

DETAILS OF MEDICAL INSURANCE SCHEME 2021-2022

POLICY DETAILS

Policy Number : 251100502110000304/305/306

जारीकर्ता कार्यालय/**Issuing Office**

कार्यालय कोड /**Office Code : 251100**

कार्यालय पता / **Office Address : MUMBAI**

DIVISION XI IIInd Floor, National Insurance

Building,, 14, Jamshedji Tata

Road,,Churchgate - 400020.

State Code: 27 , Maharashtra

कस्टमर केयर टॉल फ्री नंबर/**Customer**

Care Toll Free Number:

1800 345 0330

ईमेल/

email:customer.support@nic.co.in

POLICY PERIOD 01.11.2021 TO 31.10.2022

CLAIM SUBMISSION

WITH IN 30 DAYS FROM DISCHARGE ALL DOCUMENTS ORIGINAL TO THE FOLLOWING ADDRESS

INDIAN OVERSEAS BANK,

CENTRAL OFFICE

HRMD – WELFARE DEPARTMENT,

ERICSON TPA CLAIM

763, Anna Salai, Main Building IST Floor,

Thousand Lights, Chennai,

Tamil Nadu 600002

POLICY TERMS AND CONDITIONS:

<u>Sum Insured</u> <u>Rs.</u>	<u>Room rent per day</u> <u>Rs.</u>	<u>ICU charges per day</u> <u>Rs.</u>
1 lac	1,500/- (1.5% of Sum Insured)	2,000/- (2.0% of sum insured)
2 lacs	3,000/- (1.5% of Sum Insured)	4,000/- (2.0% of sum insured)
3 lacs	Rs.5,000/- Maximum	Rs.7,500/- (Maximum)
4 lacs	Rs.5,000/- Maximum	Rs.7,500/- (Maximum)

Procedures to be adhered

- Claims can be made under cashless arrangement or by way of reimbursement, it must be informed by Hospital for cashless and by Insured person or Family member for reimbursement claim is to be done within 48 hours of admission into the hospital to the following mail ids of TPA.

information@ericsontpa.com & jobretirees@ericsontpa.com

- In case of reimbursement of claim all documents/lab reports are to be submitted in original for both Domiciliary/Hospitalization.
- All Hospitalization bills/Bills for purchase of medicines upon which a claim is made should bear valid GST number of the issuer of such bills. The Bills for both hospitalization and domiciliary (OPD) claims should be submitted within 30 days from the date of discharge/purchase of medicines.
- Domiciliary treatment will be reimbursed up to **10% of the Base Policy Sum Insured only**, for the retirees who have opted and premium paid for with domiciliary scheme.
- **Domiciliary expenses are not covered under Super Top up policy.**

- For domiciliary claims (OPD) the Doctor should specifically mention the period of medication clearly. Otherwise the prescription is valid for 3 months only.

CASHLESS CLAIM-PLANNED

1. Cashless claim can be done only in hospitals given in the TPA's Network list. If the hospital is not in the TPA Network, TPA is to be contacted.
2. Cashless Request Form will be obtained from the Insurance Desk of Hospital and the details like name, TPA ID No. Relationship etc. should be filled by the member.
3. Hospital will fill up details like Date of Admission, Nature of ailment Treatment Plan, Estimated Expenses and likely date of discharge etc., and will send the details to TPA.
4. TPA will scrutinize the Request and send the Approval / Rejection / Query Request to Hospital.
5. Initial approval from TPA, will be advised to the hospital. At the time of discharge, if actual bill is more than the initial approved amount, additional approval is to be obtained from TPA.
6. The hospital has to send the details of the Discharge card and Final Bill at least 4 hours before the discharge to get the final approval from TPA
7. On discharge, settle all expenses that should be borne by the Insurer like non- medical charges, etc even if the process is cashless and get the receipts.

CASHLESS CLAIM-EMERGENCY

1. Patient is to be rushed to the nearest hospital and TPA is to be informed immediately.
2. Hospital may be requested to start the treatment immediately to get the patient stabilized.
3. After the patient has stabilized, Cashless Request Process as explained earlier may be followed.

CASHLESS CLAIM-IN ABSENCE OF TPA CARDS

1. TPA Coordinators can be contacted and they may be informed about the absence of TPA cards.
2. TPA Coordinators will check the status of TPA cards internally.
3. Based on the status, TPA shall seek approval from insurer and communicate the same to the hospital.
4. The TPA will make necessary updates in their system and send a Temporary Approval to Hospital.
5. Employee ID & Company name can be used as credentials while filling the Cashless Request Form.
6. The hospital has to fill the remaining details (as detailed earlier) and to send the details to TPA.
7. The member has to be in touch with the TPA Coordinators until the First Approval is obtained from them.
8. Once First Approval is obtained, the remaining Cashless Request process can be followed as detailed earlier.

REIMBURSEMENT CLAIM

If treatment is availed at a non-network hospital, the insured has to pay for the whole treatment. After discharge, Hospital Registration number, original Discharge summary, all originals Bills, Payment Receipts, Prescriptions, Investigation Reports, Medicine Bills etc., should be submitted within 30 days from the date of discharge. All original hospital bills/receipts should be duly stamped and signed by the hospital.

LIST OF DOCUMENTS TO BE SUBMITTED

All the documents should be submitted in ORIGINAL to. **IOB, HRMD – WELFARE DEPARTMENT, CENTRAL OFFICE, 763, ANNA SALAI, CHENNAI 600002** super subscribing on the **CLAIM FORM (Name and Roll No.) AND COVER as ERICSON RETIREE CLAIM**. Standard settlement period for claim is 21 working days after submission of all documents and additional documents required if any.

1. Discharge Card – Most important document which provides details like Date of Admission and investigation summary, Treatment given and discharge etc. A photocopy should be kept for future records before submission.
2. Duly filled claim form - (Claim for Part A & B) is mandatory with Declaration form.
3. Pre-numbered Payment Receipts which are all the proof for the payment made.
4. Detailed Hospital Bill – Provides break up details about services rendered & charges for the same under various heads like Room Rent, Investigations, OT Charges, Medicines etc.
5. Prescriptions, Reports, Bill & Receipts for all Diagnostics & Investigations
6. Prescriptions & Bills (with patient name & GST No.) for all medicines purchased
7. Implants / Lens Identification stickers (for Angioplasty , Cataract and any implant used in case of fractures).
8. **Physical Copy of Cancelled Cheque of the Bank Account – This is important as the claim amount would be directly credited to the member's account by the Insurer.**

ADDITIONAL INFORMATION

- For planned hospitalization, it's advisable to complete the cashless approval process at least 7 days before the Hospitalization.
- TPA may take maximum of 4 hours to scrutinize and send the approval to hospital.
- When the Final Bill is going to exceed the preliminary amount approved by TPA, the hospital may be requested to send the Discharge Card and Hospital Bill to TPA at least 4 hours in advance to avoid delay in discharge.
- Final Approval is to be obtained before leaving the hospital. Final Approvals will not be provided if the patient has already left the hospital.
- For reimbursement claim, all documents are to be submitted in one lot within 30 days of discharge.
- For submission of additional documents if any, the same are to be submitted within 15 days and in case of non-submission within the time frame, the claim shall be closed and shall need special approvals for reopening which may result in delay in settlement of claim.
- Standard Claim Settlement period is 21 working days and the TPA will update about the claim status through **e-mail & SMS** during this period.
- Don't hide any information related to your health condition as it can hamper your claim settlement
- Don't delay reporting and submitting relevant documents to the insurance company/ third party administrator
- Don't forget to seek extension of time to submit evidence, if required
- Don't make false or questionable claims
- Don't opt for facilities or rooms that exceed your approved upper limit.

For further details of terms and conditions of the Policy , Policy copy is as per annexures.

CONTACT DETAILS OF ERICSON TPA PRIVATE LTD

LEVEL	ADDRESS	CONTACT PERSON	E-MAIL	LAND LINE NO	MOBILE NO
		FIRST POINT - CONTACT - TPA			
1st	Chennai	MR.KANNAN CLAIMS ISSUES	jobretirees@ericsontpa.com kannan@ericsontpa.com	044- 4857433 3	7208963279
	Chennai	Mrs.Divya p PAYMENT ISSUES	divyap@ericsontpa.com	044- 4857433 3	7045915081
	Chennai	MrGANDHI CASHLESS ISSUES	gandhik@ericsontpa.com	044- 4857433 3	7208963274
	Mumbai	CLAIM INTIMATION	intimation@ericsontpa.com	044- 4857433 3	
	Mumbai	24/7 CALL CENTRE		022- 4154830 0	18002022034
	Mumbai	CASHLESS	care@ericsontpa.com	022- 4154830 0	18002022034
		MAJOR ESCLATIONS			
	Mumbai	GRIEVANCE	grievances@ericsontpa.com		
1st	Chennai	THANGADUR AI – VICE PRISIDENT	thangadurai@ericsontpa.com	044- 4857433 3	7208963273
2rd	Chennai	MP JAIRAM- REGIONAL HEAD	mpjairam@ericsontpa.com	044- 4857433 3	8939842032

ESCLATION MATRIX – NATIONAL INSURANCE COMPANY

M/s National Insurance company has shared the dedicated mail ID's for attending to regular queries from employees & retirees. Grievances/ complaints if any related to IBA Group Mediclaim Policies may be addressed to following mail Ids:

I. For Grievances related to IBA Group Mediclaim Policy terms and conditions -

IBA Grievance/MCRO/NIC IBA.Grievance@nic.co.in
QuickLink

URL:<https://mailwest1.nic.co.in/MailP/IBAGrievance.nsf?OpenDatabase>

II. For any complaints in Claims process including any issues with TPA -

IBA Customer Support/MCRO/NIC IBA.CustomerSupport@nic.co.in
QuickLink

URL:<https://mailwest1.nic.co.in/MailP/IBACustomerSupport.nsf?OpenDatabase>

III. Escalation Matrix :

It has been decided that the grievances and normal queries/ escalations pertaining to IBA policies will be handled in the following manner:-

1. Direct grievance references from Banks or employees and retirees:-

(i) First level- Ms. Vidhi Tawarmalani, Dy. Manager, assisted by Ms. Sarika Maan,A.O. (Sarika.Maan@nic.co.in)

(ii) Second Level- Mr. Atul Malhotra, Manager (Atul .Malhotra@nic.co.in)

(iii) Third Level- Ms. Paromita R Iyer, RM (PR.Iyer@nic.co.in)

2. Grievances received through Company's portal, CPGRAMS, HO/DFS/ Ministry channels

(i) First level- Ms. Bina Kelkar, Dy. Manager with inputs from Ms. Vidhi/ Sarika or Ms. Flavia/ Abhay((Flavia.Peris@nic.co.in)

(ii) Second Level- Mr. Atul Malhotra, Manager (Atul.Malhotra@nic.co.in)

(iii) Third Level- Ms. Paromita R Iyer, RM

3. Usual queries from employees and retirees, regarding policy coverages, claims process, claims status, TPA related matters etc. received through mail-

(i) Policy coverage related queries- Ms. Sarika and Ms. Vidhi

(ii) TPA and claims related queries- Mr. Abhay (AbhayD.Sthul@nic.co.in) and Ms. Flavia (Flavia.Peris@nic.co.in)

In case the insured is still not satisfied, escalate to Mr. Atul Malhotra.

