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TPA HEALTHINDIA INSURANCE TPA SERVICES PVT.LTD. Insurer TATA AIG INSURANCE WITH YOU ALWAYS

EMPLOYEE BENEFITS MANUAL

Group health insurance

Experience simplified insurance and health benefits like never before with Pazcare. Digitally supported claim settlement process, a mobile app to access your insurance any minute, 24/7 support, everything is a few clicks away.

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This manual will help you navigate your group health insurance and the affinity benefits provided by your company to make the most of them.

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Overview of your group health insurance policy

Group health insurance

Policy date **09-Nov-2023 - 08-Nov-2024**

Sum Insured

3,00,000

Insurer

TATA AIG INSURANCE
WITH YOU ALWAYS

Covers

Employee + Spouse + Children up to 3

TPA

HEALTHINDIA
INSURANCE TPA SERVICES PVT.LTD.

Overview of add-on benefits in your policy

	Fertility Consultation	powered by ART Fertility Clinics
	Dental Health Plan	powered by clove: Dental
	Offers on elective surgeries	powered by Pristyn Care
	Offers on Nua products	powered by nua
	Fitness Plans	powered by cult.fit
	Super Top-up	powered by carē Health Insurance

And more…

Inclusions in your policy

Inclusions are procedures and services that are covered in your policy. If you make a claim for any of the following all/part of the costs will be covered by the policy.

- Sum insured of ₹<3,00,000> for you and your family.
- Normal room rent of ₹3,000
- ICU room rent of ₹6,000
- Pre-existing diseases are covered from day 1
- No disease-wise capping.
- Emergency Air Ambulance is covered with per event limit of INR 100000
- Maternity cover of ₹50,000 for normal & C Section
- Pre or Post Natal within limit of maternty on IPD and OPD basis upto INR 5,000/-
- Covid-19 treatment is covered
- Road Ambulance Covered up to 1% of SI with maximum amount of INR 1000 Per Hospitalization
- Pre post hospitalization for 30 & 60 days
- Cataract surgery covered
- No co-pay
- Psychiatic & Mental ailments covered with limit of 50,000/- per family
- Daycare expenses are covered. (Hospitalization for less than 24 hours)
- Lasik surgery is covered if the correction index is more than +/- 6.5D
- Ayush treatment is covered within the sum insured at government-recognized Ayush hospitals only up to 25% of Sum insured.

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Exclusions in your policy

Exclusions are procedures and services that are not covered in your policy.

- OPD benefits are not included
- The cost of spectacles, lenses, and hearing aids is not covered
- Miscellaneous expenses such as registration fees, admin fees, service charges, and non-medical expenses in the hospital are not covered
- Dental surgeries of any kind unless it requires any hospitalization are not covered
- Expenses of single-use items/ consumables such as gloves, tissues, syringes, etc., are not covered
- Home treatment on a cashless basis is not covered
- Cost of the treatment availed out of India will not be covered
- Routine eye examinations and cost of glasses, contact lenses and hearing aids and all external aids.
- All expenses arising from AIDS and related diseases.
- Cosmetic, aesthetic or related treatment, Use influence of intoxicating drugs, alcohol & intentional self injury, Dental treatment or surgery of any kind unless requiring hospitalisation. Cosmetic dental treatment shall not be reimbursed under any circumstances
- Any routine or preventive examinations, vaccinations, screening.

Exclusions in your policy

Exclusions are procedures and services that are not covered in your policy.

- Infertility treatment is not covered ,Circumcision unless necessary for treatment of a disease due to an accident or as apart of any illness not covered in the policy.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician
- Plastic surgery is not covered unless it is a part of a treatment of a disease or is necessitated due to an accident
- OPD not covered and Hospitalization expenses just for Investigative procedures
- Congenital External diseases.

Add-on benefits

With everything going on in our lives, we tend to miss out on taking care of ourselves. That's why here are other health and wellness benefits apart from health insurance at bigger discounts exclusively for you.

Super top-up

Add up to ₹20 lakhs to your health insurance coverage starting as low as ₹529 annually. You can cover your spouse, children, and parents.

powered by careHEALTH INSURANCE

Fitness plans

Cult's unlimited live workout sessions by 50+ top trainers from India and abroad only for Rs 1000. Workouts, meditation sessions, healthy recipes, and weekly fitness reports - access everything on the app now.

powered by cult.fit

Dental health plan

Healthy living starts with healthy teeth. Get 20% off on annual dental health plans and other complimentary benefits with Clove dental.

powered by clove:) DENTAL

Offers on Nua products

All you wonder women deserve wonderful things. To start with, here's your 30% off on all Nua products. Access the best of wellness with their period and skincare range.

powered by nua

Offers on elective surgeries

Great deals on minimal invasive medical and surgical procedures.

powered by Pristyn Care

Fertility Consultation

ART Fertility Clinics can help you achieve your dream of Parenthood. ART IVF proprietary evidence-based treatments are truly personalized and proven to enhance fertility outcomes

powered by ART FERTILITY CLINICS

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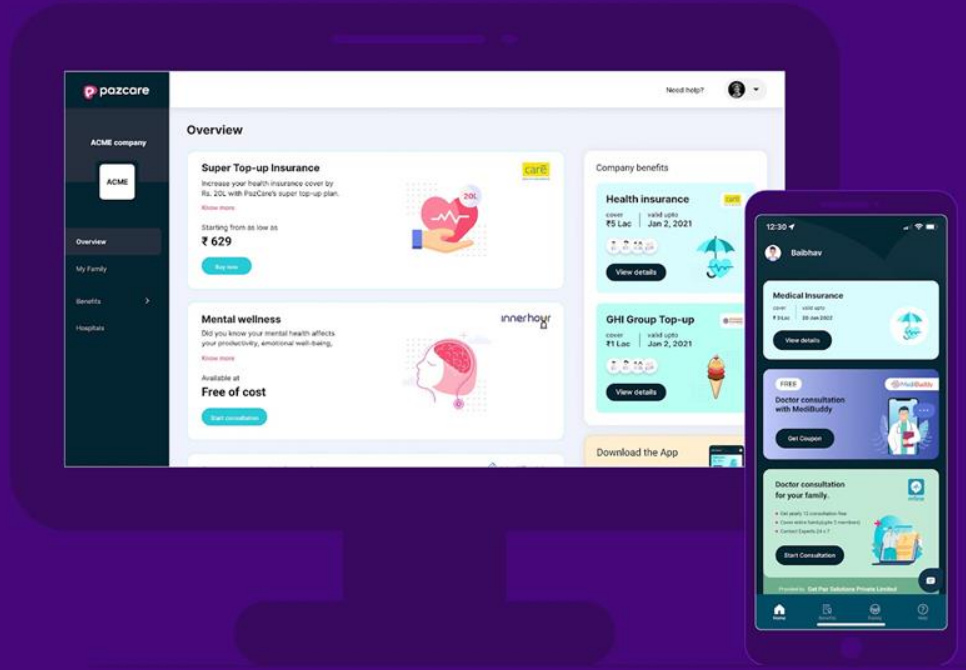
Employee User Guide

Unlike before, you can access your medical policy digitally with the help of the Pazcare dashboard or Pazcare mobile app.

01. How to access your Group Health insurance policy?
02. Claims
03. Benefits
04. Hospitals



How to access your Group Health insurance policy?

To get started, you need to register yourself and your family members.

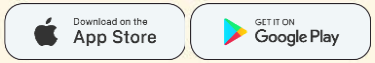
For that, you will receive an email with the registration link which will take you to the platform. Here fill out the personal details (Name, Date of Birth, Date of joining, Email ID, Phone number) and submit. You're good to go.

On the dashboard and the app, you will be able to see all the details regarding your insurance policy and other benefits.

Let's see how to use them.

Log in to the dashboard or app using your registered mobile number.

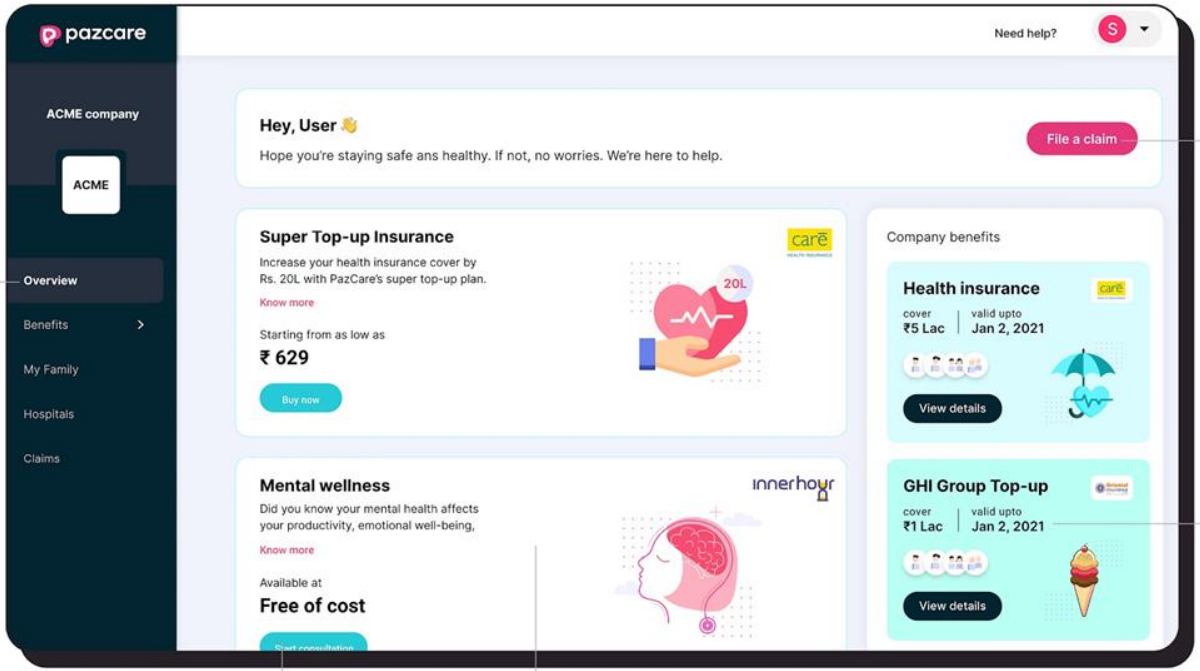
If you haven't already, download the Pazcare app here



You can also log in to the dashboard **here**

Once you log in, you will be able to see all the benefits your policy cover on the home page itself.

Here's an example



On the left end, you will find multiple options such as benefits, hospitals, and claims.

The details of the sum insured, and other policy details are available in the right corner.

The details of the sum insured, and other policy details are available in the right corner.

You can read about each benefit on the card and click on the button at the end of the card (Start, Buy now, avail offer, etc.,) to start using the specific benefit.

You can see the other benefits such as mental wellness, super top-up, etc., and pharmacy offers in the middle.

To read in detail about how to access your add-on benefits, click here.

Claims

There are two types of claim settlement:
Cashless claims and reimbursement claims

Cashless claims can be used in two ways. It can either be used in times of medical emergency or can be used during planned treatments like surgery. You can choose to get treatment from a network hospital covered by your insurer and avail of treatment with just your digital health card.

In **reimbursement claims**, you avail of the treatment and file for reimbursement for the hospital bills. File for reimbursement within 30 days of discharge from the hospital. Make sure you have all the original documents including the medical bills to ensure a smooth claim process. Just fill out the form and we'll take care of the rest.

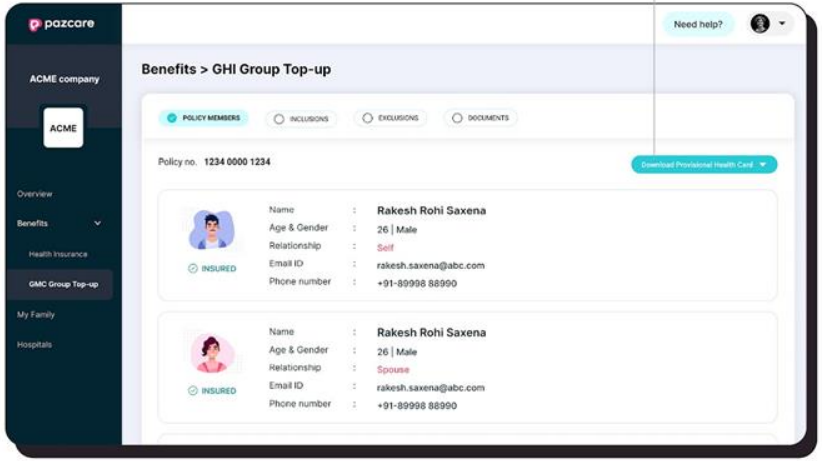
Everyone thinks insurance is complicated because of the sloppy claims processes that make you feel exhausted by the time you get your reimbursement.

Benefits

Under benefits are all the policies your organization has offered to you.

If you click on Health insurance, you can see the details of that particular health insurance policy - policy number, Ecard, inclusions, and exclusions of the policy.

You can also download your Health card from here.



What is this health card?

Usually, what happens when someone gets hospitalized? You get the hospital bills and reimburse them by the insurance company. Again, it is a complicated process.

But a health card is like an insurance identity proof with all your personal details, and policy information, under your insurance plan. With a health card, you can get a cashless experience at hospitals and don't have to go through the reimbursement claim process.

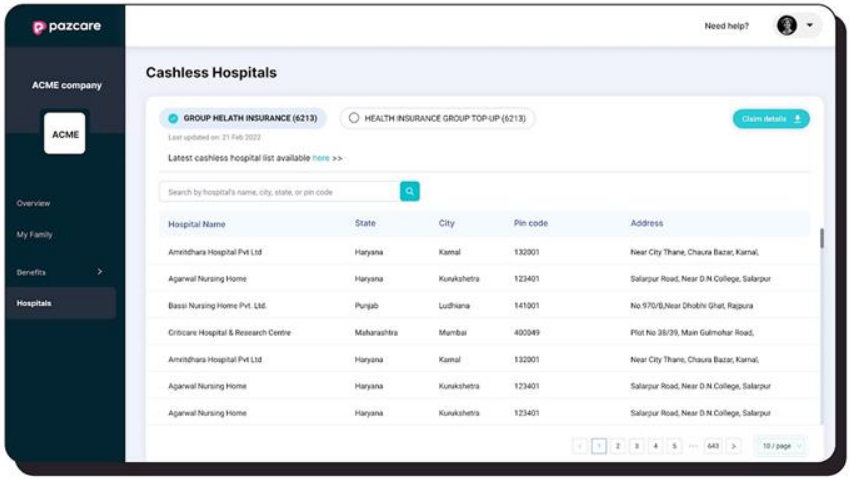
The E-card is generally provided by the TPA. There will be a TPA desk at the hospital which will ask for this health card and ID proof. Once you submit this, you will be able to get a cashless experience for your treatment instead of going through the reimbursement process. (It is also known as an Ecard number)

Hospitals

Generally, there are two ways to claim your insurance benefits. You can either file for **reimbursement after getting discharged from the hospital or get cashless treatment** at the time of emergency and avoid the hassle of going through the reimbursement process.

The hospitals that are in agreement with the insurers will only be able to give you a cashless treatment. These hospitals are called Network hospitals. When you go to a network hospital, you can provide your health card at the time of treatment and get the expenses paid directly by the insurance provider.

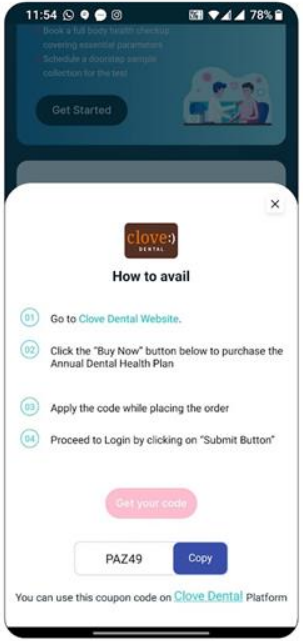
You can search for the nearest network hospital here under hospitals.



Steps to access dental plans via Pazcare app

1

Log in to your Pazcare app and click on the “Avail Offer” on annual dental health plan card.



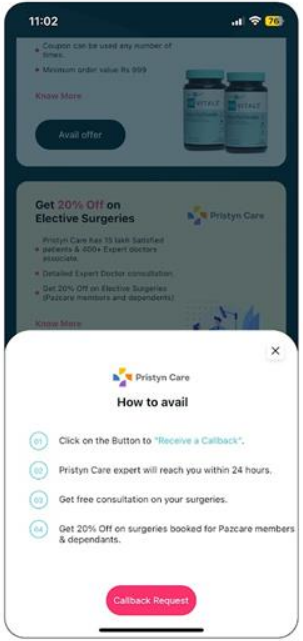
2

Apply the code on Clove dental website while placing order.

Steps to access elective surgeries via Pazcare app

1

Log in to your Pazcare app and click on the “Avail Offer” on elective surgeries card.



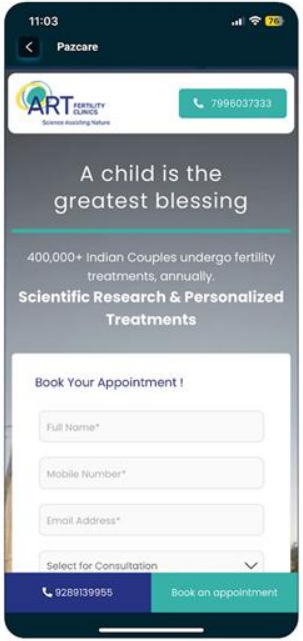
2

Click on “Callback Request” button to receive a callback from Pristyn Care

Steps to access fertility consultation via Pazcare app

1

Log in to your Pazcare app and click on the “Book Appointment” on Fertility Consultation card.



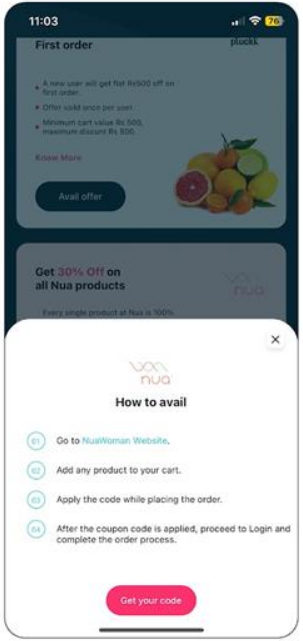
2

Fill in the form and click on “Book an appointment” button to book your consultation with ART Fertility Clinics.

Steps to access discounts on Nua products

1

Log in to your Pazcare app and click on the “Avail Offer” on Nua products card.

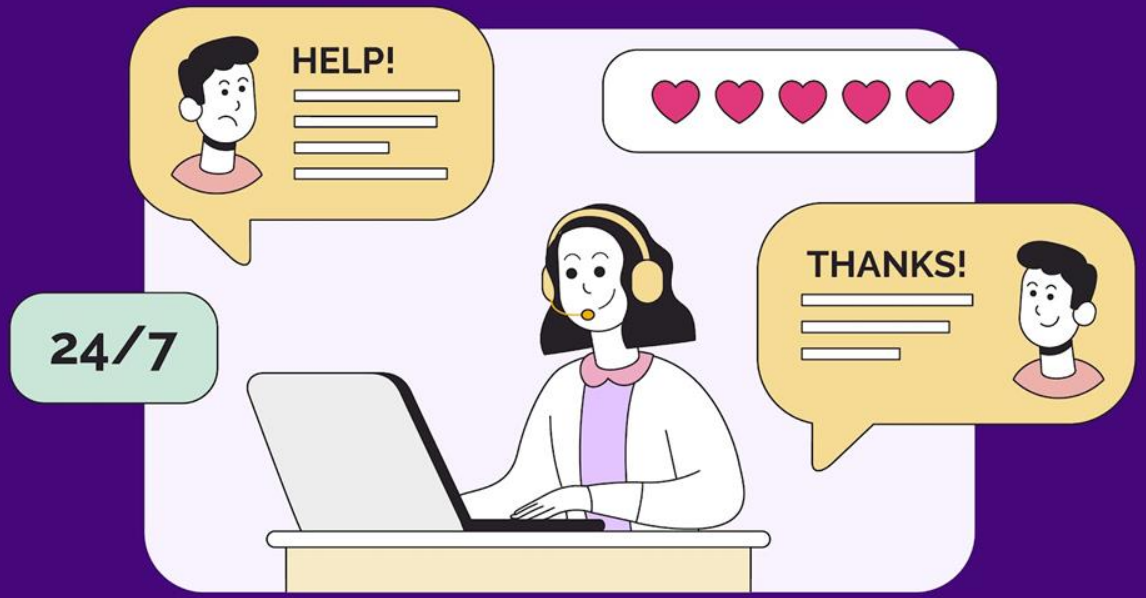


2

Click on the “Get your code” button and apply it while placing your order on the Nua website.

Support & Contact Matrix

We understand how difficult it is to deal with insurance claims all by yourself in times of hardship. That's why we prioritize solving your issues and making them as quick and efficient as possible.



You can reach out to our Support team in three ways.

Write to us at
support@pazcare.com

Call us at
+91 78291 11300

Send a “hi” to
+91 81973 79596 to access instant chatbot support on Whatsapp.

Whatsapp chatbot can help you with the end-to-end claim settlement process. You can now raise claims on the Whatsapp chatbot itself.

If you have any specific questions or need help with something else, you can also contact your Customer success managers.

Contact Matrix
Pazcare team - Consultant

Level	Name	Email-id	Contact number
Level 1	Pazcare Support	support@pazcare.com	7829111300
Level 2	Claim Support	Health Card & Pazbot	8197379596
Level 3	Shivakumar S	shivakumar.s@pazcare.com	8884321697

Employee FAQs

This FAQ document answers some of the most commonly asked questions by employees on their employee benefits.

01. What is a sum insured?
02. What is a super top-up?
03. What are network hospitals?
04. What is a room rent limit?
05. What is a health card?
06. How does cashless reimbursement work?
07. What is claim reimbursement?
08. What is a Daycare treatment?
09. What is a waiting period?
10. What are pre-hospitalization expenses?
11. What are post-hospitalization expenses?
12. What is a Co-pay?

1. What is a sum insured?

Sum insured is the maximum limit up to which the health insurance company will pay for your medical expenses that are covered under your policy. Based on your health plan, If your claim is approved, this is the maximum coverage the insurer will offer you.

2. What is a super top-up?

Super top-up is the health insurance plan that you can take on top of your standard health insurance bought by you or your company.

But why? To level up your insurance plan with additional sum insurance and worry a little less about the over-the-roof health expenses.

Say you have a Super top-up of Rs 20,00,000 sum insurance. There is a medical emergency and the hospital bill is 15,00,000. Now, the first 3L will be covered by your existing health insurance. 12,00,000 will be covered by your Super top-up plan and you will have 8,00,000 left.

Read more -> How to buy a Super top-up?

3. What are network hospitals?

The hospitals that are in agreement with the insurers will only be able to give you a cashless treatment. These hospitals are called Network hospitals. When you go to a network hospital, you can just provide your health card and get treatment free of cost for ailments covered under your insurance plan.

You can search for the nearest network hospital on the Pazcare dashboard or the Pazcare mobile app.

Read more -> How to check network hospitals?

4. What is a room rent limit?

Room rent limit is the bed/room charges the hospital collects from the patient on a per-day basis. Usually, when you have an insurance policy in place, the room rent expenses are covered by the insurance provider.

Every insurer will have a limit on the rent for the normal rooms and the ICU room. This is the maximum amount of per-day room charges paid by the insurer.

5. What is a health card?

A Health card is like an insurance identity proof with all your personal details, and policy information, under your insurance plan. With a health card, you can get **a cashless experience at hospitals** and don't have to go through the reimbursement claim process.

All you have to do is show your health card at the time of treatment and get the expenses paid directly by the insurance provider

6. How does cashless reimbursement work?

As the name suggests, Cashless reimbursement frees us from handling money during medical emergencies. In a cashless claim, the insurer settles the medical bills directly with the hospital itself. This is applicable only if the policyholder is admitted to a network hospital.

Cashless claim during planned hospitalization

In the case of surgery, hospitalization is planned. Whenever a hospitalization is planned, the policyholder must inform the TPA or network hospital at least 72 hours prior.

Cashless claim for emergency hospitalization

For availing of a cashless claim for emergency hospitalization, you will have to inform the insurer or TPA within 24 hours of hospitalization. Read more -> How to go about cashless claims

7. What is claim reimbursement?

In reimbursement claims, the insured or the policyholder has to pay all the medical bills and other costs involved in the hospitals. And they should file for reimbursement as soon as they could after getting discharged from the hospital. Ideally, one should file for reimbursement within 30 days of discharge from the hospital.

While filing for reimbursement, make sure to have all the original documents including the medical bills to ensure a smooth claim process.

Be careful while filling out the claim form and the claim amount.

Read more -> How to file a reimbursement claim?

8. What is Daycare treatment?

A medical or surgical procedure that earlier needed multiple days of hospitalization but now due to advancements in technology only needs hospitalization of less than 24 hours is called daycare treatment.

9. What is a waiting period?

A waiting period is a period you need to wait before you can start getting insurance benefits for specific ailments. Usually, in group health insurance, there is no waiting period.

10. What are Pre-hospitalization expenses?

Pre-hospitalization expenses are the medical expenses incurred by the insured before getting admitted to the hospital.

11. What are Post-hospitalization expenses?

Pre-hospitalization expenses are the medical expenses incurred by the insured before getting admitted to the hospital.

12. What is a Co-pay?

Co-pay is the percentage of the amount the policyholder has agreed to pay from their own pocket in case of claim settlement whereas the rest will be paid by the insurance company.