TAMS Infotech Health Insurance Manual

Version 1.2

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Document Release Notice

VN	Date	Author	Approver	Approval date	Description
1.2	14.01.20	Mousumi Dey	Neeta Patel	15.02.20	New user manual

POLICY COVERAGE

The Medical Insurance is covering the following part:

1. GMC (Group Medical Coverage)

In this Mediclaim policy a claim is admissible when the insured is admitted in a Hospital for a minimum of 24 hours Hospitalization and treatment of a Positive illness. The sum insured under this policy for each employee is Rs 2, 00,000 and currently only employee is covered in this policy.

2. **GPA (Group Personal Accident)**

This new benefit being introduced to ensure that in the unfortunate event (death of an employee) the family is protected financially. This benefit plans ensures our employees have protection against all possible risks (accident disability and death). In the event of a death claim under the Group Personal Accident, payout of the sum Rs 5, 00,000 insured will be based on details provided in the Nomination Form which is filled by each employee

CASHLESS PROCEDURE

- The employee first has to check whether the hospital he or she is getting admitted to, is on the list of Network hospitals / Panelled hospitals.
- If the hospital is on the Panel after checking the list of Network hospitals, the employee has to go to the billing section at the hospital either a day or two in advance or at the time of hospitalization and ask for an FHPL pre-authorization form.
- Once he/she has that form, will need to fill in his/her details, enter details of the
 patient, get it signed and stamped by the doctor who is treating the patient.
- Once the form has been signed and stamped by the attending doctor, will then need to submit the form at the TPA (third party administrator) section or the billing section.
- The employee will also need to attach a print out of the E-card and a copy of any one
 of the Govt. ID's asked for (Pan Card/Driving License/Passport/Voters ID). The billing
 may ask the Employee to deposit an advance amount at the time of admission, which
 is settled / refunded to the employee at the time of discharge.

- The hospital will then fax the complete set to the TPA and based on the nature of hospitalization, the approval or rejection will be sent by FHPL to the hospital. In certain cases, FHPL also asks for additional documents from the hospital before they can approve the claim, hence the whole procedure takes 3-4 hours.
- Once the case is approved, FHPL will initially send an approval of only 40-50% of the
 amount asked for, by the hospital and the balance is settled at the time of discharge,
 this is done to avoid hospitals overcharging on the bills.

REIMBURSEMENT PROCEDURE

How to submit a claim for reimbursement?

For the reimbursement, employee has to submit all the hospitalization documents (originals) once patient gets discharged from the hospital.

- Original discharge summary
- Main bill of the hospital
- Detailed break up of every component of the main bill
- All medicine bills along with the doctor's prescription if the medicines were purchased outside the hospital pharmacy
- All original lab reports
- Payment receipt
- Claim form duly signed by the employee
- Patient e-card and a valid photo ID proof (Aadhaar of Patient) photocopy.
- A cancelled check reflects your name and IFS code is required for making NEFT and PAN (Permanent Account Number) photocopy.

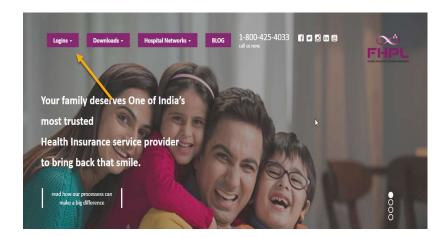
Kindly submit the claim documents within 30 days from the day of discharge and within 65 days in case of pre/post hospitalization claims.

- For reimbursement claims, insured has to intimate FHPL about the hospitalization case within 24 hrs from DOA on 1800-425-4033.
- You may also write to <u>intimation@fhpl.net</u>, Insured is reimbursed the cost of treatment, subject to the provisions of policy and on the basis of admit card/discharge card, diagnostic reports and bills/prescriptions.

Please Note: Above mentioned is a general list. Documents may vary according to the medical treatments and it is member's responsibility to furnish the set of documents requested by FHPL even if it is not reflecting in the above list.

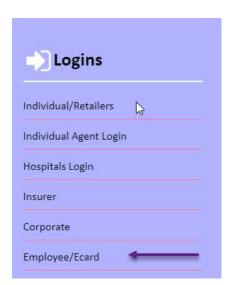
STEPS TO LOGIN TO FHPL WEBSITE

Step 1: Log on to our website https://www.fhpl.net



Step 2: Click on the LOGINS (as shown by the arrow)- the below screen appears as we log in.

Step 3: Select Employee / E-Card



Step 4: Key in the Corporate ID, Employee Code and the Password provided Corporate ID is 3714, which remains same for all, followed by individual user name & password as shared.

Ecard Logi	n	
Corporate ID		
UserName		
Password		
	Login	

As you log in the below screen comes.



Step 5: Click on Member Details

Step 6: Click on the E-Card

Step 7: Click on E-Card option to view / print the card.

Step 8: Click on Network hospitals to see the complete list.

Benefit Details

	Policy Parameters
Insurer	Bharti Axa General Insurance Company Ltd
TPA	Family Health Plan Insurance TPA Limited (FHPL)
Coverage Type	Self
Dependant Coverage	No
Sum Insured	2,00,000
Standard Hospitalisation	Yes
Pre-Existing Diseases	Covered
Wavier on 1 st year exclusion	Waived Off
Wavier on 1 st 30 days exclusion	Waived Off
Maternity Benefits	Covered
Pre & Post Natal Expenses	Covered

Baby Cover from day 1	Yes
9 Months Waiting Period	Waived Off
Ambulance Service	Covered upto Rs. 1000/ incident (As IP only)
Day Care Treatment	Covered (AS IP only)
Cataract	Covered
Congenital Internal Diseases	Covered
Congenital External Diseases	Not Covered

Standard Exclusion

- Lasik Surgery
- Stem Cell
- Robotic Surgery
- Infertility & related ailments
- Treatment on trial or experimental basis
- Admin / Registration/Miscellaneous service charges
- Septoplasty
- Expenses on fitting external prosthesis
- Holter monitoring / Sleep study
- Any other OPD consultations

CONTACTS & HELP

TOLL FREE NUMBER

- 1800-4254033
- 1800-1024033