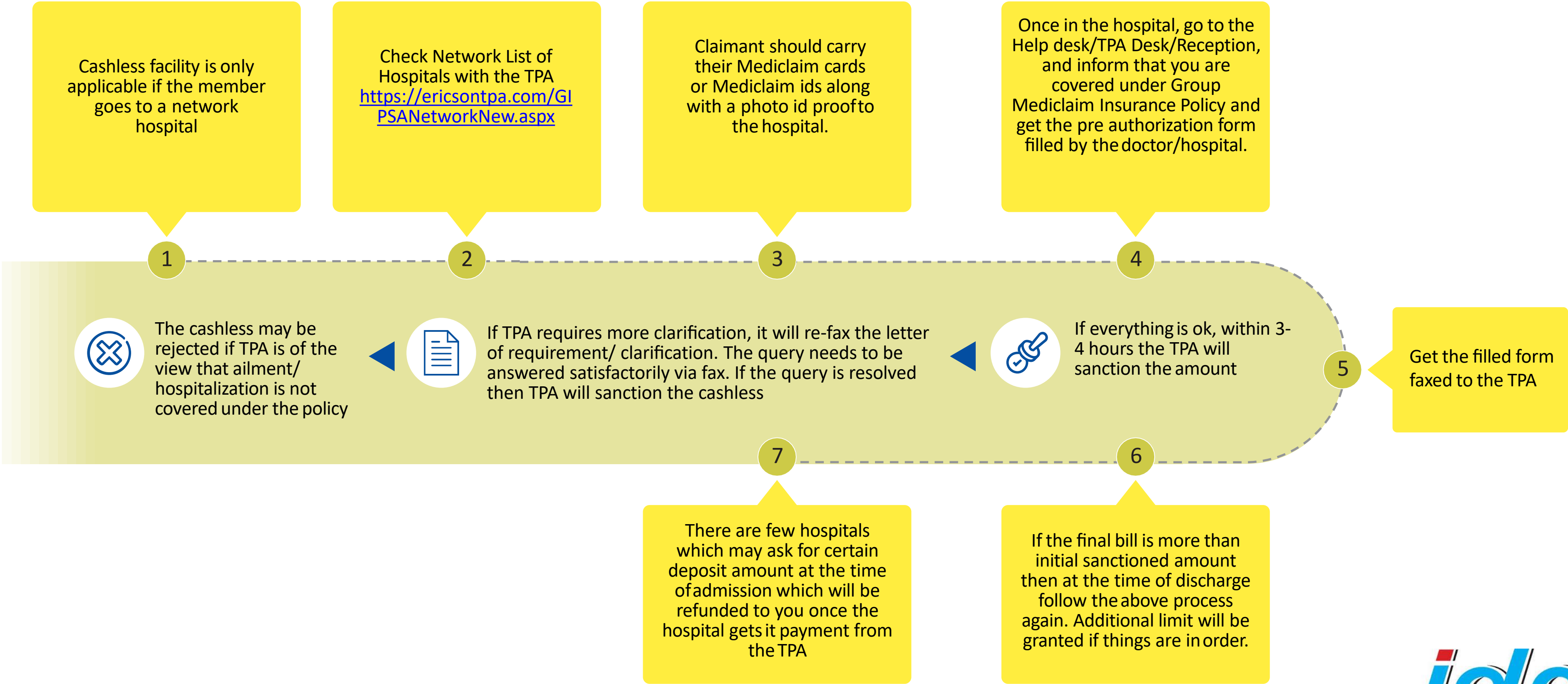
Reimbursement Facility

Reimbursement facility is generally availed if the hospital is not in network list of TPA or due to unclear requests cashless is not granted by TPA or if the insured voluntarily does not opt for Cashless facility.

Claim Intimation / Claim Submission			
Mail Id.	intimation@ericsontpa.com	Uploading Claim Documents	https://www.ericsontpa.com/UploadClaimDocuments.aspx
For what's app intimation (documents submission also)	9167251896	Claim Submission Address	Claims Department, Ericson Insurance TPA Pvt. Ltd., 11-C, 2nd Floor, Corporate Park, Sion Trombay Road, Chembur, Mumbai - 400 074



Cashless Claim Process



Note:
Denial of “Cashless Service” is not denial of treatment. You can continue with the treatment, pay for the services to the hospital, and later send the claim to TPA for processing and reimbursement.



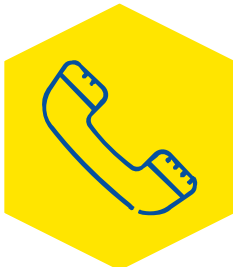
Pre-authorisation (Cashless)

The process of approval of Cashless request is called Pre-authorization

Cashless request is to be sent on the day of admission or next day only. Cashless cannot be initiated on the day of discharge



Faxing of pre-authorisation form may be followed by a phone call to TPA call centre within 30 minutes to ensure that fax has been received by them



Please ensure that the form is completely filled, signed and stamped before sending it to TPA. Incomplete form will only delay in authorization. The form is to be filled by treating doctor/consultant



TPA may revert with some more clarification on nature of ailment, past ailment, proposed treatment, expense, etc. Kindly ensure that the queries are replied immediately and faxed to TPA



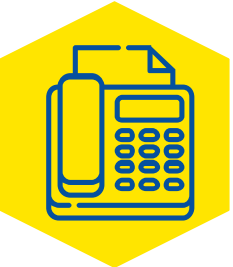
The TPA Desk generally functions only till 5.30-6.00 in the evening. If hospitalisation is in late evening then the cashless request needs to be sent next morning (this will not hinder the treatment and it can be initiated)



However kindly note that you / your representative is the best person to get the Pre-authorization form filled from the doctor/hospital authorities. EGIBL/TPA will only be able to assist after the form has been faxed to TPA



If the process is taking too long and not to your satisfaction then you may get in touch with representatives at Edelweiss Gallagher Insurance Brokers Ltd. (EGIBL)

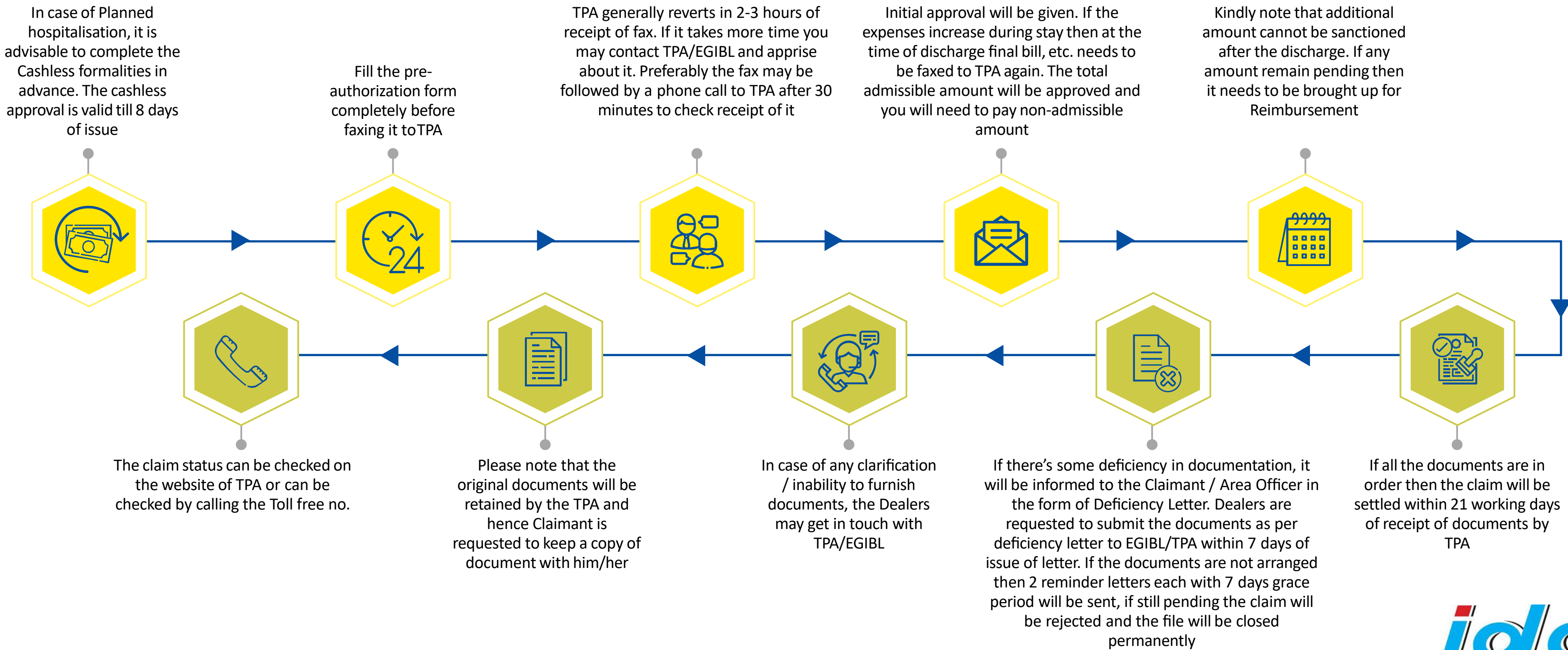


Cashless will be granted and the Authorization Letter (AL) will be faxed to the hospital



Reimbursement (Non Cashless) Process

The process for reimbursement is as follows



Some Dos and Don'ts

Cashless Facility

- 1 In case of Planned hospitalisation, it is advisable to complete the Cashless formalities in advance. The cashless approval is valid till 8 days of issue
- 2 Fill the pre- authorization form completely before faxing it to TPA
- 3 TPA generally reverts in 2-3 hours of receipt of fax. If it takes more time you may contact TPA/EGIBL and apprise about it. Preferably the fax may be followed by a phone call to TPA after 30 minutes to check receipt of it
- 4 Initial approval will be given. If the expenses increase during stay then at the time of discharge final bill, etc. needs to be faxed to TPA again. The total admissible amount will be approved and you will need to pay non-admissible amount
- 5 Kindly note that additional amount cannot be sanctioned after the discharge. If any amount remain pending then it needs to be brought up for Reimbursement

Note:

The cashless generally gets delayed for non-submission of following documents. Please ensure that these are submitted at the first instance itself

- Investigation reports
- Photo id card of patient
- Detailed line of treatment



- 6 The original documents must be submitted within 30 days of discharge to insurance company or the TPA, otherwise the claim may be rejected. The list of documents is as per previous slide
- 7 All the Bills, Reports, Discharge Card, etc. would be required in original
- 8 Ensure that Claimant /patient's name is written on each bill purchased for outside. Unnamed bills will be rejected
- 9 If any deficiency is noted in documents submitted, TPA will send Deficiency Letter within 3-4 days of receipt of documents, the Deficiency letter will have 7 days grace period. This will be followed by 2 Reminder letters with another 7 days grace period each. In all circumstances the file should be complete within 45 days of date of discharge. If the documents are still not submitted then the claim will be rejected

The Reimbursement generally gets delayed for non-submission of following documents. Please ensure that these are submitted at the first instance itself

- Original Discharge Card
- Original Bills/Receipt
- Investigation report

Claims Document List

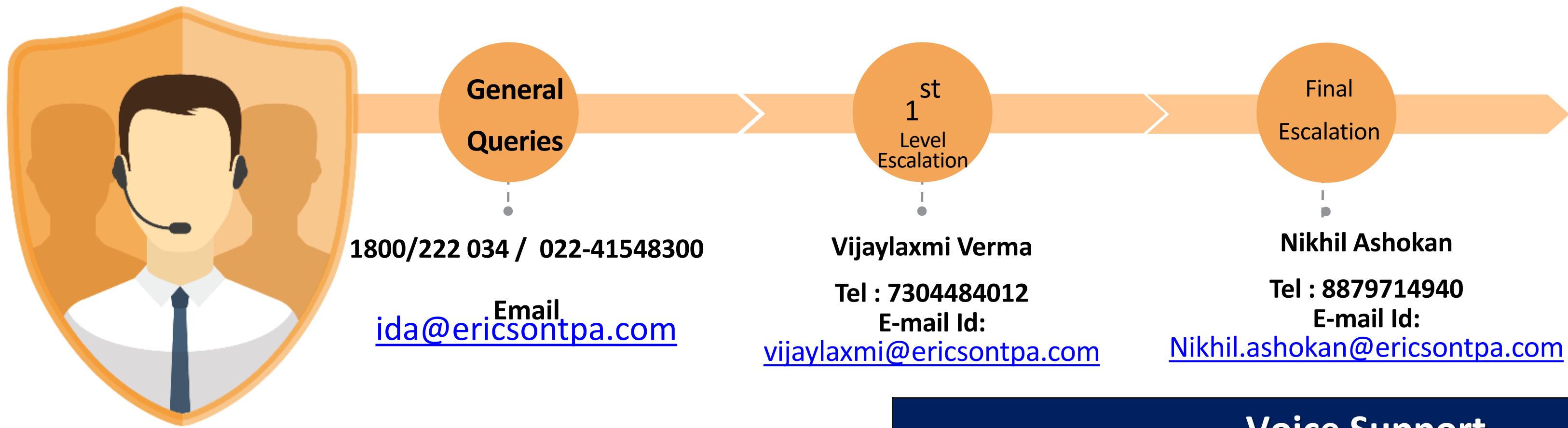
Documents to be submitted for Reimbursement claim

All the documents mentioned below should be submitted to avoid any delay in claim or repudiation of claim



- 1 Original hospital final bill
- 2 Original pre-numbered receipts for payments made to the hospital
- 3 Complete breakup of the hospital bill
- 4 Original Discharge Card/Summary
- 5 All original investigation reports
- 6 All original medicine bills with relevant prescriptions
- 7 Original signed claim form
- 8 Photo ID card copy of claimant
- 9 TPA Card copy
- 10 Intimation mail copy/ Claim Registration no.
- 11 Paginated copy of Indoor Casepapers
- 12 FIR/MLC copy in case of Road accidents. If MLC is not applicable then written confirmation from Doctor/Hospital that the patient was not under influence of alcohol or drugs
- 13 Cancelled Cheque of a/c belonging to Main member / Dealer & Aadhar card copy.

All the bills/reports/prescription are to be submitted in original



Voice Support	
022-41548300	Call Centre Support
1800222034	Toll Free Number



Edelweiss Gallagher Insurance Brokers Limited

Composite Broker (General) | IRDAI License No.295 | Validity Period: 24/03/2020 – 23/03/2023 | CIN: U72200MH2000PLC124096

Regd. & Corp. Off.: 2nd Floor, Tower 3, Wing B, Kohinoor City, Kirol Road, Kurla (West), Mumbai – 400 07022, Tel: +91 22 6713 3700

www.eibl.co.in

The insurance companies within the Edelweiss Group are Edelweiss General Insurance Company Limited and Edelweiss Tokio Life Insurance Company Limited

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