

# S&P Global Insurance Program FlexForward

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# FAQ Document – S&P Global Insurance Program

## GROUP MEDICLAIM POLICY (GMC)

**Question** – What is Health Insurance?

**Answer** – The health insurance plan provides insurance benefits to pay for hospitalization care, if you or your declared dependent family members fall sick or get injured and are hospitalized for a period of 24 hours or more with an active line of treatment.

This year also we have continued with FlexForward which offers you a choice of health insurance plans with a range of coverage levels, costs and option to cover different family members, so that you have the flexibility to select options that are bespoke for you for treatments taken in India.

**Question** – What are the Default Benefits under Health Insurance?

**Answer** – Default benefits are the company sponsored benefits offered by S&P Global to its employees.

Default Benefits for Health Insurance –

- INR 700,000 for Employee + Spouse / Partner + Children\* (Maximum up to 2 Children) + 2 Parents (Parental Sub-Limit INR 500,000) or
- INR 700,000 for Employee + Spouse / Partner + Children\* (Maximum up to 2 Children) + 2 Parents In Law (Parental Sub-Limit INR 5,00,000)

\*In case of twins in 2<sup>nd</sup> maternity, all three children would be covered. Details to be shared on this email ID:

[Spglobalsupport@marsh.com](mailto:Spglobalsupport@marsh.com)

Note: If you do not complete your enrollment this year, you will be allocated to the default plan and you will not be able to make any changes for next 2 years.

*Note: Last year's dependent details (if applicable) would continue to appear in portal. If you had enrolled parents and parents-in-law last year, only your parent's coverage will continue to appear unless you change your family definition / plan.*

**Question** – What is the Core/Minimum Benefits under the Health Insurance Plan?

**Answer** – Core / minimum benefits are the lowest level of benefits available.

Core/Minimum Benefits include Health Insurance coverage of INR 700,000 for Employee Only

**Question** – What are Flex Points? How can I use those?

**Answer** – S&P Global covers E, S, C, 2P/PIL as the default family size. If you have a smaller family size, you may generate Flex Points based upon your health insurance plan selections. These points will be available on the Darwin Portal. You can then use these flex points to select various levels of optional plans (Insured and Non-Insured) to suit your personal needs.

Note: **1 Flex Point = 1 INR**

**Question** – What are the options available under the Health Insurance Plan?

**Answer** – There are 44 plan options available under the Health Insurance Plan, with different family composition and Sum Insured levels. As you enhance your sum insured, you will be entitled to certain additional benefits/sub-limits.

**Question** – What is the lock-in period?

**Answer** – Lock-in for 2 years: Employees will have the flexibility to choose their benefit selections for 2025 as per their family needs. For the next 2 years (2026 and 2027), you will have the flexibility to step up by one level of sum insured each year. Family composition would be locked-in for 2 years. Dependents could only be added on a life event by paying the additional cost for the same plan.

Example 1 : An employee opted for a SI of INR 10lacs and covered Self, Spouse and 2 kids in 2025.

Can choose INR 12.5 lakh plan in 2026 and subsequently 15 lakh plan in 2027. No change allowed in family composition till 31st Dec 2027

Example 2 : An employee opted for a SI of INR 10lacs and declared only Self during 2025 enrolment and later in 2025

he/she gets married, in this scenario, this employee will be allowed to add the new members within the same sum insured. Can choose INR 12.5 lakh plan in 2026 and subsequently 15 lakh plan in 2027. Existing dependents cannot be added later

Example 3 : An employee opted for INR 12.5lacs and covered Self, Spouse, 2 Kids and Parents in 2025.

Can choose INR 15 lakh plan in 2026 and subsequently 20 lakh plan in 2027. Dependents cannot be changed

For new hires: Lock in will be applicable from hire date to renewal date for 2 years.

Example- An employee joins on 1st March 2025, for him/her the lock in will be applicable till 31st Dec. 2027 (flexibility to make benefit selections for 2025) and likewise for an employee joining on 1st March 2026, the lock in will be applicable till 31st Dec. 2028.

**Question:** Does introduction to lock-in also mean that the premium will remain unchanged for the year 2026?

**Answer** - No, Premium is determined based on many factors such as rising healthcare costs which includes medical inflation etc. It also depends on the overall claims outgo of the total group, which might have an impact on the premium.

**Question:** Additionally, are there any benefits associated with this lock-in period for employees?

**Answer** - A lock-in period for health insurance plan is highly beneficial in maintaining long-term healthcare security, sustainability and ensures fair utilization of benefits. It also helps promote responsible use of benefits and claims. Without a lock-in period, employee might claim fully on a high coverage plan in the current year and then switch to a lower premium plan next year, this impacts premium for next year members who continue to opt the same plan.

**Question** – Who are the service providers for Health Insurance Policy?

**Answer** – The service providers for Health Insurance Policy are mentioned below:

**Insurance Company** – New India Assurance Company Limited

**Third Party Administrator (TPA)** – Health India Insurance TPA Services Private Limited

**Benefits Advisor** – Marsh India Insurance Brokers Private Limited

**Question** – What is OPD and what are the coverages under OPD Plan?

**Answer** – OPD Cover is a specially designed insurance cover for out-patient treatment expenses that includes consultations, prescribed medicines, diagnostics, dental and vision related expenses. For OPD, TPA is HealthIndia (managed through MFine) to assist with claim process.

OPD Sum insured is applicable as per the Health insurance Plan selected by you.

IPD Sum Insured	7Lacs	10Lacs (ESC)	10Lacs (With P, PIL)	12.5Lacs	15Lacs	20Lacs	30Lacs
<b>OPD Sum Insured</b>	20,000	E Only-20,000 EC/ES/ESC-30,000	40,000	50,000	60,000	70,000	80,000

Please refer to the employee benefit manual for more details.

Coverages under OPD include:

- Health Screening
- Dental & Vision/Optical

- Doctor Consultations (General Physician, Specialist, Super Specialist), Digital/Virtual, Outpatient Visits
- Vaccination Cover (including Flu Vaccination)
- RT PCR and other testing for pandemic/Medical Equipment
- Telemedicine-General Physician & specialist
- Homeopathic / Ayurvedic Treatments
- Menopause Cover (Consultations, Hormonal Medicines (Prescribed), Hormonal Therapy, Mental Wellbeing Counselling)

## Exclusions under OPD:

1. Cost for frames for prescribed lenses is not payable.
2. Sunglasses unless medically prescribed by Medical Practitioner is not payable.
3. Lenses which are not medically necessary and are not prescribed by an optometrist or ophthalmologist are not payable.
4. Contact lenses used for refractive error is not covered.
5. If medical and surgical treatment of eye is covered under hospitalization or daycare, then it is an exclusion under OPD. Otherwise, it will be covered under OPD.
6. Dental - Bridges, Cap/Crown, Implant, Braces, Dentures, Regular Cleaning, Scaling/Polishing and any other cosmetic procedure is not covered.
7. Vision - Intra Vitreal Injections and any other procedure which is cosmetic in nature is not covered.
8. Treatments for cosmetic, beautification, purification, detoxification, Naturopathy treatment etc., is not payable.
9. Vitamins and supplements are not payable.
10. Prosthetic Devices, Hearing Aid, etc. is not payable.
11. Facilities or services availed for rejuvenation, pleasure etc. is not payable.
12. OPD treatment outside India are not covered.
13. Without Pre-Numbered/GST bill/receipts claim is not admissible.
14. Prescription is mandatory even in case for long term illness i.e., DM, HTN, hearth disease. Latest prescription to support the claimed expenses is mandatory.

Note: This is just an indicative list. For any particular query/benefit coverage enquiry please write to your TPA/Broker SPOCS.

**Question:** How can I claim for OPD expenses?

**Answer:** OPD expenses can be claimed through MFine portal in coordination with Health India TPA. Kindly refer the MFine Claim Process Manual on Darwin Portal under 'Quick Links' for more information.

**Question:** How can I activate my MFine Wallet?

**Answer:** OPD expenses can be claimed through MFine portal. to activate the wallet, please follow the below instructions:-

1. Logged-in to Darwin portal
2. Click on Quick link section and select HealthIndia TPA Portal
3. Click on OPD benefit button in green at the top right corner of HealthIndia TPA Portal
4. Mobile number & email-Id will be pre-filled for users already registered. Provide consent & Click on Submit button
5. Download the MFine app& login using the same mobile number
6. Click on S&P banner on Home page to start using the OPD services.

Note:- For new joiners the MFine wallet activation process will start post receipt of E-Cards.

**Question –** How can one update their mobile number in the MFine app to ensure that it functions properly and displays the correct wallet balance after the number has been changed?

**Answer –** To update the mobile in MFine, the mobile number should first be updated in Health India TPA's system. To update mobile number in Health India TPA system, please reach out to your respective Health India TPA SPOC's or email at [spglobalsupport@healthindiatpa.com](mailto:spglobalsupport@healthindiatpa.com);. Health India TPA will internally co-ordinate with MFine and will intimate you once mobile number is successfully updated.

Note:- Insured will not be able to excess his/her past transaction history on MFine post updating the new mobile number.

**Question** - Which are the mandatory sections to be filled by Employee in claim form for reimbursement claims under OPD?

**Answer** – The Mandatory sections to be filled by Employee in claims form are:

- TPA ID no. issued by HealthIndia TPA for GMC Policy along with Employee/Workday ID
- Govt. Issued ID Proof along-with Invoice-cum- Receipt (pre numbered) is required.
- For Covid Vaccination - copy of Vaccination certificate (extracted from COWIN) is also required.

Please note - In case of vaccination for child – certified copy of vaccination chart is also required.

**Question** - Private Doctor Clinics do not provide Invoice/Bills for consultations, how to claim that for OPD?

**Answer** - Normally the doctors provide the pre-numbered receipts against consultation with brief description. We also need consultation paper / prescription to support the same. Receipt along-with consultation paper is mandatory to process the claim. Qualification for doctor should be minimum MBBS. In case of dentist, BDS should be minimum.

**Question** – Is prescription mandatory?

**Answer** – Yes, prescription is mandatory even in case of long-term illness like Diabetic, Hypertension, Heart Disease. For an admissible claim the purchase of medicine, especially for longer period, should be supported with Latest prescription (Mandatory) where the period and/or quantity mentioned on it supports the consumption of medicine on a current date. Example- if a member is undergoing a long-term illness and on continuous medication, in that case if medicines has to be taken for 3 months, then on prescription it should be clearly mentioned by Doctor that medicine has been prescribed for 3 months.

**Question** – Does OPD cover routine diagnostics for diabetic patients?

**Answer** – If the physician prescribes the diagnostics, they are covered.

**Question** – How can we claim OPD – via re-imburement or cashless process?

**Answer** – OPD can be claimed both in Cashless & Reimbursement mode via the MFine Portal. For more information for how to claim, kindly refer to the MFine User Manual available in Darwin portal under Quick link section .

**Question** – What are the timelines to claim OPD?

**Answer** – The maximum timeline to provide claim documents for OPD is 90 days from the date of expense, but if the frequency of claims is higher, you may consider claiming it on monthly basis.

**Question** – Does OPD cover AYUSH Treatment?

**Answer** – Yes AYUSH treatment is covered under OPD and IPD both.

AYUSH TREATMENT refers to Hospitalisation treatments given under Ayurveda, Yoga, Unani, Siddha and Homeopathy systems.

**Question** – Does OPD cover vaccination and testing equipment?

**Answer** – Yes, vaccination and testing equipment is covered under OPD.

**Question** – Can I take 2 Modular plans simultaneously?

**Answer** – No, you can choose only one plan.

**Question** – What is total sum Insured? Is parental Sum Insured over and above the total sum insured?

**Answer** – Total Sum Insured is the total coverage that a particular employee has opted for. Parental Sum Insured is not over and above the total sum insured. It is a sublimit within total sum insured.

**Question** – Can a single member of the family utilize the total sum insured?

**Answer** – Yes, Employee/Spouse/children can utilize the total sum insured but parents can use only up till the sublimit applicable for them depending upon the plan chosen.

**Question** – What is Co-pay? In what all plans and on which all members is it applicable?

**Answer** – Co-pay or Co Payment is the amount of claim, which is to be paid by the claimant. 10% co-payment applicable on all IPD claims for members under default plan except for capped ailments like maternity, cataract etc.

No Co-payment on OPD claims

Co-payment not applicable for flex-up coverage

Co-pay scenario in normal IPD claim (Default Plan):

Sum Insured = INR 7,00,000

Claim cost = INR 5,00,000

After non-payable item and other policy deduction (if applicable), say admissible amount is INR 4,70,000

Co-pay will be 10% of admissible amount = Rs 47,000

Insurance will pay and settle INR 4,23,000

Co-pay scenario in capped ailment claim (Default Plan):

Sum Insured = INR 7,00,000,

Maternity Limit = INR 1,00,000

Claim cost = INR 90,000

After non-payable items and other policy deduction (if applicable), say admissible amount is = Rs 82,000

Co-pay not applicable as it's a capped procedure.

Insurance will pay INR 82,000.

**Question** - Is Co-Pay applicable on capped ailments?

**Answer** - No, Co-pay is not applicable on capped ailments.

**Question** – Would the premium paid by employee be eligible for tax savings.

**Answer** – Yes, the premium paid by the Employee would be eligible for Tax Savings as per Old Tax Regime and deduction will reflect in form 16 of the employee.

**Question** – Does policy cover Lasik surgery?

**Answer** – Lasik treatment for refractive error is covered for more than +/- 7.5 diopter unless you have opted for voluntary Advanced care plan, in which refractive error is covered for more than +/-4.5 diopter.

**Note:** Refractive Error – It is a type of Vision problem that makes it hard to see clearly. It is basically a defect in the eye due to which one has blurred Vision.

**Question** – Does policy cover knee replacement surgeries?

**Answer** – Yes, Policy Covers Knee Replacement Surgery.

**Question** – Does pre-existing diseases covered for all the members who are enrolled in the policy?

**Answer** – Yes, pre-existing diseases is covered for all the members who are enrolled in the policy.

**Question** – Is there any age cap for enrolling parents in the policy?

**Answer** – Maximum age for parents is capped at 90 years for /s – in case existing employees parent age is going beyond 90 years they will get coverage (subject to they were covered last year as well). For such cases, you may please drop a mail to Manoj at [Spglobalsupport@marsh.com](mailto:Spglobalsupport@marsh.com) for offline consideration, as portal will not allow age more than 90 years.

**Question** – Is e-card mandatory for network hospitals?

**Answer** – Yes, e-card is mandatory for network hospitals.

**Question** – Is Cataract covered or not?

**Answer** - Cataract is covered up to INR 50,000 per eye per member in the Plans Provided.

**Question** – Is Multifocal / Toric lens payable?

**Answer** - Multifocal / Toric lens is payable only after application of Reasonable and Customary clause within cataract limit.

\*Multifocal Lens: Multifocal Lenses can only correct the spherical component of the eye leaving behind the cylinder power which has to be later corrected by additional prescription glasses.

\*Toric Lens: Toric Lenses can correct both spherical and cylinder components of the eye. Toric lens falls under higher quantity of lens used during Cataract Procedure.

**Question** - Is there a waiting period in GMC policy?

**Answer** - No, there is no waiting period in GMC policy, but wherever it is applicable under the Voluntary Options it is precisely mentioned along with the plan details

**Question** - When will e-cards be available?

**Answer** - E-cards will be available after policy issuance meanwhile in case you need any kind of medical assistance you may reach out to TPA/Broker SPOC. They will be able to assist you with e-card (on SOS basis) and claim process.

**Question** - When will e-cards be available for New Joiners?

**Answer** - E-card will be available within 30-45 days post Enrollment of dependents and closure of enrollment window. However, in case of an emergency we will help you with emergency e-cards.

**Question** – What is GIPSA? Is GIPSA applicable in the policy?

**Answer**- GIPSA /PPN- GIPSA stands for General Insurance Public Sector Association. It is a group of four PSU General insurance companies. GIPSA PPN means network of Hospitals in specific cities where hospitals have agreed to a cashless at a negotiated price for specified planned procedures and emergency cases for its policyholders. Reimbursement of expenses incurred in PPN Applicable Hospital for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing. Yes, it is applicable in the policy.

**Question** - Is Ambulance charges of Rs. 7000/- covered for single Incidence or throughout the policy?

**Answer** - The limit for Ambulances Charges is 7000/- for single incidence and for Covid & Pandemic/Epidemic cases, the limit is INR 15000 per incident.

**Question** - What if an individual has a personal individual Medical policy along with S&P Global Corporate Medical policy, can two Cashless be availed from both the policy at same time?

**Answer** - No, two Cashless cannot be availed at one time. After exhausting, the sum insured from one policy, remaining amount can be reimbursed from the second policy.

**Question** – In case an Employee fails/miss out to enroll themselves during the current Enrollment period, under which plan will they be added in the current Policy Period?

**Answer** - If an employee does not complete enrollment, that employee will be allocated to the default plan. If he/she had enrolled parents and parents-in-law last year, only his/her 'parents' coverage will continue as under default benefit only one set of parents coverage is allowed.

**Question** – What is the Enrollment process to add newly wedded spouse on the portal?

**Answer** – Newly wedded spouse can be enrolled by the employees via Darwin Portal within 60 days of the event date and the cover will be effective from the date of event. To proceed with the same, the employee needs to login to the Darwin Portal with their credentials, post that by clicking on the face icon 'profile button' on the Portal they will get the option to 'change in circumstance' which will help them to add their spouse. Once the required details of their spouse are updated on the portal, the employee can enroll their newly wedded spouse in the desired benefit in the benefits tab, and can click on the cart button and checkout to confirm the selection of the same.

**Question** – How is the premium charged for new joiners?

**Answer** – The premium for new joiners is charged on pro-rate basis as per the date of joining. The premium is calculated based on

the number of days left in the policy period.

Note: Please note that your Sum Insured remains the same and you will have to pay the additional pro-rated premium to add the new member if applicable.

**Question** – When does the Enrollment Window gets opened for new joiners?

**Answer** – The Enrollment window for new joiners gets opened on 3<sup>rd</sup> of every month and closes on 9<sup>th</sup> of every month. During this time period, the new joiners can get themselves and their dependents enrolled in the insurance policies.

## Maternity

**Question** - Are Pre and Post Natal expenses covered? If yes, then it will be covered under IPD or OPD Basis?

**Answer** – Yes, Pre and Post Natal expenses are covered upto the Maternity limit. It will be covered under IPD Policy (on IPD/OPD basis both).

Note: Maternity related claim (including Pre-Post Natal) to be submitted in one go post-delivery only under IPD Policy and not to be submitted Under MFine in OPD Policy as it is a capped benefit.

**Question** – Is pre and post-natal expenses covered in case of Abortion/Miscarriage due to medical reasons?

**Answer** – No, Pre-post-natal expenses will not be covered in this scenario. As per medical literature, pre-natal means 'before birth' and Postnatal or postpartum means 'after birth'. In case of abortion/miscarriage we do not cover pre & post-natal expenses as new-born baby is not delivered.

Note: Hospitalization charges occurred due to Abortion/Miscarriage will be covered under IPD. Example: D&C (Dilatation and Curettage)

**Question** – If limit exhausted for maternity in IPD policy then can we claim from OPD policy?

**Answer** – Since maternity limit is capped under IPD policy hence if limit exhausted under IPD policy then cannot be claimed under OPD policy as per norms.

**Question** – Is baby covered in the policy from day 1?

**Answer** - Yes, baby is covered from day 1 in the policy within family Sum Insured.

**Question** – Are well baby care charges covered under IPD?

**Answer** – No, Well baby care charges are not covered under IPD, however can be covered under OPD as per eligibility.

**Note:** Well Baby Charges- There are few test/ Investigations which are done for New-born baby post birth. Also, in most of cases Baby are admitted in Hospital for Observation for few hours upto 24 hr. Charges Incurred for Investigation and Observation without any active line of treatment, concludes to Well baby charges. It may also include preventive baby vaccination as well.

**Question** – Is mid-term enrollment of Dependents allowed? If yes, in which all cases is it allowed?

**Answer** – No, Mid Term enrollment of Existing dependents is not allowed.

Mid-term enrollment of dependents is available for newly wedded spouse and newborn baby only and should be added by the employees via Darwin portal within 60 days of event date (cover will be effective from the date of event).

Note: In case your current opted health insurance plan does not cover spouse or child, you will have an option to change/opt mid-year (within 60 days of event) for a plan which allows these dependents. However, you will only be able to do the change in dependents addition but your Sum Insured will not change and you will have to pay the additional pro-rated premium to add the new members.

**Question** – What is the Enrollment process for New Joiner?

**Answer** – New Joiners would have the option of selecting their benefits plan within 07 days from enrollment window start date. If they don't make their benefit selections within the stipulated time then they will be auto enrolled in to: "Default" benefit for Medical insurance, Personal Accident & Term life.



**Question** – What is the Enrollment process to add new born baby on the portal?

**Answer** – New Born baby can be enrolled by the employees via Darwin Portal within 60 days of the event date and the cover will be effective from the date of event. To proceed with the same, the employee needs to login to the Darwin Portal with their credentials, post that by clicking on the face icon 'profile button' on the Portal they will get the option to 'change in circumstance' which will help them to add the new born baby. Once the required details of the new born baby (like Date of birth and relationship to the child etc.) are updated on the portal, the employee can enroll their new born child in the desired benefit in the benefits tab, and can click on the cart button and checkout to confirm the selection of the same.

Note: Please note that your Sum Insured remains the same and you will have to pay the additional pro-rated premium to add the new member.

## **Room Rent**

**Question** - In case of normal room rent, which category of rooms to be considered as single standard AC rooms as there could be different categories of single standard AC rooms available in the hospital?

**Answer** - Lowest single standard AC rooms will be considered. Applicable for family on floater basis.

**Question** - In case any employee opts for a higher category room over and above his eligibility, will there be a proportionate deduction?

**Answer** - Yes, in case any employee opts for a higher room category than there will be a proportionate deduction.

## **Infertility**

**Question** – What is covered under Infertility?

**Answer** – Coverage of all procedures related to artificial reproductive techniques on daycare/ hospitalization/ OPD basis for men and women including egg/sperm/embryo freezing/ storage.  
Infertility Treatment covered as per Opted Plan.

**Question** – Does pre and post hospitalization expenses covered under Infertility?

**Answer** – Yes, Pre and post hospitalization expenses will be covered for 30 and 60 days respectively.

## **HIV**

**Question** – What is covered under HIV?

**Answer** - Hospitalization expenses related to treatment of HIV/AIDS or its complications for HIV contracted through blood transfusion only.

**Question** - Whether HIV is covered under IPD or OPD?

**Answer** - HIV is covered under IPD and OPD (restricted to OPD limit) in Default and rest of the plans.

## **Mental Health Care**

**Question** - What is covered under Mental Health Care?

**Answer** –Mental Health Care is covered under the Policy on both IPD/OPD basis. Under this, Therapies /Consultations/Medications will be covered as recommended by the doctor. Example: Psychologist Consultations and Biomedical Therapy.

**Question** - Who all will be eligible for this benefit?

**Answer** - All enrolled dependents including parents/ Parent in law will be eligible for this benefit.

**Question** - What is not covered under Mental Health Care?

**Answer** - Regular psychologist sessions without any medical diagnosis and prescription by medical professional

## Covid

**Question** - Is Covid covered under GMC policy?

**Answer** – Yes, limit for home care is capped up to INR 50,000 per family.

### Contact details for Health Insurance Assistance:

Relationship Matrix			
TPA NAME	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD		
ADDRESS	NeelKanth Corporate Park, 406-412, 4th Floor, Kirol Road / Village Vidya Vihar Society, Vidyavihar, Mumbai – 400086		
DELHI/NCR OFFICE ADDRESS	Plot No. 312, 2nd Floor Udyog Vihar Ph II, Opposite to ICICI Bank Gurugram, Haryana - 122016		
DEDICATED MOBILE HELPLINE	8433734099		
DEDICATED EMAIL ID	spglobalsupport@healthindiatpa.com		
Location	Contact Person	Contact No.	Email Id
SPOC - Delhi NCR	Mr. Subrata Roy	7208934210	<a href="mailto:delhicrm.spglobal@healthindiatpa.com">delhicrm.spglobal@healthindiatpa.com</a>
SPOC 2 - Delhi NCR	Ms. Sonam Katiyar	8433734099	<a href="mailto:spglobalsupport@healthindiatpa.com">spglobalsupport@healthindiatpa.com</a>
Escalation - Delhi NCR	Mr Ankit Thakur	7208978368	<a href="mailto:ankit.thakur@healthindiatpa.com">ankit.thakur@healthindiatpa.com</a>
SPOC - Bangaluru	Ms. Shweta Singh	8976949779	<a href="mailto:blr.crm@healthindiatpa.com">blr.crm@healthindiatpa.com</a>
SPOC - Mumbai	Ms. Komal	7700925510	<a href="mailto:mumbaicrm.spglobal@healthindiatpa.com">mumbaicrm.spglobal@healthindiatpa.com</a>
SPOC - Hyderabad	Mr Renold Jackson	8976964945	<a href="mailto:hydcrm@healthindiatpa.com">hydcrm@healthindiatpa.com</a>
SPOC - Hyderabad	Ms Panchali Ghosh	8655989534	<a href="mailto:panchali.ghosh@healthindiatpa.com">panchali.ghosh@healthindiatpa.com</a>
SPOC - Ahmedabad	Mr. Mitesh Magnur	8655943808	<a href="mailto:ahmdcrm@healthindiatpa.com">ahmdcrm@healthindiatpa.com</a>
Escalation 1 Pan India	Dr Renu Bhardwaj	7208059313	<a href="mailto:renu.bhardwaj@healthindiatpa.com">renu.bhardwaj@healthindiatpa.com</a>
Escalation 2 Pan India	Mr Amit Kumar Anand	9818554929	<a href="mailto:amit.anand@healthindiatpa.com">amit.anand@healthindiatpa.com</a>

### GROUP PERSONAL ACCIDENT (GPA)- Employee

**Question** - What is Group Personal Accident plan?

**Answer** - Accident insurance helps to protect from unexpected financial stress if you meet with an accident. By providing insurance benefits in cases of accidental injuries and disability, it supplements your primary medical plan. The coverage includes payment for the following for employees under accidental insurance:

- Accidental Death
- Permanent Total Disability
- Permanent Partial Disability
- Temporary Total Disability

**Eligibility – Employee Only**

Default cover (S&P Global sponsored) - 5 times of Annual Base Salary with minimum of INR 20Lacs.

**Question -** What are coverages under the Group Personal Accident Cover for Employee?

**Answer –** The coverages under GPA For Employees are mentioned below:

- Accidental Death
- Permanent Total Disablement
- Permanent Partial Disablement
- Medical Extension
- Education Benefit
- Repatriation/Transportation of mortal remains
- Funeral Expenses
- Modification Benefit
- Temporary Total Disablement (Weekly Benefit)
- Emergency Family Travel
- Road Ambulance
- Broken bones reimbursement
- Burns
- Animal/Snake Bite
- Terrorism coverage
- Geography

For more details on the coverage (to know the defined limit Benefit Wise), please refer to Employee Benefit Manual.

**Question -** What are the voluntary Flex Options given under group personal accident cover to Employees?

**Answer –** The Voluntary Flex Options given to Employees under group personal accident are:

1. Option 1: 1 X Annual Base Salary
2. Option 2: 2 X Annual Base Salary

Note: Default Sum Insured is 5 times of Annual Base Salary and employee will have the option to enhance the Sum Insured by 1 time or 2 times of Annual Base Salary to make it a total of 6 times or 7 times of Annual Base Salary respectively.

**Question -** What is Accidental Temporary Total Disablement?

**Answer –** It means disablement caused due to an accident which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured person first became disabled.

**Question –** What is Accidental Permanent Total Disablement?

**Answer –** It means disablement caused due to an accident which entirely prevents an Insured Person from attending to any Business or Occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.

**Question –** What is Accidental Permanent Partial Disablement?

**Answer -** Doctor certified total and continuous loss or impairment of a body part or sensory organ caused due to an accident, to the extent specified in the chart below:

Event	Percentage of Sum Insured
Loss of toes - all	20%
Great - both phalanges	5%
Great - one phalanx	2%
Other than great, if more than one toe lost each	1%
Loss of hearing - both ears	75%
Loss or hearing - one ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	35%

Loss of thumb - both phalanges	25%
One phalanx	10%
Loss of index finger	10%
Three phalanges or Two phalanges or one phalanx	
Loss of middle finger	6%
Three phalanges or Two phalanges or one phalanx	
Loss of ring finger	5%
Three phalanges or Two phalanges or one phalanx	
Loss of little finger	4%
Three phalanges or Two phalanges or one phalanx	
Loss of metacarpals	3%
first or second third, fourth or fifth (additional)	
Any other permanent partial disablement (Percentage as assessed by the Company's Panel Doctor)	

**Question** - What is the coverage under group personal accident?

**Answer** - The coverage under group personal accident is worldwide - 24 X 7.

**Question** - When can I make the claim in group personal accident policy?

**Answer** - You will have to immediately (or as soon as possible) inform the HR or Marsh team of the occurrence of the Accident.

**Question** - How can I purchase the voluntary plan?

**Answer** – You can purchase this plan via generated Flex points or salary contribution.

**GROUP PERSONAL ACCIDENT (GPA) – Spouse Voluntary Flex Options**

**Question** - What are coverages under voluntary personal accident cover for Spouse?

**Answer** - The voluntary personal accident cover for spouse includes death due to accidental causes only anytime during the benefit year.

**Question** - What are the voluntary Flex options given under group personal accident cover to spouse?

**Answer** – The voluntary Flex options given to spouse under group personal accident cover are:

Option 1: INR 1,000,000

Option 2: INR 2,000,000

**Question** - Is mid-term addition of spouse allowed in group personal accident voluntary plan? If yes, how will the same be initiated?

**Answer** – Yes, Mid-term addition under voluntary group personal accident will be allowed in case of newly wedded spouse. The spouse addition on Darwin portal along with voluntary plan enrollment should be done within 60days of such an event.

**Question** - How can I purchase the voluntary plan?

**Answer** – You can purchase this plan via generated Flex points or salary contribution.

**GROUP TERM LIFE (GTL)- Employee**

**Question** - What is Group Term Life Insurance (GTL) Benefit plan?

**Answer** - Group Term Life (GTL) policy reimburses the sum assured to the nominee of the deceased in case of death of the employee.

**Eligibility:** Employee only

**Default Cover (S&P Global sponsored)** - 3 times of Annual Base Salary with minimum of INR 20Lacs.

**Question** - What are the various coverages under Group Term Life Cover?

**Answer** - The coverages for group term life cover for employees include death due to natural causes, illness or accident. Geographical limit is worldwide.

**Note:** Group term life is a worldwide coverage policy but any member(s) traveling to Geo-politically troubled countries like Ukraine, Israel will not get coverage under GTL Policy, such countries will be an exclusion under the Policy.

Please refer to the employee benefit manual for more details.

**Question** - What is the Default Benefit under the Group Term Life Cover?

**Answer** - For group term life, the default cover offered by S&P Global is 3 times of Annual Base Salary with minimum of INR 20Lacs.

**Question** - What are the voluntary Flex options available under the group term life cover?

**Answer** - The voluntary Flex options given to the employees under group term life are:

- Option 1: 1 X Annual Base Salary
- Option 2: 2 X Annual Base Salary

**Note:** Default Sum Assured is 3 times of Annual Base Salary and employee will have the option to enhance the Sum Assured by 1 time or 2 times of Annual Base Salary to make it a total of 4 times or 5 times of Annual Base Salary respectively.

**Question** - How can I purchase the voluntary plan?

**Answer** – You can purchase this plan via generated Flex points or salary contribution.

**GROUP TERM LIFE (GTL) - Spouse**

**Question** - What are the various coverages under Group Term Life Cover for spouse?

**Answer** - The Group Term Life (GTL) policy for spouse reimburses the sum assured to the nominee of the deceased in the case of death of the spouse.

**Note:** Group term life is a worldwide coverage policy but any member(s) traveling to Geo-politically troubled countries like Ukraine, Israel will not get coverage under GTL Policy, such countries will be an exclusion under the Policy.

Please refer to the employee benefit manual for more details.

**Question** - What are the voluntary Flex options given under group term life cover for spouse?

**Answer** - The voluntary Flex options given for Spouse under group term life cover are:

- Option 1: INR 1,000,000
- Option 2: INR 2,000,000

**Question** - Is mid-term addition of spouse allowed in GTL Voluntary Plan? If yes, how will the same be initiated?

**Answer** – Yes, Mid-term addition under voluntary GTL will be allowed in case of newly wedded spouse. The spouse

addition in Darwin portal along with voluntary plan enrollment should be done within 60days of such an event.

**Question** - How can I purchase the voluntary plan?

**Answer** – You can purchase this plan via generated Flex points or salary contribution.

### **Health Plus Plans - Sibling Cover**

**Question** - What is the scope of coverage under Sibling Cover?

**Answer** - Under the health plus plan – sibling cover, you can enroll 1 of your dependent siblings under your family health insurance plan. This is a voluntary upgrade and upon your selection your sibling would be added under the same sum insured health insurance sum insured that you have under the base health insurance and will be eligible for a hospitalization cover up to INR 200,000.

**Note:** The sibling covered here would not be eligible for cover under any other health plus plans such as HospiCash plan, Advanced care plan, Maternity (or related benefits) and OPD cover

**Question** - What are the entitlements under the Health Plus Plan- Sibling Cover?

**Answer** - Your sibling would be added under the same sum insured that you have selected under the base health insurance plan and will be eligible for a hospitalization cover up to INR 200,000.

**Please note that the Sibling would not be eligible for any enhancement under other Health Plus Plans which offer enhanced benefits for eligible dependents, maternity (or related benefits) and OPD cover.**

**Question** - Who is eligible under dependent Sibling cover?

**Answer** - The dependent sibling should be unmarried and financially dependent on the employee.

**Question** - How do I purchase the Health Plus Plan – Sibling Cover?

**Answer** - You can purchase this cover either via generated Flex points or salary contribution during the enrollment window.

**Question** - Will I get any Income Tax Benefit on purchase of Health Plus Plan – Sibling Cover?

**Answer** - No. Tax benefit is not applicable for sibling as per Indian income tax rules.

### **Health Plus Plans- HospiCash Plan**

**Question** - What is the scope of coverage under HospiCash Plan?

**Answer** - This is a specially curated voluntary benefits upgrade available under the health plus plan, which is aimed to provide daily Hospital Cash benefits to the employee and/or for all enrolled eligible dependents under the health insurance plan. In case when an in-patient treatment of a member enrolled under the health insurance plan exceeds 5 days in a normal room / ICU, you can claim INR 3,000 per day of HospiCash for every additional period of stay starting 6th day for a max period of 15 days. The limit of HospiCash plan is within your health insurance sum insured and is not over and above. Upon availing any benefit under this plan, your base health insurance cover sum insured would be reduced by the settled claim amount value.

**Eligibility:** Members covered in health insurance plan as per eligibility

**Question** - What are the entitlements under the Health Plus Plan - HospiCash Plan?

**Answer** - This cover is valid for employee and enrolled dependent family members as per the Health insurance family composition.

In case when an in-patient treatment of a member enrolled under the health insurance plan exceeds 5 days in a normal room / ICU, you can claim INR 3,000 per day of HospiCash for every additional period of stay starting 6th day for a max period of 15 days. The limit of HospiCash plan is within your health insurance sum insured and is not over and above. Upon availing any benefit under this plan, your base Health insurance cover sum insured would be reduced by the settled claim amount value.

**Question** - How do I purchase the Health Plus Plan – HospiCash Plan?

**Answer** - You can purchase this cover via generated Flex points or salary contribution during the enrollment window.

**Question** - Will I get any Income Tax Benefit on purchase of Health Plus Plan – HospiCash Plan?

**Answer** - Yes, the premium paid by the Employee would be eligible for Tax Savings as per Old Tax Regime and deduction will reflect in form 16 of the employee.

**Question** - How can I claim for HospiCash Plan?

**Answer** – In case you are eligible to claim under this plan, please contact the TPA and initiate a reimbursement claim. Please refer to the list of TPA SPOCS and documents required for the claim submission on Darwin Portal under 'Quick Links'. These details along with Reimbursement Claim Process are also available in the employee benefit manual.

## **Health Plus Plans - Advanced Care Plan**

**Question** - What is the scope of coverage under Advanced Care Plan?

**Answer** - This is a specially curated voluntary upgrade available under health plus plan, which is aimed to provide voluntary additional benefits under your health insurance plan. This plan is applicable for you and your enrolled eligible dependents.

The limit of Advanced Care plan is within your health insurance sum insured and is not over and above. Upon availing any benefit under this plan, your health insurance plan sum insured would be reduced by the settled claimed amount value. This benefit is not applicable under OPD plan.

**Eligibility:** Members covered under the Base Health Insurance Plan.

**Question** - What are the entitlements under the Health Plus Plan- Advanced Care Plan?

**Answer** – The entitlements under the Health Plus Plans- Advanced Care Plan are mentioned below:

- Cancer Screening for Family Members (in hereditary cases) to be covered up to INR 100,000

- Sleep Apnea covered upto INR 50,000
- Lasik surgery up to the refractive error of the patient is more than +/- 4.5
- Neurodevelopmental disorders, neurological, developmental, genetic or muscular disorder leading to disability to be payable on both hospitalization and OPD basis upto INR 100,000

**Question** - How do I purchase the Health Plus Plan – Advanced Care Plan?

**Answer** - You can purchase this cover via generated Flex points or salary contribution during the enrollment window.

**Question** - Will I get any Income Tax Benefit on purchase of Health Plus Plan – Advanced Care Plan?

**Answer** -. Yes, the premium paid by the Employee would be eligible for Tax Savings as per Old Tax Regime and deduction will reflect in form 16 of the employee.

**Question** - How can I claim for Advanced Care Plan?

**Answer**- In case you are eligible to claim under this plan, you may opt for Cashless/Reimbursement Claim Process. Please find the “list of TPA SPOCS” and “documents required to file the claim” on Darwin Portal under ‘Quick Links’. These details along with Cashless/Reimbursement Claim Process are also available in the EBM (Employee Benefit Manual)

## Wellbeing Solutions- Elder Care Plan

**Question** - What is the scope of coverage under Elder Care Plan?

**Answer** - This is a specially curated benefits package, which aims to cover health & wellbeing of Parents and Parents-in-law on an on-going basis throughout the year through a digital platform. Upon subscription of this plan, you will get access to an online platform where you have to register your Parent/s and/or Parents-in-law to activate the service offerings. You can enroll a maximum of 4 members consisting of 2 Parents and 2 Parents-in-law only. This plan can be opted irrespective of their enrollment under the health insurance plan.

This is a bundled benefit program designed specifically for remote care of elderly Parents and / or Parents-in-law. You will receive access to a digital platform through which you can avail and monitor delivery of the listed benefits under this program.

**In case of exit, pro-rata refund is not applicable for this plan. Employees can continue availing this plan till the end of the policy period.**

**Vendor:** Zealver

**Question** - What are the entitlements under the Wellbeing Solutions- Elder care Plan?

**Answer** – The entitlements per parent under the Wellbeing Solutions Elder care plan are mentioned below:

- Proactive outbound health check-in calls from Doctors and Geriatricians to elder parents (6 calls per year/ 4 from GPs and 2 from a Geriatrician)
- Storage of electronic health records (EHR) and Health risk assessment tool
- Zealver Health Assistance Desk – Access to our PAN India Health Network for any additional health needs
- Fall Risk Assessment Survey + exclusive musculoskeletal strength screening and 1 physiotherapist consult with vitals by a physiotherapist



- Exclusive mental wellbeing assistance for elders: Unlimited access to mental health counselors for elder parents.
- Unlimited incoming call access to General Physicians 24x7 for elders
- Once a year Free Ambulance service based on emergency
- Annual blood tests (at home) – CBC, Hba1c, SGOT, SGPT, Total Cholesterol, TSH, and Calcium level
- Dedicated Helpdesk/customer support specific to the program
- Periodic physical check-ins by a Zealver Caregiver (home visit) – Once per quarter (4)
- Repeat blood tests for skewed values (HbA1C & Total cholesterol) - Members whose HbA1C & Total cholesterol values are abnormal; the same blood tests will be repeated after 3 months.

**Question** - How do I purchase the Wellbeing Solution – Elder Care Plan?

**Answer** - You can pay via generated Flex points or salary contribution. Post the closure of enrollment window, you will separately receive an email from the vendor to register on their website to utilize the program.

**Question** - How do I enroll for the Wellbeing Solution – Elder Care Plan?

**Answer** - Once you select the Elder Care program, post the enrolment window closes, you will receive an email from the vendor partner asking you to register your parents/ parents-in-law. Post registration, vendor will create health platform accounts for your enrolled parents / parents-in-law and share the login credentials with you with instructions for Health Risk Assessment (HRA), dedicated helpline number and further utilization of all services.

**Question** - Who is the service provider of the Wellbeing Solution – Elder Care Plan?

**Answer** – The service Provider for Elder care plan is Zealver

**Question** – Is pro-rata refund applicable for this plan?

**Answer** – In case of exit, pro-rata refund is not applicable for this plan. Employees can continue availing this plan till the end of the policy period.

## Wellbeing Solutions - Pregnancy Care Plan

**Question** - What is the scope of coverage under Pregnancy Care Plan?

**Answer** - This is a specially curated benefits package, which aims at covering Health & Wellbeing of expecting mothers for their pre-natal and post-natal journey.

Please note that purchase of this plan will not increase your Sum Insured available under the base Health Cover plan and is not a part of the Health Insurance Plan.

Vendor: Zealver

Please refer to Employee Benefit Manual for more details.

**Question** - What are the entitlements under the Wellbeing Solutions- Pregnancy care Plan?

**Answer** –The entitlement under the Wellbeing solutions- Pregnancy care plan is mentioned below:

- Unlimited incoming call access to General Physicians 24x7
- Storage of electronic health records (EHR)
- Unlimited access to mental wellbeing counselors
- Monthly Nutritionist Consults for Expectant Mothers – 9
- Gynecologist Teleconsults (includes 1 post-natal care planning call) - 4 (1 per trimester plus 1 postnatal)

- Informative Newsletters - Once a month
- Health Tips, advice and guidance content – Fortnightly
- Discounts on medicine purchases from preferred partners
- Health Assistance Desk - for arrangements of additional requirements
- Dedicated helpdesk/customer support 24/7
- Zealver Companion - A dedicate companion cum case manager to assist and guide members throughout their Pregnancy care plan so they make the best of the benefits offered
- \*Proactive outbound health check-in call from a Pediatrician (1 Teleconsultation)
- \*Proactive outbound health check-in call from a Lactation Counsellor (1 Teleconsultation)

**Question** - How do I purchase the Wellbeing Solution – Pregnancy Care Plan?

**Answer** - You can pay via generated Flex points or salary contribution. Post the closure of enrolment window, you will separately receive an email from the vendor to register on their website to utilize the program.

**Question** – Is pro-rata refund applicable for this plan?

**Answer** – In case of exit, pro-rata refund is not applicable for this plan. Employees can continue availing this plan till the end of the policy period.

## **Critical Illness Employee and Spouse:**

**Question** - What is the scope of coverage under Critical Illness for Employee and Spouse?

**Answer** - When a serious illness strikes, Critical Illness insurance can provide financial support to help you through a difficult time. It protects against the financial impact of certain illnesses such as a heart attack, cancer, stroke, a total of 25 listed illnesses. Please refer to the Employee Benefit Manual to know more details.

**Question** - What are the sum insured options provided for critical illness cover?

**Answer** - Critical Illness Plan is available for Employee and Spouse only. This benefit is not applicable for children or parents and / or in-laws. The Sum Insured Options Provided to Employee and Spouse are:

- Plan 1.** INR 500,000
- Plan 2.** INR 1,000,000
- Plan 3.** INR 2,000,000

**Question** - Which all Critical Illnesses are covered under this plan?

**Answer** - There are 25 Major Critical Illnesses covered under this plan. The List of Critical Illness covered under this plan are as mentioned below:

1. Cancer of Specified Severity
2. Kidney Failure Requiring Regular Dialysis
3. End Stage Liver Failure
4. Major Organ Transplant/Bone Marrow Transplant
5. Open Heart Replacement or Repair of Heart Valves
6. Open Chest CABG
7. Stroke resulting in Permanent Symptoms
8. Permanent Paralysis of Limbs
9. Myocardial Infarction (First Heart Attack of Specified Severity)

10. Multiple Sclerosis with Persisting Symptoms
11. Coma of Specified Severity
12. Parkinson's Disease
13. Benign Brain Tumor
14. Alzheimer's Disease
15. Aorta Graft Surgery
16. Deafness
17. Loss of speech
18. Third Degree Burns
19. Motor Neurone Disease with Permanent Symptoms
20. Primary (Idiopathic) Pulmonary Hypertension
21. Loss of Limb
22. Muscular Dystrophy
23. Blindness
24. Major Head Trauma
25. End Stage Lung Failure

**Question** – Are pre-existing diseases covered for critical illness plan?

**Answer** – No, pre-existing diseases are not covered for critical illness plan.

**Question** - What is Waiting Period?

**Answer** - Waiting period is the time period for which you need to wait before getting the insurance benefits under critical illness plan. It begins with the date of policy commencement and for the first 15 days, you will not be able to avail this benefit.

**Question** - What is Survival Period?

**Answer** - Survival period is defined as the length of time one must survive after the diagnosis of critical illness. The **Survival Period** under this plan is 30 days.

**Question** – Is there any prior medical test required to avail this benefit?

**Answer** – No medical tests or declaration will be required at the inception of the policy but at the time of claim, the employee will have to prove that the disease is detected during the policy period only. And a waiting period of 15 days will apply.

**Question** – How can I purchase the critical illness cover?

**Answer** – You can opt for this plan via generated Flex points or salary contribution.

**Question** – Is pro-rata refund applicable for critical illness cover?

**Answer** - If the employee exits the organization before policy expiry, he/she will get pro-rated refund in case of No claim under the plan.

**Question** – How can I claim for this plan?

**Answer** - Reimbursement claim process will be applicable under Critical Illness cover. Please reach out to your Broker/TPA SPOCS.

## Non-Insured/Reimbursement Flex Benefits:

**Question:** What are Non-Insured/Reimbursement Benefits?

**Answer:** These are non-insurable / reimbursement benefits which consist of Health & Wellness, PWD Benefits and Others. You can avail these benefits as per the **vendor of your choice** and then apply the bill for reimbursement against the generated Flex points (if any) through HealthIndia TPA.

List of non-insurance benefits along with applicability is mentioned in the given chart:

Benefit	Eligibility	Benefits	Scope
Health and Wellness	As per the members opted under health insurance cover	Autism Care  Menopause Care	<ul style="list-style-type: none"> <li>Autism Care - Therapy, consultations, IPD / OPD treatments, counselling etc.</li> <li>Menopause Care - All expenses over and above base OPD cover</li> </ul>
PWD Benefits	As per the members opted under health insurance cover	Nursing Care at home  Home Modifications Vehicle Modifications Physical Aids	<ul style="list-style-type: none"> <li>Expenses related to hiring a registered nurse for home care</li> <li>All necessary home modifications such as Grab bars, safety rails, non-slip surfaces, wheelchair turnaround areas, bathroom modifications etc.</li> <li>Vehicle Modifications such as seat belt adjustments, safety bars, ramps, hand controls etc.</li> <li>Cost of Physical Aids required due to disability such as Wheelchair, crutches, hearing aids, laptops/computers for especially abled etc.</li> </ul>
Lifestyle	As per the members opted under health insurance cover	Pet Care Expenses & Pet Insurance  Vehicle/Travel Insurance  Vacation- Travel & Stay expenses	<ul style="list-style-type: none"> <li>Pet Care expenses such as medical, food, expenses incurred while buying a pet, pet insurance. Pet grooming expenses excluded. Only applicable for the registered pet with the local municipal authorities in India.</li> <li>Vehicle / Travel Insurance – Insurance charges for vehicle / travel</li> <li>Vacation – Expenses incurred towards vacation (domestic/international) – covers transportation (air, water, rail, road, car rentals etc.) and accommodation. Food and fuel expenses are excluded.</li> </ul>

**Question** - How can you avail these Non-Insured Benefits?

**Answer** - If you are left with Flex points after your insurance benefit selections, these points will be allocated to

reimbursement / non-insured benefits. The benefits can be utilized throughout the year.

You can avail these benefits as per the **vendor of your choice** and then apply the bill for reimbursement against the generated Flex points (if any) through HealthIndia TPA.

**Note:** Only generated flex points can be allocated for availing non-insured benefits. Salary contribution is not permissible.

**Question** – What is the process to reimburse these benefits?

**Answer** – Post the enrollment window closure, any left-over points will be allocated to reimbursement / non-insured benefits on Darwin.

- Employees will submit the claims for reimbursement to HealthIndia TPA. Reimbursement claims can be submitted at [Spglobalsupport@healthindiatpa.com](mailto:Spglobalsupport@healthindiatpa.com)
- The vendor can be as per the choice of the employees. Bills/Invoices must be submitted in the name of the employee. Each claim should be supported by a scanned copy of the bill Please note: All payment receipt/bill/invoices should be pre-printed/pre-numbered.
- The TPA will check the bill against the scope of benefits provided and approve the amount to be reimbursement against the available Flex points.
- Approved amount will be settled by the TPA.

**Question** – What are some of the important points that should be kept in mind for Non-Insured Benefits?

**Answer** – The important points are mentioned below -

- Reimbursement benefit options will be available only after selection of insured benefits.
- The balance Flex points, after insured benefit selections, will be allocated to reimbursement benefits post the enrollment window closure. Once allocated, Darwin will not allow any reduction / reversal of points.
- While allocation is made once a year, reimbursements can be claimed round the year, as long as Flex points do not get exhausted.
- Merchant/Vendor can be as per the choice of employees.
- Each claim should be supported by a scanned copy of the bill. All payment receipt/bill/invoices should be pre-printed/pre-numbered. Reimbursement claims can be submitted at [Spglobalsupport@healthindiatpa.com](mailto:Spglobalsupport@healthindiatpa.com)
- Any bill submitted for reimbursement should be used only once.
- Amount will be reimbursed only after necessary bills are submitted.
- Any utilized Flex points will lapse at the end of the policy period. They cannot be carried forward or en-cashed.
- These can be reimbursed only against generated Flex point balance, no option of salary contribution.
- Reimbursed amount will be subject to perquisite tax deduction.
- Amount claimed will be settled against available Flex point balance.
- 1 Flex Point = 1 INR