EMPLOYEE BENEFIT Insurance Guide

CORONA KAVACH POLICY

Policy Period: 4th July, 2022 to 3rd July 2023

welcome to brighter

MARSH

CORONA KAVACH POLICY

The Corona Kavach policy covers medical expenses incurred by the insured or family members due to treatment of COVID-19. This policy is applicable to the treatments taken within India only.

Note:

- ✓ Payable only if there is 24 hours of hospitalization

- ✓ Home care treatment expenses are covered in case a medical practitioner advises the insured person to undergo treatment at home

- ✓ Typical expenses covered are room/boarding as provided by the hospital or nursing home, nursing, oxygen, medicines and drugs, positive COVID-19 investigation charges (done in authorized center)

Corona kavach
Policy Terms

1

Corona Kavach (ESC / P) base policy terms (Insurer - Aditya Birla Health Insurance company Limited)

CORONA KAVACH (ESCP) BASE POLICY TERMS	
Entry Age	0-100
Type of Cover	Individual – Employee,Spouse, Children, Parents
Sum Insured	INR 3L per life
Period of Insurance	One year 365 days
Policy Triggers/Coverage	On positive diagnosis of COVID 19 as per treating doctor
Minimum Hospitalization	24 hours mandatory
Waiting Period	Waived off
Mid Terms Addition (Premium)	Prorata from DOJ
Ambulance Charge	Actuals
Room Rent	As per actuals
Lifelong Renewal/Portability/Migration	Not Applicable
Installment	Not Applicable
Co pay	Nil (no co pay)
PPE Kit (Hospitalization claims only)	Covered
Cancellation	No refund on policy cancellation
Pre & Post Hospitalization	For 15 days Pre & 30 days Post
Ayush Treatment	Covered up to 100% of Sum Insured subject to ICMR approval
Co-morbid Conditions	PED's not covered. All comorbidities of Covid-19 covered
TPA	Paramount Health Services & Insurance TPA Pvt. Ltd

Corona Kavach (ESC / P) base policy terms (contd.)

Coverage	Covered up to 14 days
	Medical practitioner advices to undergo treatment at home (Medical practitioner practicing at Govt. Hospital or Authorized Hospitals only)
	Active line of treatment with monitoring of health status by medical practitioner for each day through the duration of home care treatment
	Cashless/Reimbursement facility available
Payable	Diagnostic tests undergone at home or at diagnostics center (Prescribed by the treating doctor)
	Medicines prescribed in writing
	Consultation charges of the medical practitioner
	Nursing charges related to medical staff
	Medical procedures limited to parenteral administration of medicines.
	Cost of Oximeter, Oxygen cylinder and Nebulizer

Enrolment Procedure

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WEB BASED PORTAL SOLUTIONS - SSO INTEGRATED
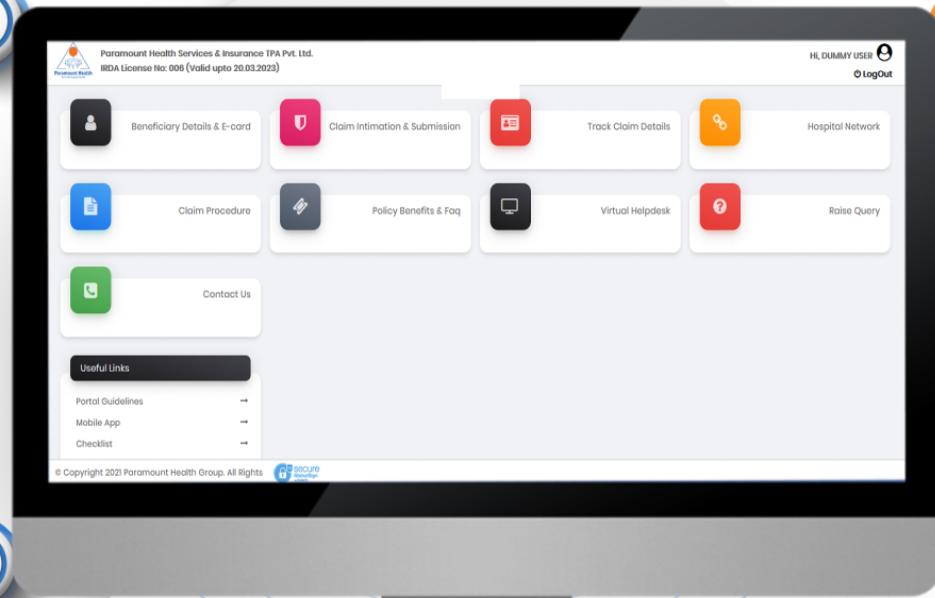
01 COVID 19 Portal

02 E-claim Submission with integrated Checklist for Claims

03 CK Resource

04 CK Terms and conditions

05 Hospital network, E-cards, Information on Claim Procedure & FAQ

06 Virtual Helpdesks, Ticketed Customer Communication, etc.

Claim Process

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CLAIMS PROCESS

Medical insurance:

The medical expenses can be claimed in 2 different ways:
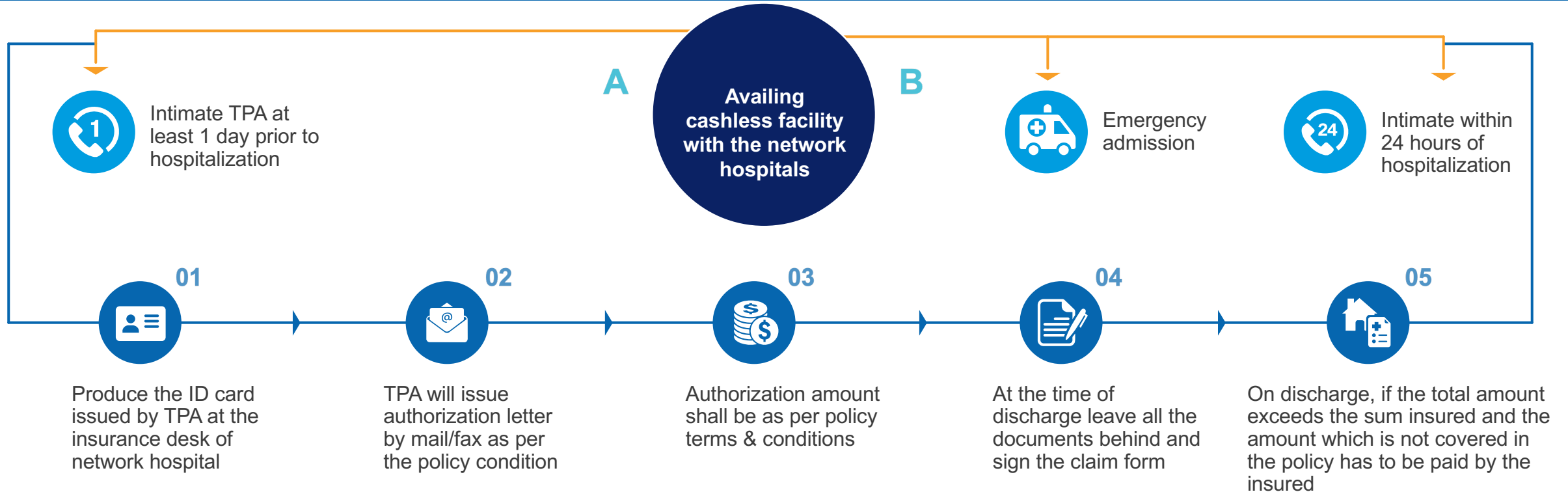- Cashless process
- Reimbursement process

Cashless:

Cashless means the administrator (TPA) may authorize upon a policy holder's request for direct settlement of eligible services and its according charges between a network hospital and the administrator. In such a case, the administrator will directly settle all eligible amounts with the network hospital and the insured person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the Policy.

Note:

TAT for initial claim approval: 1-3 Hours

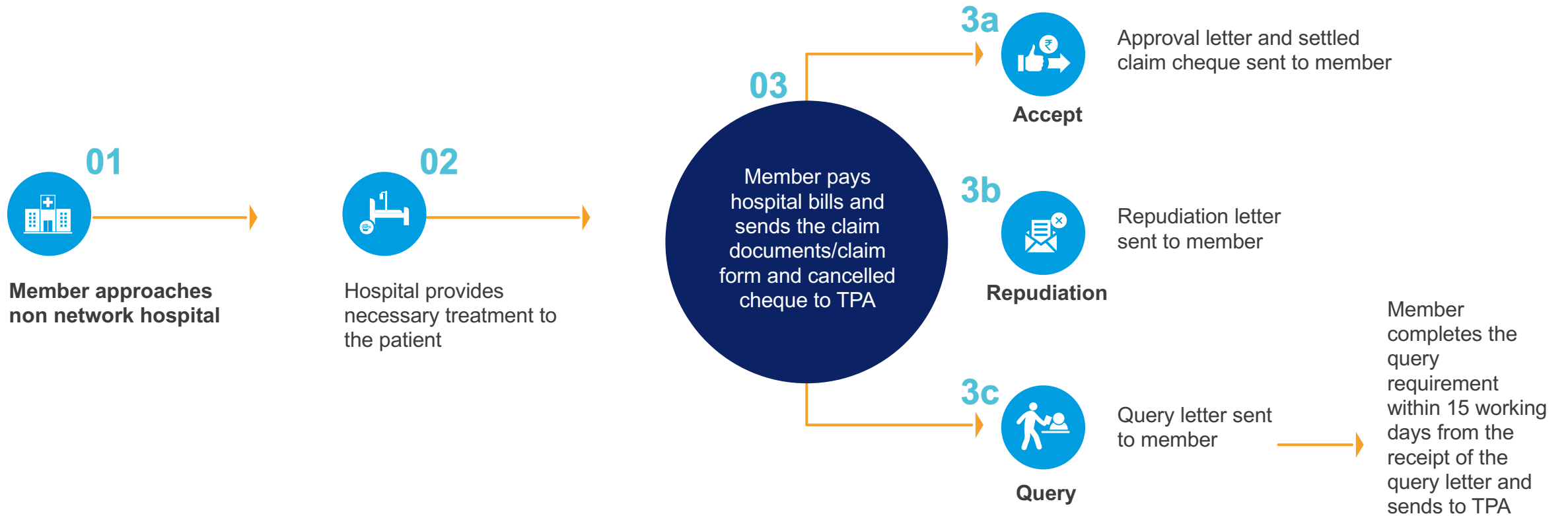TAT for final claims approval: 2-3 Hours

A — **Availing cashless facility with the network hospitals** — **B**

Intimate TPA at least 1 day prior to hospitalization

Emergency admission

Intimate within 24 hours of hospitalization

01 Produce the ID card issued by TPA at the insurance desk of network hospital

02 TPA will issue authorization letter by mail/fax as per the policy condition

03 Authorization amount shall be as per policy terms & conditions

04 At the time of discharge leave all the documents behind and sign the claim form

05 On discharge, if the total amount exceeds the sum insured and the amount which is not covered in the policy has to be paid by the insured

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Reimbursement

In case of non-network hospital, you will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – discharge summary, investigation reports, hospital bills etc. for submitting your claim.

TAT for claim settlement on receipt of complete documentation: 15 Working Days. You are required to submit all original documents within 30 days from date of discharge.

01

Member approaches non network hospital

02

Hospital provides necessary treatment to the patient

03

Member pays hospital bills and sends the claim documents/claim form and cancelled cheque to TPA

3a Accept

Approval letter and settled claim cheque sent to member

3b Repudiation

Repudiation letter sent to member

3c Query

Query letter sent to member

Member completes the query requirement within 15 working days from the receipt of the query letter and sends to TPA

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CLAIM PROCESS

Reimbursement document checklist

✓ Completed Claim form with **Signature- Mandatory**	✓ Original hospital **final bill-Mandatory**	✓ **Original numbered receipts** for payments made to the **hospital- Mandatory**
✓ **Complete breakup of the hospital bill**- Mandatory	✓ **Original discharge summary**- Mandatory	✓ **All original investigation reports**
✓ **All original medicine bills with relevant prescriptions**- Mandatory	✓ **Original signed claim form**- Mandatory	✓ Copy of **cancelled cheque**
✓ Covering letter stating your **complete address**, contact numbers and **email address (if available)**	✓ Copy of the **TPA ID** card	

Note ▶

- Basis the valuation of the basic claim documents, any additional documents may be called for on a case-to-case basis
- All the claim documents must be submitted in originals within 30 days from the date of discharge
- Please do keep a copy of all the documents submitted with you for records

CLAIM PROCESS

How do I know whether the ailment for which I am getting hospitalized or family members hospitalizations are covered in the policy or not?

Please scan the doctor's prescription letter and mail it across to the respective **SPOC** from **TPA** and Marsh team. They would revert back within **48** working hours.

How do I know if the hospital is in TPA network list?

- **Click on the link: www.TPA website.com and click on 'Hospital Networks"**
- **Select "Aditya Birla Health Insurance Co. Ltd.", "State" and then "City"**
- **Mention the hospital name and click on GO**

How do I claim for Home treatment related expenses under corona kavach?

Follow the normal reimbursement process as mentioned in claim process. The related documentation must be submitted to avail the claim for home care treatments

Note

- **Please be informed that this manual is just a guide on the benefits/process/ point of contacts.** As Mediclaim insurance is vast, it is difficult to capture each and every detail in this guide. Hence, we suggest you to reach out to the respective **SPOCs** or **HR team in case of any query on coverage of any ailment.**

- If the **hospital** is not in the network list of **TPA** then you may incur the **expenses** and later **get the same reimbursed as per the policy terms and conditions.**

- Contact **TPA SPOC** or **Marsh SPOC** for any further queries related to **reimbursement claims**.

- Please ensure that the **hospital** is not in the **declined list,** if the hospital is in **declined list** then the claim will be **repudiated**. Declined list can be viewed on the above same link.

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Exclusions

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DOCUMENT CHECKLIST – REIMBURSEMENT CLAIMS

	EXCLUSIONS	
1	Renewal, Portability and Migration	Not Applicable
2	Investigation & Evaluation	Not Covered
3	Rest Cure, rehabilitation and respite care	Not Covered
4	Unproven Treatments	Not Covered
5	Any claim in the relation to COVID where it has been diagnosed prior to policy start date	Not Covered
6	Any expenses incurred on Day Care treatment and OPD treatment	OPD is covered if it is pre post to hospitalization or home care treatment. However, if it is a standalone OPD treatment, then it is not covered. There is no known day care procedure for treating Covid-19. Hence, Not Covered
		Pre post to home care treatment is covered within the SI of 15K limit
7	Diagnosis /Treatment outside the geographical limits of India	Not Covered
8	Testing done at a Diagnostic center which is not authorized by the Government shall not be recognized under this Policy	Not Covered
9	All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India	Not Covered

Please Note: Major Exclusions are listed above. For detailed list please refer the policy document issued by the insurance company

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Contact Matrix

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CONTACT DETAILS

+91 91369 72004   **WhatsApp Self Service Number**

TPA: Paramount Health Services & Insurance TPA Pvt. Ltd.

https://https://www.paramounttpa.com/

Contact Name1: SPOC
Email ID: Intuit.Helpdesk@paramounttpa.com
Contact Number1:

Contact Name2: Ms. Shrividya
Email ID2: Shrividya.s@paramounttpa.com
Contact Number: 8196029790

Escalation: Mr. Srihari
Email ID2: 9343728900

BROKER: Marsh India Insurance Brokers Pvt. Ltd

http://www.marsh.co.in
Contact Name1: SPOC
Email ID: Intuit@marsh.com
Contact Number: 9986712527

Contact Name2: Bharath Kumar R
Email ID2: bharathkumar.r@marsh.com
Contact Number: 9986712525

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Prefer e cashless route for planned hospitalizations. Please reach out to the TPA SPOC for initiating the process. Alternatively it can also be done through the TPA portal

In case of any planned hospitalization, suggest to approach the TPA sufficiently in advance **(at least 48 hrs.)** And request pre authorization- this enables TPA to facilitate smooth hospitalization admission and discharge process and **negotiate better prices / package rates / room rent.**

Submission of claim papers within 30 days of discharge: Please remember to submit your claim documents within 30 days of discharge from the hospital. Delay in claim submission may lead to rejection of claim.

REIMBURSEMENT IN NETWORK HOSPITALPlease note if member goes to a network hospital and does not avail cashless then the tariff rate applicable for cashless only shall be reimbursed. Please note: Hospital discount available in cashless would also be deducted from the reimbursement claim

Points to remember

Claim amount will be given only by Electronic fund transfer: Please note that all reimbursement claim settlement will be done by NEFT only and hence please provide your correct bank account number, MICR code and IFSC code in the claim form itself.

Please ensure to crosscheck the final bill sent to the **TPA for the following:**

- You are billed only for the services utilized for e.g. category of room, diagnostics undergone , medicines consumed
- Total bill amount
- Ask WHY and WHAT is billed to you (as a consumer, you have the right to know)

CUSTOMARY AND REASONABLE CLAUSE - Reasonable charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

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