S&P Global

FlexForward 2025

Flexible Benefits Program

FlexForward 2025

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Introduction to Flexible Benefits

What is ‘FlexForward’?

FlexForward is the new benefits plan which gives you greater flexibility and choice, by providing you the freedom to design your personal benefits package with your unique needs in mind.

The new benefit year will run from 1st Jan 2025 to 31st Dec 2025 **for active employees only**. If you are a new hire enrolling post 1st Jan 2025, your coverage will begin from your joining date till 31st Dec 2025. **If you leave during the year, the coverage would be extended till your separation date only**.

They are your benefits – make the most of them.

FlexForward allows you to choose a mix of benefits that best suit you and your family’s needs.

You are protected with a core / minimum level of insurance benefits. You may receive flex points dependent on medical plan selection. You can generate Flex points by moving to a lower medical plan than the default plan. You can then use these flex points to select various levels of optional coverage to suit your personal needs.

1 Flex Point = 1 INR

‘FlexForward’ program will have three elements –
Core / Minimum Benefits, Default Benefits & Optional Benefits

Core/Minimum Benefits - These are mandatory/minimum level of benefits offered by S&P Global

1.Core/Minimum Benefits include:

- Medical Insurance - Coverage of INR **700,000 for Employee Only**
- Personal Accident Insurance - **5 Times of Annual Base Salary with minimum of INR 2,000,000 Lacs is the core coverage** for Employee only
- Group Term Life Insurance - **3 times of Annual Base Salary with minimum of INR 2,000,000 Lacs. Base + Voluntary Coverage Maximum up to 5 times of Annual Base Salary. (The Total coverage under Base + Voluntary should not exceed 10 times of Annual Base Salary) for Employee only**

2.Default Benefits - These are the traditional benefits offered by S&P to its employees. In case any employee does not participate in the enrolment process, their previous year’s selection will be carried forward for medical insurance.

- Medical Insurance - Coverage of INR 700,000 for Employee + Spouse+ 2 Children + 2 Parents/Parents In Law
- Personal Accident Insurance - **5 Times of Annual Base Salary with minimum of INR 2,000,000** for Emp Only
- Group Term Life Insurance - **3 times of Annual Base Salary with minimum of INR 2,000,000 Lacs. Base + Voluntary Coverage Maximum up to 5 times of Annual Base Salary. (The Total coverage under Base + Voluntary should not exceed 10 times of Annual Base Salary)** For Employee Only

3.Optional Benefits - These are a combination of Insurance and Non-Insurance Benefits. Insurance Benefits consist of voluntary plan enhancements and multiple top up options. Non-Insurance benefits consist of health & wellness.

Under *FlexForward* you can:

- Keep default plan with no changes - you must complete the enrollment of your dependents to cover them under the Policy starting from, 1st Jan 2025.
- Move to higher plan options or enhance other benefits by using the additional flex points
- Purchase new benefits through flex points and / or salary deduction
- Opt for optional / reimbursement benefits from the defined catalogue (only available through Flex points)

FlexForward – Overview of the Structure

- Flex points will be allocated to each and every employee based upon your Health Insurance Plan selection which will be visible on the Darwin portal. Default allocation of points will be similar to everyone, and it would start to vary only after selection.
- Employees can use these flex points to select appropriate coverages from various options that best suit their individual life needs. You can also opt for the insured benefits through salary contribution in case Flex points are not available.

Default Benefit

Health Cover – New India Assurance

- Cover – INR 700,000
- Employee + Spouse + 2 Children + 2 Dependent Parents/Parents-In-Laws)
- **10% copay on IPD claims for all members**
- **Lock-in applicable for all members**

Personal Accident Cover – New India Assurance

- 5 Times of Annual Base Salary with minimum of INR 2,000,000
- Employee Only

Life Insurance Plan – Aditya Birla Sun Life Insurance Company

- 3 times of Annual Base Salary with minimum of INR 2,000,000
- Employee Only

Flexible Benefits Options

Group Mediclaim Cover

Choose Dependents & Cover

Sum Insured 7L to 30L
Family Options : E only, ES/EC, ESC, E+2P/PIL, ES+2P/PIL, EC+2P/PIL ESC+2P/PIL, ESC+ 2P + 2PIL

Group Personal Accident

FlexForward Options for employees

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

FlexForward options for Spouse
INR 10 L
INR 20 L

Group Term Life Policy

FlexForward Options for employees

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

FlexForward Options for Spouse
INR 10 L
INR 20 L

Critical Illness Plan

Plan for employee and Spouse to protect the insured against financial loss in the event of a critical illness such as a heart attack, cancer, stroke etc.

Non-Insured Benefits

Health and Wellness

- Autism Care
- Menopause Care
- Consultations
- Hormonal medicines(prescribed) & hormonal therapy
- Mental wellbeing counselling:
- PWD Benefits
- Lifestyle
- Reimbursement Benefits utilization guidelines

E – Employee, S – Spouse/Partner, C – Child, P – Parents, PIL Parents-in-Law

Each flex point is equivalent to 1 INR

Co-pay - 10% on Default Plan (ESCP/PIL)

Co-Payment

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
Admissible claim amount = INR 4,70,000 (After non-payable item and other policy deduction)
Co-pay will be 10% of admissible amount = INR 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
Admissible claim amount = INR 82,000 (After non-payable item and other policy deduction)
Co-pay not applicable as it's a capped procedure.
Insurance will pay INR 82,000.

Co-pay scenario in normal IPD claim (Flex Up Plan):
Sum Insured = INR 10,00,000,
Claim cost = INR 1,50,000
Admissible claim amount = INR 1,30,000 (After non-payable item and other policy deduction)
Co-pay not applicable as it's a flexed-up plan.
Insurance will pay INR 1,30,000.

Lock-In

2025

Employee 1:

Opted for a SI of INR 10 lacs and covered Self, Spouse and 2 kids in 2025.

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

- ❑ Complete flexibility to select any plan.
- ❑ Lock-in on the plan for next two years.

2026

Employee 2:

Opted for INR 12.5lacs and covered Self, Spouse, 2 Kids and Parents in 2025.

Can choose INR 15 lakh plan in 2026.

- ❑ Flex down not permitted
- ❑ No change allowed in family composition
- ❑ Sum insured can be step up by one level.
- ❑ Dependents cannot be changed
- ❑ New dependents (like spouse, parents-in-law) can be added during mid-year for life event change circumstance within the same sum Insured

2027

Employee 3:

Scenario 1: 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.

Scenario 2: Opted for INR 12.5 lacs and covered Self, Spouse, 2 Kids and Parents in 2025, did not do any changes in 2026, can choose INR 15Lakh plan in 2027

- ❑ Flex down not permitted
- ❑ No change allowed in family composition
- ❑ Sum insured can be step up by one level
- ❑ Employees will be allowed to add the new dependents (like spouse, parents-in-law) within the same sum Insured during mid-year for life event change circumstance

How does FlexForward work?

Core benefits and flex points

- Each employee is protected with a core / minimum benefit to avoid erroneous selection.
- S&P will provide flex points to the employees based upon their medical plan selections.
- Flex points can be used to avail additional and optional benefits.
- Each flex point is equivalent to INR 1.
- Flex point allocation for new hires, during the first year, will be prorated based on the number of months left in the calendar year.
- Unused flex points will lapse at the end of the year and cannot be uncashed or carried forward.

Spending via Flex points Allocation / Salary Contribution

- Flex points need to be first allocated towards insurance benefits during the enrolment window, to ensure that employees have selected appropriate insurance cover for self and family. Refer to the enrolment section to know more about enrolment process.
- If you wish you to utilize balance under non-insurance, you need to allocate the remaining flex points under optional/non-insurance benefits on Darwin portal during the enrolment window.
- If the cost of insurance benefits selection exceeds the eligible flex points, the excess will be funded through salary contribution via payroll.
- For voluntary selections, the deduction of premium will be done in 3 equal Instalments from your salary post completion of your enrolment.
- For new joiners, joining in Oct., premium deduction will be done in two equal installments(i.e from Nov. and Dec. salary). For employees, joining in Nov., premium deduction will be done in 1 installment (i.e Dec. salary). For Dec. joiners, premium deduction will be done in 1 installment (i.e from Jan salary).
- For life events and new hires, considering the payroll cut-off date is 11th of every month, accordingly salary deduction will happen if employee has contributed from the salary.
- Salary contribution can be used to buy insurance benefits only. Non-insurance / Reimbursement benefits cannot be purchased using salary contribution as the employee can pay for these benefits directly.
- Once flex points are allocated to the Non-Insurance benefits, they cannot be reversed.
- All Non-Insured Benefits can be availed through the Health India TPA portal after the allocation is made on DARWIN'. There will be a single sign on provided through DARWIN
- All non-insurance benefit claims will be processed as reimbursement only by Health India TPA and once the claim is approved, employees will get the amount reimbursed as per the bank account details submitted to TPA.

Flex points at the time of Exit

- The allocation of flex points is for the entire financial year. In the event of exit from S&P Global, during the year, the entitlement of flex points will be prorated:
- Pro-rated employee contributed premium (salary deduction) refund in case of no-claims will be refunded in the F&F settlement of the employee at the time of exit, however any exits after 10th Dec will not be eligible for refund of premium.
- All unused flex points will lapse on the exit date & no encashment will be allowed.

Health Insurance

The Health Insurance Plan provides insurance benefits to pay for hospitalization care, if you or your enrolled 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.

FlexForward 2025

Health Plan - Modular Benefit Entitlements

Sum Insured	INR 7 Lacs	INR 10 Lacs	INR 10 Lacs (Options with P, PIL)	INR 12.5 Lacs	INR 15 Lacs	INR 20 Lacs	INR 30 Lacs
Family Options	• E Only • EC • ES • ESC • E + 2P/PIL • EC + 2P/PIL • ES + 2P/PIL • ESC + 2P/PIL	• E • EC • ES • ESC	• E + 2P/PIL • EC + 2P/PIL • ES + 2P/PIL • ESC + 2P/PIL • ESC + 2P + 2PIL	• ESC • E + 2P/PIL • EC+2P/PIL • ES + 2P/PIL • ESC + 2P/PIL • ESC + 2P + 2PIL	• ESC • E + 2P/PIL • EC + 2P/PIL • ES + 2P/PIL • ESC + 2P/PIL • ESC + 2P + 2PIL	• E + 2P/PIL • EC + 2P/PIL • ES + 2P/PIL • ESC + 2P/PIL • ESC + 2P + 2PIL	• ESC + 2P/PIL • ESC + 2P + 2PIL
No. of Parents	One set of parents allowed	NA	Cross selection not allowed. Two or both sets allowed	Cross selection of 2 / or both sets	Cross selection of 2 / or both sets	Cross selection of 2 / or both sets	Cross selection of 2 / or both sets
Parental sublimit	INR 5 Lacs	NA	INR 7 Lacs	INR 10 Lacs	INR 12 Lacs	INR 15 Lacs	INR 20 Lacs
Co-pay*	10% copay on all IPD claims for all members.	NIL	NIL	Nil	NIL	NIL	NIL
Maternity Benefit	100,000	125,000	150,000	150,000	150,000	200,000	250,000
Infertility Cover	100,000	150,000	200,000	250,000	300,000	350,000	500,000
Intravitreal injection	Not Covered	100,000	125,000	150,000	175,000	200,000	250,000
Epidural injections	Not Covered	100,000	100,000	150,000	175,000	200,000	250,000
OPD	20,000 (No copay applicable)	E Only - 20,000 EC/ ES / ESC - 30,000	40,000	50,000	60,000	70,000	80,000

E - Employee, **S** - Spouse / Partner, **C** - Children
P - Parents, **PIL** - Parents-in-law | **PSL -** Parental Sub-Limit

Coverages Under Default and Modular FlexForward Options

Benefits / Extensions	Coverage
Standard Hospitalization	Covered
TPA services	Covered
Preexisting diseases	Covered
Waiver on 1st year exclusion	Covered
Waiver on 1st 30 days excl.	Covered
Maternity Benefits	Covered
Pre & Post Natal Expenses	Covered (covered within Maternity limit)
Baby cover day 1	Covered
Age dependent children	25 years
Age dependent parents	90 years
Day Care Treatment	Covered (as per insurer's list)
No active line of treatment	Covered for life threatening cases
Pre-Post Hospitalization Expenses	Covered pre 30 and post 60 days respectively

Benefits / Extensions	Coverage
Room Rent (Normal Room)	Single Standard AC Room
Room Rent (ICU)	At Actuals
Ground Ambulance Charges	INR 7,000 per incident, up to 15,000 for Pandemic/Epidemic cases
Air Ambulance Charges	Covered up to INR 100,000 per incidence
Cataract	Limit of INR 50,000 (Per eye)
LGBT Coverage	Covered
Genetic Disorders	Covered up to 25% of Sum Insured
Robotic Surgery	Covered up to SI for cancer and neurological diseases
Mental Illness	Mental health care – IPD/OPD and therapy
Ayush	Covered up to Sum Insured
Disability Related Benefits	Covers cost of medical equipment / mobility aids / prosthetics (medically necessary and prescribed by the doctor) up to INR 25,000 for PWD (Persons With Disability, as per Disability Act 2016).

Coverages Under Default and Modular FlexForward Options

Benefits	Coverage
Surrogacy	Surrogacy coverage for delivery charges up to defined maternity limit. Pre-post natal covered up to Maternity limit. Complications of surrogacy covered up to full sum insured
Infertility	Covered up to INR 1 Lac
Cyberknife	Coverage with 50% co-pay
Coverage for dependents in case of employee's death	Covered up to policy expiry
No deduction in case of death of the employee, Spouse, Children and Parents/in law	Covered
Coverage for disabled children without age cap	Covered
External congenital for non-cosmetic cases	Covered
Oral chemotherapy	Covered up to INR 2 Lacs for ESCP
Hormonal therapy for cancer	Conventional and non -conventional Chemotherapy done on hospitalization/OPD/Home are covered under the policy if prescribed by the doctor. Covered up to INR 3 Lacs per family
Targeted therapy for cancer	Conventional and non -conventional Chemotherapy done on hospitalization/OPD/Home are covered under the policy if prescribed by the doctor. Covered up to INR 3 Lacs per family
Gender reassignment surgery	Covered up to INR 2 Lacs
HIV cover	Covered
Cochlear implant	Covered up to 50% SI
Stem cell therapy	Covered up to SI
Domiciliary	Covered
Home care	Covered. No life-threatening clause. Set up charges for installing hospital like set up at home for management of COVID and non-COVID treatment for eg., hospital bed, ventilator, oxygen set up etc. to be covered
Laser prostrate	Up to 2.5 Lacs
PPE kits	Cover PPE kits for all diseases
Covid testing	Pandemic/Epidemic testing Cost to be payable for any hospitalization case if advised by treating doctor as a prerequisite to the treatment/ hospitalization protocol.
Rehabilitation services	Cover rehabilitation services including physical therapy, occupational therapy, speech therapy, and related treatments for all ailments.

Standard Coverages

Coverage for expenses related to

- Room and boarding
- Doctors' fees
- Intensive care unit
- Nursing expenses
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy

Please Note:

- *The expenses are payable provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.*
- *Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time period, will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalisation Benefit.*
- *Proportionate Deduction: Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be affected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent. In case of a Pre-Defined Package like CABG, TKR etc cost of equivalent of lower packages is approved.*

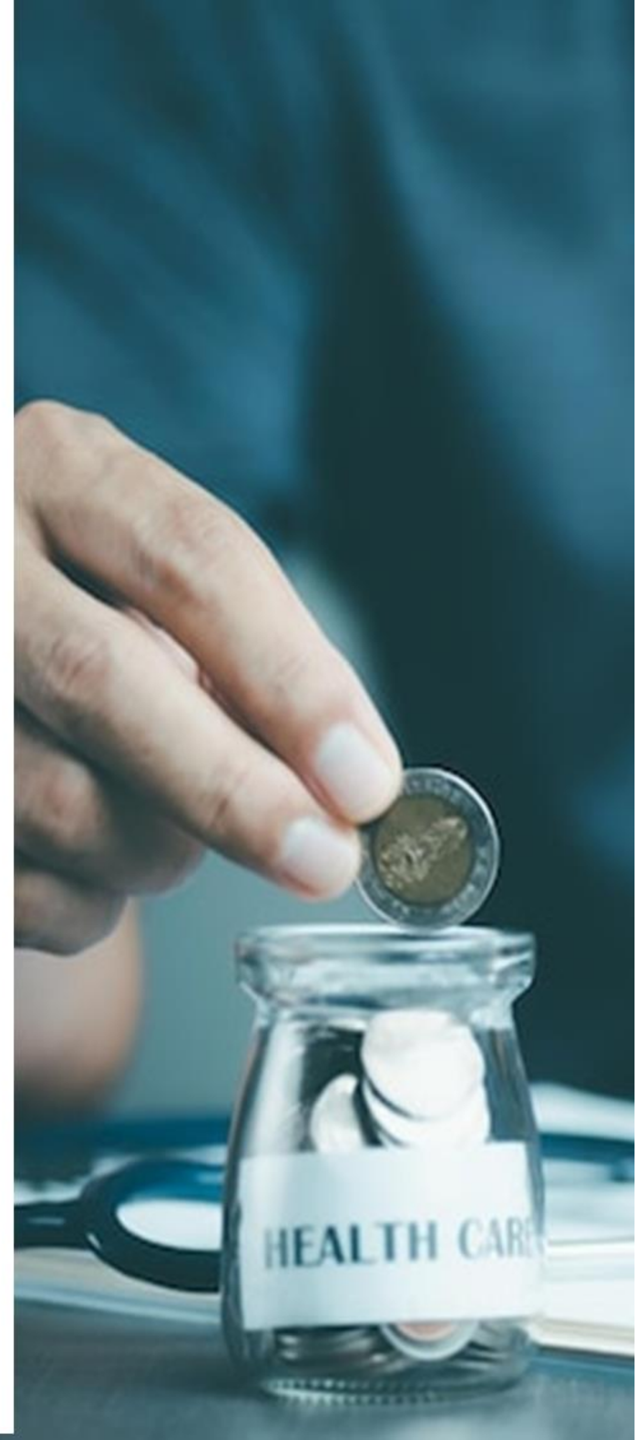
Pre & Post Hospitalization Expenses

Pre-hospitalization Expenses

Definition	If the Insured member is diagnosed with an Illness which results in his / her Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalization expenses for up to 30-days prior to his / her Hospitalization.
Covered	Yes
Duration	30 Days

Pre-hospitalization Expenses

Definition	If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required, the Insurer will reimburse the Insured member's Post-hospitalization expenses for up to 60-day period.
Covered	Yes
Duration	60 Days



Maternity, Surrogacy and Infertility Coverages

Benefit Details

- Normal / Cesarean Delivery : Limit as per the opted modular plan
- Maximum of 2 children covered (in case of twins in 2nd Maternity*, all three children will be covered)
- 9 Months waiting period waived off
- Pre-Post Natal Expenses covered up to maternity limit under IPD only.
- Infertility Treatment covered as per opted modular plan - Cover all procedures related to artificial reproductive techniques on daycare/ hospitalization/ OPD basis for men and women including egg/sperm/embryo freezing/ storage
- Surrogacy - Delivery charges covered up to defined maternity limit. Maternity limit will be as per the opted modular plan. Pre-post natal expenses are covered up to Maternity limit. Coverage for complications of surrogacy covered up to full sum insured. Note: Surrogacy will be covered as per the Surrogacy Act.
- Newborn Baby Covered from Day 1

Please Note:

- These benefits are admissible in case of hospitalization in India.
- Covers first two children only.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Maternity related complications are covered up to the sum insured limit
- Maternity claim (Pre-Post Natal) can only be initiated post-delivery

***Darwin portal will allow you to declare 2 children as per the standard policy condition but in case of twins in second maternity, you will have to write to spglobalsupport@marsh.com to cover your 3rd child from the backend.**

Advanced Treatments

Cochlear Implant
(Covered under default plan)

What is covered

- Coverage for surgery and treatment using cochlear implant for hearing problems
- Maximum up to 50% Sum Insured of the chosen plan

What is not covered

- Standards policy exclusions
- External hearing aids.

  Note - In case of disability, this will be covered as per Disability Act 2016 subject to medical necessity and prescription by the Doctor. Total disability limit is up to INR 25,000. The benefit will be payable from IPD sum insured (which covers IPD and OPD expenses both),

Cochlear Implant
(Covered under default plan)

Claims Scenario 1 (Cochlear Implant)

- Sum Insured = INR 7 Lac
- Claim cost = INR 3 Lacs
- After Non-payable items and other policy deduction, say admissible amount is INR 2.8 lacs then Insurance will pay 50% of admissible amount which is 1.4 Lacs

Claims Scenario 2 (Cochlear Implant)

- SI = INR 7 Lac
- Claim cost = INR 10 Lacs
- After Non-payable item and other policy deduction, say admissible amount is 9.6 L Insurance will pay 50% of Sum Insured = INR 3.5 Lacs *because claim cost is more than the SI so 50% of SI will be payable

Stem Cell Treatment
(Covered under default plan)

What is covered

- Covers stem cell treatment for FDA approved conditions
- Covered up to Sum Insured of the chosen plan

What is not covered

- Experimental use
- This is not a cover for stem cell harvesting/ storage

Advanced Treatments

Cyberknife
(Covered under default plan)

What is covered

- Coverage for treatment using Cyberknife
- 50% copay to apply

What is not covered

- Standards policy exclusions

Cyberknife
(Covered under default plan)

Claims Scenario 1 (Cyberknife)

- Sum Insured = INR 7 Lacs
- Claim cost = INR 3 Lacs
- After Non-payable item and other policy deduction, say admissible amount is INR 2.8 Lacs
- Co-pay will be 50% of admissible amount which is INR 2.8 Lacs
- Insurance will pay 50% of 2.8 L = 1.4 L

External Congenital
(Covered under default plan)

What is covered

- Inpatient treatment for coverage for external and visible defects present in child since birth done for non-cosmetic reasons.

What is not covered

- Cosmetic procedures
- Standard policy T&C

Mental Healthcare and Death Related Support

Death Related Support (Covered under default plan)

No deduction in case of death of employee or any dependent

What is covered

- If a claim is admissible under policy terms and conditions, there will be not deductions like non-medical expenses.

Death Related Support (Covered under default plan)

Continued Dependent coverage in case of employee death

What is covered

- Eligibility: Dependents already enrolled in the program
- Coverage: Health insurance cover as per policy terms and conditions of the plan till end of the policy period

Process

- Employee is not removed from the insurance data
- Claim can be lodged using the health insurance e-card

Mental Health Care (Covered under default plan)

What is covered

- Mental health care – IPD/OPD and therapy

What is not covered

- Regular psychologist sessions without medical diagnosis and prescription by medical professional

Inclusive Benefits

Gender Reassignment Surgery (Covered under default plan)

What is covered

- Eligibility : Employee only
- Cover level: INR 200,000
- Coverage is only for gender reassignment surgery and associated pre-post hospitalization expenses.
- Psychiatric counselling / consultations related to gender – reassignment will be covered up to mental health cover in advanced plan even if not falling in pre- post- surgical period.

What is not covered

- Cosmetic procedure surrounding gender re-assignment
- *For OPD coverage related to gender reassignment without hospitalization, refer to OPD T&C.

HIV (Covered under default plan)

What is covered

- Eligibility: Covered for HIV contracted through blood transfusion only
- Limit: Up to sum insured of the chosen plan
- Benefit: Hospitalization expenses related to treatment of HIV/AIDS or its complications

What is not covered

- HIV contracted through means other than blood transfusion will not be covered

OPD Coverages

OPD Cover is a specially designed insurance cover for out-patient treatment expenses that includes consultations, prescribed medicines, diagnostics, dental and vision related expenses.

Doctor Consultations (General Physician, Specialist, Super Specialist), Digital/Virtual, Outpatient Visits

Health Screening

RT PCR and other testing for pandemic/Medical Equipment

Telemedicine - General Physician & specialist

Dental & Vision/Optical

Menopause Cover (Consultations, Hormonal Medicines (Prescribed), Hormonal Therapy, Mental Wellbeing Counselling)

Vaccination Cover (Including Flu Vaccination)

Homeopathic/Ayurvedic treatments

OPD Exclusion

- Cost for frames for prescribed lenses is not payable.
- Sunglasses unless medically prescribed by Medical Practitioner is not payable.
- Lenses which are not medically necessary and are not prescribed by an optometrist or ophthalmologist are not payable.
- 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.
- Dental: Bridges, Cap/Crown, Implant, Braces, Dentures, Regular Cleaning, Scaling/Polishing and any other cosmetic procedure is not covered
- Vision: Intra Virtual Injections and any other procedure which is cosmetic in nature is not covered.
- Treatments for cosmetic, beautification, purification, detoxification, Naturopathy treatment etc. is not payable
- Vitamins and supplements is not payable
- Prosthetic Devices, Hearing Aid, etc. is not payable
- Facilities or services availed for rejuvenation, pleasure etc. is not payable.
- Contact lenses used for refractive error is not covered.
- OPD treatment outside India are not covered.
- Without Pre-Numbered/GST bill/receipts claim is not admissible.
- Prescription is mandatory even in case for long term illness i.e. Diabetes mellitus, Hypertension, 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.

Important Pointers For IPD & OPD Claims

- Reasonable & Customary Charges mean 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, considering the nature of the Illness/Injury involved.
- GIPSA / PPN Package will be applicable.
- For Cataract Cases - Multifocal / Toric lens is payable only after application of Reasonable and Customary clause within Cataract limit.
- Sum insured enhancement is not possible for capped ailment cases even if it is a complication. Also, if the limit is exhausted for capped aliment under the IPD policy, the same would not be admissible under OPD policy.
- Well baby expenses including vaccinations are not admissible under IPD. However, the same can be claimed under OPD as per eligibility.
- Donor expenses are not covered under infertility extended coverage.
- Treatments due to alcohol and intake of drug will not be covered under the policy.
- Peritoneal dialysis is not covered.
- Treatment for Tubal Ligation is not covered.
- Pre-post natal expenses are not payable in case of abortion/miscarriage due to medical reasons.
- Maternity related reimbursement claim (including Pre-Post natal) to be submitted post delivery under IPD policy only and should not be submitted under MFine in OPD Policy.
- Claim documents submission time is 30 days from date of discharge under IPD policy and 90 days from bill date expense under OPD policy.
- Doctor prescription is mandatory for claiming the expenses even in case of long-term illness i.e. DM, HTN, heart disease. Latest valid Doctor prescription to support the claimed expenses is mandatory. For an admissible claim, the purchase of medicines especially for longer period should be supported with valid Doctor prescription where the period and/or quantity mentioned on it supports the consumption of medicine on a current date.

Important Pointers For IPD & OPD Claims

- Pre-Numbered/GST bill/receipts are mandatory to provide for claim process.
- 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.
- Physiotherapy cases are payable on IPD/OPD basis under Rehabilitation services only for long term illness / treatment (for more than 3 months continuously).
- All Rehabilitation claims should be supported with 1) Regular Consultation Papers / Prescriptions 2) Progress Sheet / Report. It is mandatory to process the claim.
- Under medical equipment, there is a huge list which can be tagged as medical equipment and can be covered i.e. Thermometer, BP instrument / monitor, Pulse Oximeter, Glucometer, Infusion pump, Nebulizer, Knee mobilizer, Oxygen concentrator / Oxygen cylinder - Purchase / Rental, Steam Inhaler. Also refer the tentative list of devices which can't be covered under medical equipment even if it is prescribed by the treating doctor i.e. Hearing Aid, Manual and power wheelchairs, Scooters, Canes, Walkers, Crutches, Commode Chairs, Special Beds e.g. Alpha Bed / Water Beds, patient Lifts etc. In case of disability, some of the uncovered benefits under medical equipment (medically necessary and prescribed by the doctor) will be covered as per the defined sub-limit.
- All OPD bills to be reimbursed for the expenses related to the policy period.
- No home visit charges are payable.
- Please submit your claims pertaining to 2 different policy years separately - even for OPD Claims. e.g., Bills for medicine purchased in Jan 2025 should not be clubbed with other bills pertaining to period of Jan 2024 to Dec 2024.
- All bills under OPD with same date of expense should be merged as single pdf and one claim should be filed e.g. medicine purchased partially from 2 vendors on same day should be clubbed and one claim should be filed.
- Deficiency documents for claims can be submitted via Mail (for OPD Claims - Spglobalsupport@healthindiatpa.com) and physical documents (for IPD claims and OPD claims amount more than INR 25,000) at regional Health India office / S&P Helpdesk.
- Do not add fresh Bills while submitting query reply.
- Do not submit query reply as a fresh claim.

The Health Insurance Treatments are vast and vary as per hospitals, doctors etc. The wordings/terms and conditions of Group Health Insurance Policy is comprehensive. It is not feasible to capture all the details in this document. Hence, the standard terms and conditions of The New India Assurance would be applicable wherever required.

For any treatment related enquiry, please reach out to your TPA/Broker SPOCS in advance.

Health Plus Plans

You can now choose to make your health plan more robust by opting for Health Plus Plans. These plans will get plugged-in as part of the base health insurance plan under the eligible sum insured. These plans can be added to the base medical plan by using generated Flex points (if any) or via salary contribution. Please note that opting for these plans will not enhance your base health insurance sum insured. The defined limits will be inclusive within the health insurance sum insured.

You can opt for one or more than one Health Plus Plans at a time. Pro-rata refund for these plans is only applicable if there is no claim under any Health Insurance plan before exit.

Health Plus Plan - I Sibling Cover

- Cover your 1 dependent sibling
- Hospitalization cover
- Up to INR 200,000 (within the floater sum insured under the Base Health insurance plan)
- Eligibility : No age limit, but the member should be unmarried and financially dependent.

Premium (Incl. of GST): INR 8,333.16

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 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.

Please 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.*

Health Plus Plan - II HospiCash Plan

- INR 3,000 per day of Hospitalization, beyond 5 Days for Normal and ICU
- Maximum up to 15 Days
- Eligibility: Members covered in Base GMC

Premium (Incl. of GST): INR 6,000 (For ESC)

Premium (Incl. of GST): INR 10.500 (For ESCP/PIL)

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.

Please note*: Under HospiCash plan, we have 2 raters one for ESC (one or more members) and second for ESCP (one or more members, upto 4 parents).*

Health Plus Plan - III Advanced Care Plan

- Cancer Screening for Family Members (in hereditary cases) to be covered up to INR 100,000
- Sleep Apnea 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
- Eligibility: Members covered in Base GMC

Premium (Incl. of GST): INR 16,800 per family

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.

Critical Illness Cover

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.

25 Critical Illnesses

- Cancer of specific severity- **Details shared in next slide**
- Myocardial Infarction (First Heart Attack - of Specific Severity)
- Open Chest CABG,
- Open Heart Replacement or Repair of Heart Valves
- Kidney Failure Requiring Regular Dialysis
- Stroke Resulting in Permanent Symptoms
- Permanent Paralysis of Limbs
- Multiple Sclerosis with Persisting Symptoms
- Major Organ / Bone Marrow Transplant
- Muscular Dystrophy
- Major Head Trauma
- Coma of Specified Severity- **Details shared in next slide**
- Motor Neurone Disease with Permanent Symptoms
- Loss of Vision (Blindness)
- Parkinson’s Disease,
- Benign Brain Tumor
- Alzheimer’s Disease
- Aorta Graft Surgery
- Loss of Hearing (Deafness)
- Third Degree Burns
- Loss of Limb
- Loss of Speech
- End Stage Liver Failure
- End Stage Lung Failure
- Primary (Idiopathic) Pulmonary Hypertension

You receive upto the sum insured opted to cover out-of-pocket expenses for your treatment. Expenses on first time detection of the listed ailments.

Benefits are paid in addition to what your health insurance plan provides and are payable regardless of any other insurance plans you may have.

Employee can opt this cover for Employee only or Employee + Spouse / Partner. This cover is not applicable for Children and Parents/Parents in Law

Option	Coverage	Sum Insured (INR)	Premium (Including GST)
Plan 1	Employee	5,00,000	INR 4,066.00
Plan 2	Employee	10,00,000	INR 8,133.74
Plan 3	Employee	20,00,000	INR 12,200.02
Plan 4	Employee + Spouse / Partner	5,00,000	INR 8,132.56
Plan 5	Employee + Spouse / Partner	10,00,000	INR 16,267.48
Plan 6	Employee + Spouse / Partner	20,00,000	INR 24,400.04

Please Note:

- Pre existing diseases are not covered for critical illness plan.
- A Waiting Period and Survival Period is applicable for this plan.
- **Waiting Period -** This 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.
- **Survival Period -** This 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.
- Maximum age allowed is 60 years.
- No change of sum insured allowed after commencement of the policy.
- The cover shall cease automatically for any member leaving the organization
- 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.
- If the employee exits the organization before policy expiry, he/she will get pro-rated refund in case of No claim under the plan.
- Reimbursement claim process will be applicable under Critical Illness cover. Please reach out to your Broker/TPA SPOCS.

Critical Illness Cover

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.

The Insured event under this section and the conditions applicable to the same are more particularly defined below:

Cancer of specific severity:

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs

Coma of Specified Severity:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Critical Illness Cover - Process of Intimation Claim Documents Checklist

In the event of any claim, intimation to be sent to the TPA/Marsh within 15 days of first diagnosis of the Critical Illness, date of surgical procedure or date of occurrence of the medical event as the case may be, in order for the TPA/Marsh to provide prompt and effective assistance.

The following information should be provided while intimating the claim:

- Contact numbers & Name of caller intimating the claim
- Policy Number
- Name of Insured /Patient
- Name of the Hospital and address
- Nature of Critical Illness:
- Plan of Treatment

Checklist of Claim documents:

- Original claim form duly signed and filled in.
- NEFT details of Insured / nominee as the case may be.
- Photo ID Proof of Insured/ nominee.
- Address Proof of Insured / nominee
- Pan Card of Insured / Nominee
- Original detailed Discharge Summary / Day care summary. Indoor case papers from the hospital if applicable. Death Summary from the hospital if applicable
- First Consultation letter and subsequent Prescriptions. Reports of investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test
- Medical certificate confirming the diagnosis of Critical Illness
- Hospital Registration Number details
- Doctors' registration Number and Qualification of the doctor
- Specific documents listed under the respective critical illness
- In the cases where Critical Illness arises due to an accident, FIR copy or medical legal certificate will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim
- Name, date of occurrence and medical details confirming the event giving rise to the Claim.
- Written confirmation from the treating Medical Practitioner that the event giving rise to the Claim does not relate to any Pre- Existing Disease or any Illness or Injury which was diagnosed within the first 90 days of commencement of first Policy Period with Us.
- Any other documents as may be required by us.

IPD Cashless Claim Process (Health Insurance Plan, Sibling Cover Plan, Advanced Care Plan)

What is Cashless Hospitalization?

Cashless means that the Third-Party Administrator (TPA) can authorize direct settlement of eligible services and charges between the network hospital and the TPA. The TPA will directly settle all eligible amounts with the network hospital, and the Insured Person may need to pay any non-payable amount not covered in the policy.

Click here to access Network Hospitals list

Please Note: The initiative of 'Cashless Everywhere', introduced by the General Insurance Council allows policyholders to opt for cashless claims in more than 40,000 hospitals in the country, even those not in the insurance company/ TPA network.

You can avail Cashless in:

01 Emergency Hospitalization

02 Planned Hospitalization

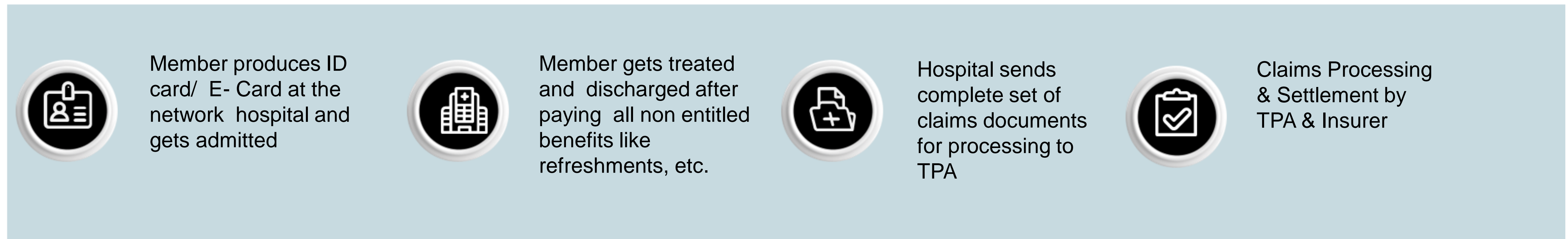
IPD Cashless Claim Process - Planned Hospitalization

STEP 1: Pre-authorization

All planned hospitalization instances must be pre-authorized by the TPA, as per the procedure detailed as follows. This is done to ensure that the best healthcare possible, is obtained, and the patient/employee is not inconvenienced when taking admission into a Network Hospital.

STEP 2: Admission, Treatment & Discharge

After your hospitalization has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by TPA to the hospital. Kindly present your ID card/E-Card at the Hospital admission desk. The employee is not required to pay the hospitalization bill in case of a network hospital*. The bill will be sent directly to, and settled by TPA



IPD Cashless Claim Process - Emergency Hospitalization

STEP 1: Get admitted

In cases of emergency, the member should get admitted in the nearest network hospital by showing their ID card/E-Card.

STEP 2: Pre-authorization by hospital

In cases of emergency, the member should get admitted in the nearest network hospital by showing their ID card/E-Card.

STEP 3: Treatment & Discharge

After your hospitalization has been pre-authorized the employee is not required to pay the hospitalization bill in case of a network hospital*. The bill will be sent directly to and settled by TPA.

Member gets admitted in the hospital in case of emergency by showing his ID Card/E-Card

Member/Hospital applies for pre-authorization to the TPA within 24hrs of admission

TPA verifies applicability of the claim to be registered and issue pre-authorization

Pre-authorization given by the TPA

Member gets treated and discharged after paying all non - medical expenses like refreshments, etc.

Hospital sends complete set of claims documents for processing to the TPA

* Co-Pay & other deductible amounts as applicable to be paid by the member at the time of discharge.

IPD Reimbursement Claim Process (Health Insurance Plan, Sibling Cover Plan, HospiCash Plan, Advanced Care Plan)

Reimbursement claim process

Admission Procedure:

- In case you choose a non-network hospital you will have to liaise directly with the hospital for admission.
- Inform TPA within 24 hours to ensure eligibility for reimbursement of hospitalization expenses.

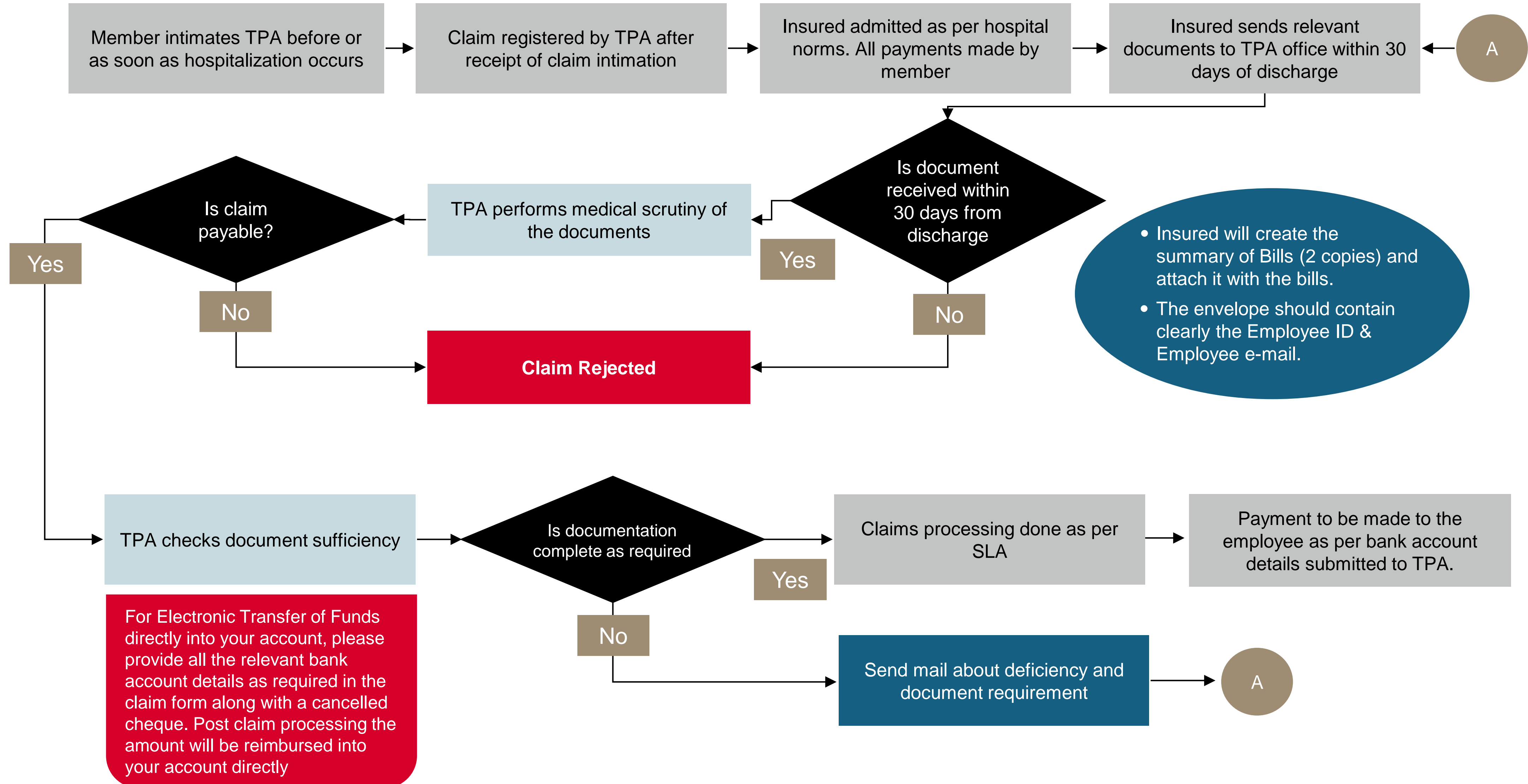
Discharge Procedure:

- In case of non-network hospital, you will be required to settle the bills in full.
- Please ensure that you collect all necessary documents such as - discharge summary, investigation reports, payment receipts etc.

Submission of hospitalization claim:

- You must submit the final claim with all relevant documents to TPA within 30 days from date of discharge.
- Employees may be contacted by the TPA is case of missing / shortfall of documents.

IPD Reimbursement Process



IPD Claims Document List

- Duly filled Claim form Part A & B with Signature & Hospital Stamp, KYC and Cancelled Chq. containing Pre-printed Name of A/c Holder, IFSC Code, Account No and Branch Details
- Original copy of consolidated final bill of hospital with Break up details (with bill no; signed and stamped by the hospital) with pre-numbered original receipts
- Original Discharge Report of hospital duly signed by the treating doctor with hospital seal/stamp & registration number.
- Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
- All Original Investigation/Pathological/Radiological reports along with FILMS/CD sealed & signed by MD Pathologist/Radiologist. Original Sticker and Invoice of Implants (Stents / Mess / IOL etc.)
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
- Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
- In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.
- In non- network hospital, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital, if required.
- All original prescriptions/consultation note for Medicine, Investigations
- For claims pertaining to Pre & Post Hospitalization - all Original Bills / Receipts / Reports pertaining to same ailment / incidence for which main hospitalization had taken place

Document Checklist by TPA

Reimbursement Claim Form

Note: This is an indicative list of documents and there may be additional documents required by the insurer while processing the claim documents.

General Exclusions

- Doctor’s home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- Any Continued Treatment for Ailment/Disease/Injury Different from hospitalization Ailment/Injury/Disease will not be paid as Pre & Post of that Hospitalization.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic, Yoga and such other therapies are Exclusion in Policy.
- External and/or durable Medical / Non medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, Splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items and any medical equipment which is subsequently used at home.
- All non-medical expenses and consumables including Personal comfort and convenience items or services such as telephone, television, Spa/ barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc., guest services and similar incidental expenses or services
- Change of treatment from one branch of medicine (e.g. Allopathy)to other branch of Medicine (e.g. Homeopathic/Ayurveda) unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programs, services or supplies etc.
- Any treatment required arising from Insured’s participation in any hazardous activity including scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. but not limited to these only unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Massages, Steam bathing, Siddha & Shirodhara and alike treatment under Ayurveda treatment.

General Exclusions Continue

- Treatments taken outside India
- Prosthetics / Any device/instrument/machine that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered.
- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.
- Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness (Any cosmetic or plastic surgery except for correction of injury)
- Convalescence, general debility, “run down” condition or rest cure, venereal diseases, intentional self- injury/suicide and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- Any kind of Service charges, Surcharges, Admission fees / Registration charges etc. levied by the hospital.
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants /Surgeons' fees etc.
- Sexually transmitted diseases.
- Any diagnostics with no active line of treatment is not covered (No active line of treatment is required for Life Threatening cases)

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

Contact Details for Health Insurance Claims Assistance

Relationship Matrix:

TPA: Health India Insurance TPA Services Pvt. Ltd.

Mumbai 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: 91 - 84337 34099
Email Id: spglobalsupport@healthindiatpa.com

SPOC - Delhi NCR	Mr. Subrata Roy	7208934210	delhicrm.spglobal@healthindiatpa.com
SPOC 2 - Delhi NCR	Ms. Sonam Katiyar	8433734099	spglobalsupport@healthindiatpa.com
Escalation - Delhi NCR	Mr Ankit Thakur	7208978368	ankit.thakur@healthindiatpa.com
SPOC - Bangalore	Ms. Shweta Singh	8976949779	blr.crm@healthindiatpa.com
SPOC - Mumbai	Ms. Komal	7700925510	mumbaicrm.spglobal@healthindiatpa.com
SPOC - Hyderabad	Mr Renold Jackson	8976964945	hydcrm@healthindiatpa.com
SPOC - Hyderabad	Ms Panchali Ghosh	8655989534	panchali.ghosh@healthindiatpa.com
SPOC - Ahmedabad	Mr. Mitesh Magnur	8655943808	ahmdcrm@healthindiatpa.com
Escalation 1 Pan India	Dr Renu Bhardwaj	7208059313	renu.bhardwaj@healthindiatpa.com
Escalation 2 Pan India	Mr Amit Kumar Anand	9818554929	amit.anand@healthindiatpa.com

Group Health Insurance Contact details for assistance

For GMC related queries/claims assistance/escalation to TPA, member can reach out to Broker SPOCS:

Take note of the escalation matrix			
First Point of Contact	Heena Khatri	91 - 7290952419	Spglobalsupport@marsh.com
Second Point of Contact	Manoj Kumar	91 - 7290079880	manoj.kumar03@marsh.com
Escalation	Shamlal Yesodhar	91 - 9995717671	Shamlal.y@marsh.com

For any escalation related to Broker SPOCS please reach out to your HR Services

Well-being Modules

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.

FlexForward 2025

Elder Care

What You get: 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 enrolment 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.

When can you opt: During the enrolment period

How can you pay the cost: As you enroll on Darwin portal, you will see the premium displayed for this plan. You can choose to buy this plan either via generated Flex points (if any) or salary contribution.

What it costs you: INR 4,943 per parent (Incl. GST). Mentioned cost is for single parent and will be multiplied based on the number of parents and / or parents-in-law selected.

Service Provider: Zealver

Benefit Entitlements Per Parent:

- 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.

Elder Care Plan

Step 1: To begin with the Eldercare program, enrol in the Flex Forward "Wellbeing Modules" during the designated enrolment period.

Step 2: Following the closure of the enrolment window, employees(enrolled plan holders) who have enrolled in the plan will receive a registration link sent by **operations@zealver.life**

Step 3: The Zealver team will send an introductory email with registration link to all enrolled employees.

Step 4: The plan holders need to register their members (parents/in-laws) by filling the details in the registration form. Zealver team will create an Electronic Health Record (EHR) account for the registered members based on the information provided by the enrolled employee.

Step 5: Each registered member will receive a service activation email containing the EHR portal link and their login credentials. Additionally, a service activation message will also be sent to the members via WhatsApp.

Step 6: Zealver companion will start making proactive outbound check-in calls to assist and guide every registered member throughout the program, providing explanations of the plan details and its benefits.

Step 7: Proactive outbound health check-in calls from doctors will be initiated for every registered member once every two months. Members can also call the helpline at 24/7 helpline number 020-71531330 to schedule an appointment with the doctor.

Step 8: The Zealver team will co-ordinate a home visit for FRA (Fall Risk Assessment), preventive health check-ups and vitals screening by the caregiver through our network partners. Zealver team will contact the member within 15 days and arrange the appointment as per the members availability. Members also have the flexibility to call on the helpline to place a request for appointment booking at their convenience.

Step 9: : For all other services, members can reach out to our 24x7 helpline number 020-71531330 for MBBS doctor consultation, ambulance service, mental wellbeing counselling, health assistance desk and any other inquiries.

Note: For any other upgrades (if any), you will get regular updates / notifications from the vendor.

Pregnancy Care Plan

What You get: This is a specially curated benefits package, which aims to cover health & wellbeing of expecting mothers for their pre-natal and post-natal journey. You can opt for this program for self or spouse.

Upon subscription, you will receive access to a digital platform through which you can avail and monitor delivery of the listed benefit programs 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.

When can you opt: During the enrolment period

How can you pay the cost: As you enroll on Darwin portal, you will see the premium displayed for this plan. You can then choose to buy this plan via generated Flex points (if any) or salary contribution.

What it costs you: INR 5,291 per member (Incl. GST)

Service Provider: Zealver

Benefit Entitlements Per Member:

- 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 Paediatrician (1 Teleconsultation)
- Proactive outbound health check-in call from a Lactation Counsellor (1 Teleconsultation)

Pregnancy Care Plan Stepwise User Guide

Step 1: To begin with the Pregnancy Care program, enroll in the Flex Forward "Wellbeing Modules" during the designated enrolment period.

Step 2: Following the closure of the enrolment window, employees(enrolled plan holders) who have enrolled in the plan will receive a registration link sent by operations@zealver.life

Step 3: The Zealver team will send an introductory email with registration link to all the enrolled plan holders.

Step 4: The plan holders need to register their members by filling the details in the registration form. Zealver team will create an Electronic Health Record (EHR) account for the registered members based on the information provided by the enrolled plan holder.

Step 5: Each registered member will receive a service activation email containing the EHR portal link and their login credentials. Additionally, a service activation message will also be sent to members via WhatsApp.

Step 6: Zealver companion will start making proactive outbound check-in calls to assist and guide every registered member throughout the program, providing explanations of the plan details and its benefits.

Step 7: Proactive outbound health check-in calls from Gynecologist will be initiated for every registered member once every three months. Members can also call the helpline at 24/7 helpline number 020-71531330 to schedule an appointment with the doctor.

Step 8: Proactive outbound health check-in calls from our Nutritionist will be initiated for every registered member once every month during the pregnancy period. Members can also call the helpline 020-71531330 to schedule an appointment with the nutritionist.

Step 9: For all other services, members can access our 24x7 helpline 020-71531330 for MBBS doctor consultations, mental wellbeing counselling, health assistance desk and any other inquiries.

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Note: For any other upgrades (if any), you will get regular updates / notifications from the vendor.

Group Personal Accident

Accidental insurance helps to protect you from unexpected financial stress arising out of death or disablement, if you suffer an accident.

FlexForward 2025

Personal Accident Insurance

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

Insurer Name: The New India Assurance Company

Age Criteria for Employee and Spouse: 18-60 years

Core/ Default Plan: 5 times of Annual Base Salary with minimum of INR 20 Lacs, Employee only.

Spouse coverage is voluntary and will be limited to accidental death only

You can choose to:

- Keep the default plan with no changes.
- Opt for Voluntary Flex options through generated Flex points (if any) or salary deduction.

Employee Flex Options

Options	**Flex Options** (Employee only)	Overall Sum Insured	Rate per mille
Option 1	1 X Annual Base Salary	6 X Annual Base Salary	0.094 (Including GST)
Option 2	2 X Annual Base Salary	7 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.

Spouse Flex Options

Flex Options	Spouse Coverage	Rate per mille
Option 1	INR 1,000,000	0.094 (Including GST)
Option 2	INR 2,000,000	

Note: Premium Calculation Formula: (Rate per mille * Sum Insured) / 1000
E.g. for a Sum Insured of INR 1,000,000 the premium would be (Rate per mille X INR 1,000,000)/1000

For new joiners (post 1st Jan, 2025) - Premium will be calculated on pro-rata basis for number of days the employee will be covered in the policy.
Note : Rate per mile indicates rate per thousand.

GPA Plan Benefits (Default Cover) Sponsored By S&P For Employees

Benefits	Coverage
Accidental Death	Covered
Permanent Total Disablement	Covered
Permanent Partial Disablement	Covered as per nature of loss
Medical Extension	Limits of 10% of SI or 40% of admissible PA claim amount or as per actuals, whichever is less
Education Benefit	Covered for 2 kids. Up to 10% of Principal SI or INR 300,000/- whichever is lower
Repatriation/Transportation of mortal remains	Covered up to INR 5,000
Funeral expenses	1% of sum insured or INR 5,000 or actual expenses, whichever is less
Modification Benefit	Covered up to INR 25,000
Temporary Total Disablement (Weekly Benefit)	Actual weekly salary or Rs.50,000/- whichever is lower for 104 weeks
Emergency Family Travel	Covered up to INR 25,000
Road Ambulance	INR 20,000
Broken bones reimbursement	Broken bones reimbursement over and above the accidental medical reimbursement. Cover for Up to INR 50,000
Burns	Up to INR 25,000
Animal/ snake bite	Up to INR 25,000
Terrorism coverage	Covered
Geography	Worldwide

GPA Plan Benefits (Default Cover) Sponsored By S&P For Employees

Event	Percentage of Sum Insured
Loss of toes - all	20%
Great - both phalanges	05%
Great - one phalanx	02%
Other than great, if more than one toe lost each	01%
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 - one phalanx	25%
Loss of index finger/ three phalanges or two phalanges or one phalanx	10%
Loss of middle finger/ three phalanges or two phalanges or one phalax	06%
Loss of ring finger/three phalanges or two phalanges or one phalanx	05%
Loss of little finger/ three phalanges or two phalanges or one phalanx	04%
Loss of metacarpals first or second third, fourth or fifth (additional)	03%
Any other permanent partial disablement (Percentage as assessed by the Company's Panel Doctor)	20%

Key Exclusions

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), or
- Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
- Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or
- Self exposure to needless peril (except in an attempt to save human life);
- Loss due to childbirth or pregnancy.

Group Personal Accident Contact details for assistance

For GPA related queries/claims assistance, member can reach out to Broker SPOCS:

Take note of the escalation matrix			
First Point of Contact	Heena Khatri	91 - 7290952419	Spglobalsupport@marsh.com
Second Point of Contact	Manoj Kumar	91 - 7290079880	manoj.kumar03@marsh.com
Escalation	Shamlal Yesodhar	91 - 9995717671	Shamlal.y@marsh.com

For any escalation related to Broker SPOCS please reach out to your HR Services

Term Life Insurance

Group Term Life is designed to provide financial protection to you and your loved ones in the event of an unexpected tragedy.

FlexForward 2025

Group Term Life Insurance

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

It's important to plan for your family's financial security in case the unexpected happens. This plan provides financial support to an employee's family in case of an unfortunate event leading to the demise of the covered employee.

In the event of death of a member from any cause (natural/accidental), an amount determined in accordance with the policy terms shall be paid to the nominated beneficiaries.

Insurer: Aditya Birla Sun Life Insurance Company

Default Plan: Default cover (S&P Global sponsored) - 3 times of Annual Base Salary with minimum of INR 20Lacs

Employee Flex Options: Two voluntary options of 1 X Annual Base Salary and 2 X Annual Base Salary

Please Note:

Base + voluntary coverage is maximum up to 5 times of Annual Base Salary

The total coverage under Base + Voluntary should not exceed 10 times of Annual Base Salary. In this case, minimum of INR 20Lacs condition will not apply

Eligibility for Spouse: Spouse of employees of S&P Global, aged between 18-59 years (age on last birthday basis). For any new member joining this policy, must have completed Covid vaccination (administered all required dosages) as per governments norms. The insurance benefits shall cease upon attainment of age 60 years or cover not renewed on annual renewal date or death of a member, whichever occurs first.

To be offered to only Indian residents members covered in the compulsory employer paid insurance policy with Aditya Birla Sun Life Insurance.

Employee Voluntary Flex Options

Flex Options	Employee Only	Overall Sum Insured
Option 1	1 X Annual Base Salary	4 X Annual Base Salary
Option 2	2 X Annual Base Salary	5 X Annual Base Salary

Spouse Voluntary Flex Options

Flex Options	Spouse Coverage
Option 1	INR 1,000,000
Option 2	INR 2,000,000

GTL Plan Benefits (Default cover) Sponsored By S&P Global

Benefits	Coverage
Death	Yes (due to natural causes, illness or accident)
Geographical Limits	24*7 World Wide
Age at entry	Members within the age band of 18 –64 years will be covered without any Medical Underwriting and members from 65 years and above will get coverage subject to Medical Underwriting
FCL - Free Cover Limit is the level of coverage up to which a member would not require any underwriting.	**Sum Assured: INR 4.5 crores** and Age 65 years and above. Any employee whose Sum Assured is more than INR 4.5 Crores (basis 3 times of annual base salary), will have to undergo Medical Underwriting, basis which underwriter will confirm on acceptance of his/her full SA with either standard rate / loaded rate or may decline the request.

Note: For Medical Underwriting our Insurance Partner (Marsh) will coordinate with employees eligible for same and explain the detailed process via email.

Terms & Eligibility Conditions: Base Policy

- Employees who have been granted service extension beyond the normal retirement age may be covered upon receipt of Service Extension Letter and subject to Insurer's approval.
- All contract staff will be provided coverage basis the below conditions only:
- Employment Status: Contract employees/consultants should be employed on full time basis and in direct contract with the employer (not employed through a third party vendor).
- Nature of work: Nature of work for contract employees/consultants should be similar to that of permanent employees of same grade/band.
- Coverage structure: Contract employees/consultants should be provided similar coverage structure to that of permanent employees of same grade/band.
- Further employment: Contract employees/consultants should not be employed elsewhere.
- Duration of contract: Duration of contract for each of the contract employee should be minimum six months with the company. Cover shall be co-terminus with the expiry of contract i.e. If contract expires or gets terminated before the expiry of the scheme year for members then those members shall be excluded from the scheme for the remaining duration till expiry of the scheme.
- The maximum per life cover under GTL scheme shall not exceed INR 10 Cr.
- If the age of any member is above the normal retirement age but less than 65 years, then FCL can be extended to the age 65 for those members subject to the following three conditions:
- Member is a full time permanent employee of the organization.
- Actively At Work on the scheme commencement date.
- Has not taken sick leave in last 12 months for continuous period of more than 15 working days.

Note: GTL 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. Sanctioned countries - The Bureau of Industry and Security (BIS) implements U.S. Government certain sanctions against Cuba, Iran, North Korea, and Syria pursuant to the Export Administration Regulations (EAR), either unilaterally or to implement United Nations Security Council Resolutions.

Critical Illness Rider (Under GTL Policy)

On first ever diagnosis of any one of the eligible Critical Illness (from list shared below), the Company shall pay the Rider Sum Assured, INR 20 lacs (i.e. Accelerated payment of the Base Sum Assured). The cover under the Base/Default plan will be reduced by the amount of claim paid under this Rider.

Critical Illness Age Criteria: 18 years to 64 years (Subject to coverage under GTL Base Policy)

What is Critical Illness Cover?

- Critical illness refers to any Life threating diseases. Cover for 25 major critical illnesses shared below.
- Critical illness Policy makes a lump sum payment to an employee on first ever diagnosis of any of the below shared Critical Illness
- Insurance company shall pay the Rider Sum Assured as per Policy Norms.
- Employee can register a claim under critical illness benefit only once during his/her tenure with the term life policy

Serious / Critical Illness Rider Sum Assured:

Uniform INR 20 lacs (Critical Illness is a part of your default life cover only and not applicable for voluntary). If CI rider is claimed, your life cover amount gets reduced by CI Sum Assured and remaining amount will be available for base coverage.

List of 25 Critical Illness:

(for first 4 ailments there is a waiting period of 90 days and for remaining its 30 days)

- Cancer of Specified Severity
- First Heart Attack of specified severity
- Stroke resulting in Permanent Symptoms
- Open Chest Coronary Artery Bypass graft
- Kidney Failure Requiring Regular Dialysis
- Major Organ/ Bone Marrow Transplant
- Benign Brain Tumor
- Permanent Paralysis of Limbs
- Coma of Specified Severity
- Total Blindness
- Major Burns
- Heart Valve Surgery
- Surgery of Aorta Motor Neurone Disease with Permanent Symptoms
- Multiple Sclerosis with Persisting Symptoms
- Aplastic Anaemia
- End Stage Lever Disease
- Chronic lung disease
- Alzheimer Disease
- Parkinson's disease
- Loss of speech
- Major Head Trauma
- Primary Pulmonary Hypertension
- Systemic Lupus Erythematosus with Lupus Nephritis
- Apallic Syndrome
- Motor Neurone Disease with Permanent Symptoms

Terminal Illness (Rider Under GTL Policy)

”**Terminal Illness**” is defined as an advanced or rapidly progressing incurable and uncorrectable medical condition, which in the opinion of consulting physician and an independent physician appointed by the insurance company will lead to death within the next six months. AIDS is specifically excluded and not covered under this definition.

Accelerated Terminal Illness Rider Coverage

50% of BLC (Base Life Cover) subject to maximum of INR 50 lacs (On diagnosis of any Terminal Illness during the term of the policy, a percentage of the Sum Assured is payable as lump sum subject to a maximum of INR 50 lacs. On subsequent death the balance death benefit as applicable shall become payable subject to reduction of the Terminal Illness benefit paid)

Terminal Illness Age Criteria: 18 years to 64 years (Subject to coverage under GTL Base Policy)

GTL Plan Benefits (Voluntary Top Up paid by Employee)

Voluntary option to enhance Sum Assured (SA) up to 1 time or 2 times of annual base salary

Eligibility: Full-time and Permanent employees of S&P Global, aged between 18 - 59 years (age on last birthday basis). For any new member joining this policy, must have completed Covid vaccination (administered all required dosages) as per governments norms.
The insurance benefits shall cease upon attainment of age 60 years or cover not renewed on annual renewal date or death of a member, whichever occurs first. To be offered to only Indian residents Members covered in the compulsory employer paid insurance policy with Aditya Birla Sun Life Insurance

FCL - Free Cover Limit is the level of coverage up to which a member would not require any underwriting	**Sum Assured:** Above INR 1 crores Any employee whose Sum Assured is more than INR 1 Crore for Voluntary policy (basis 2 times of annual base salary), will have to undergo Medical Underwriting, basis which underwriter will confirm on acceptance of his/her full SA with either standard rate / loaded rate or may decline the request.

Note: For Medical Underwriting, Insurance Partner (Marsh) will coordinate with eligible employees and explain the detailed process via email. Cost of MU will be borne by Insurer.

Employees within FCL will have to undergo medical tests. Basis the reports, Insurer's underwriting team may raise any further requirement like health reports etc. and coverage may be determined basis the decision of underwriters. The request for increase in SA may be declined, accepted or rated up by the Insurer.

Term Life Insurance

Flex Rate for Employees

GTL Voluntary Rater (1 or 2 Times of Annual Base Salary)		
Age	**Age Band**	**Rate per mille** (including GST)
18	18-25	0.990
26	26-30	1.017
31	31-35	1.135
36	36-40	1.447
41	41-45	1.890
46	46-50	2.988
51	51-55	4.965
56	56-60	7.473

Flex Rate for Spouse

Voluntary Spouse Rates		
Age	**Age Band**	**Rate per mille** (including GST)
18	18-25	1.558
26	26-30	1.586
31	31-35	1.744
36	36-40	2.133
41	41-45	2.882
46	46-50	4.387
51	51-55	7.163
56	56-60	10.435

Note: Premium Calculation Formula = (Rate per mille * Sum Insured) / 1000
E.g. for a Sum Insured of INR 1,000,000 the premium would be (Rate per mille X INR 1,000,000)/1000
For new joiners (post 1st Jan, 2025) - Premium will be calculated on pro-rata basis for number of days the employee will be covered in the policy.
Note : Rate per mile indicates rate per thousand.

GTL Claims Document List

- New death claim form that needs to be filled completely along with the signature of the nominee and signature of the authorized signatory with company seal - Attached for your reference.
- Original Death Certificate (Attestation not required) / Photocopy of death certificate needs to be attested by Group policy holder.
- Bank details of Nominee One Cancelled Cheque where name and account number should be printed (If not then copy of front page of the Passbook will be required)
- Nominee ID & Address Proof for further communication.
- Aadhar Card Copy
- Pan card Copy OR If Pan card is not available then Form 60 is require of the nominee
- Salary / Grade Confirmation Letter on company letter head with sign and seal on the same.
- In case if the cause of death is accident or suicide then we will require FIR (First Inquest Report) and PMR (Post Mortem Report) copy.

This is an indicative list of documents and there may be additional documents required by the insurer post submission of claim documents.

Standard Exclusions

- Participation in any illegal or unlawful or criminal act.
- War, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government
- Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel
- Service in any military, air force, naval or paramilitary organization
- If the insured member travels to a destination against an advisory issued by the government/legal/statutory bodies giving rise to a claim under the Policy, then such claim shall not be admissible.

Group Term Life, Critical Illness, Terminal illness Contact details for assistance

For GTL/CI/TI related queries/claims assistance, member can reach out to Broker SPOCS:

1 Point of Contact from Marsh India

Heena Khatri | 91 - 7290952419 | Spglobalsupport@marsh.com

2 Point of Contact from Marsh India

Manoj Kumar | 91 - 7290079880 | manoj.kumar03@marsh.com

Escalation Point to Heena and Manoj from Marsh India

Shamlal Yesodhar | 91 - 9995717671 | Shamlal.y@marsh.com

For any escalation related to Broker SPOCS please reach out to your HR Services

Non-Insured Benefits

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.
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.

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

FlexForward 2025

Non-Insured Benefits

Benefits which can be availed:

Benefit	Eligibility	Benefits	Scope
Health and Wellness	As per the members opted under health insurance cover	• Autism Care • Menopause Care	• Autism Care - Therapy, consultations, IPD / OPD treatments, counselling etc. • Menopause Care - All expenses over and above base OPD cover
PWD [People With Disability] Benefits	As per the members opted under health insurance cover	• Nursing Care at home • Home Modifications • Vehicle Modifications • Physical Aids	• Expenses related to hiring a registered nurse for home care • All necessary home modifications such as Grab bars, safety rails, non-slip surfaces, wheelchair turnaround areas, bathroom modifications etc. • Vehicle Modifications such as seat belt adjustments, safety bars, ramps, hand controls etc. • Cost of Physical Aids required due to disability such as Wheelchair, crutches, hearing aids, laptops/computers for especially abled etc.
Lifestyle	As per the members opted under health insurance cover	• Pet Care Expenses & Pet Insurance • Vehicle/Travel Insurance • Vacation- Travel & Stay expenses	• 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. • Vehicle / Travel Insurance - Insurance charges for vehicle / travel • Vacation - Expenses incurred towards vacation (domestic/international) - covers transportation (air, water, rail, road, car rentals etc.) and accommodation. Food and fuel expenses are excluded.

Tax Implications

You can avail income tax benefits on your contribution of premium payments as per the following income tax sections:

Insured Benefits: Salary contribution / deduction from payroll will be eligible for tax exemption as per the IT Rules.

- Medical Insurance: Higher plans leading to salary contribution - Under section 80 D
- Medical Insurance: Plans with Parents (Not Applicable for parents-in-law) leading to salary contribution - under section 80 D.
- Health Plus Plans: HospiCash, Advanced Care - under section 80 D.
- Health Plus Plan Sibling Cover - NA
- Critical Illness Plan: Under section 80 D
- Personal Accident: Employee Top-Up - No Tax Advantage
- Personal Accident: Spouse Coverage - No Tax Advantage
- Life Insurance: Employee Top-Up - Under section 80 C
- Life Insurance: Spouse Coverage - Under section 80 C

Tax Implications for Reimbursement / Non-Insurance Benefits:
These will attract Perquisite Tax, as applicable

Reimbursement Benefits Utilization Guidelines

Process for Reimbursement / Non-Insured Benefits Utilization Post the enrolment 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. The vendor can be as per the choice of the employees. Bills/Invoices must be submitted in the name of the employee.
  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 TPA

Please Note:

- 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 enrolment 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, if 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**
- 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, as applicable
- Amount claimed will be settled against available Flex point balance.
- 1 Flex Point - 1 INR

Enrolment

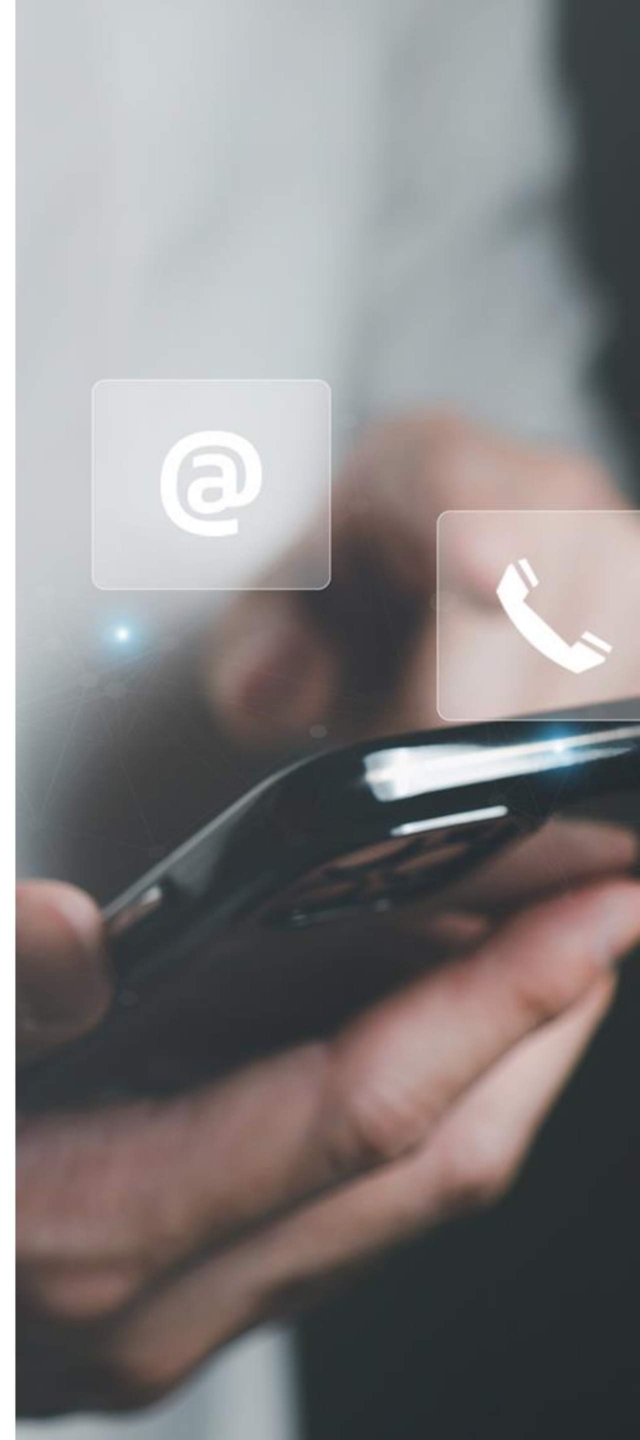
This program will be administered through the online platform – Darwin

Enroll by the following steps:

Access the Darwin enrolment Portal	
	Click here to access the new Darwin platform to make your selections.
	• Proceed to the Benefits section to make your benefit selections. Ensure that you review/edit your dependent details before making any benefit plan selections. • **If you do not complete your enrolment this year, you will be allocated to the default plan and you will be able to make changes during next year's enrolment window only.** **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.
	Review the active plans to ensure that you have selected your desired benefits.
	Click Confirm and Checkout.

Things to keep in mind:

- Dependent enrolment: You must tick mark your dependents on the Darwin portal while making health insurance plan selections. If you do not tick-mark your dependents, they will be dropped from the cover.
- Review your plan selections to make sure benefit choices are as per your needs.



When Can I Enrol?

At the time of annual enrolment

- **On 2nd Dec, 2024** the enrolment for FlexForward program will open to allow you to select the benefits that best suit to your needs.
- The choices made by you would be effective from your **joining date onwards.**
- For voluntary selections, the deduction of premium will be done in 3 equal Instalments from your salary post completion of your enrolment.

Enrolment period: 2nd Dec, 2024 to Date 16th Dec, 2024

Life events

- Mid-term enrolment of dependents is available for newly wedded spouse and new born 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).

Enrolment period: 60 days from date of event

New joiners

- You would have the option of selecting your benefits plan within 07 days from enrolment window start date.
- If you don't make your benefit selections within the stipulated time then you'll be auto-enrolled in to: "Default" benefit for Medical insurance, Personal Accident & Term life.

Enrolment period: 07 days from day of Activation of enrolment window

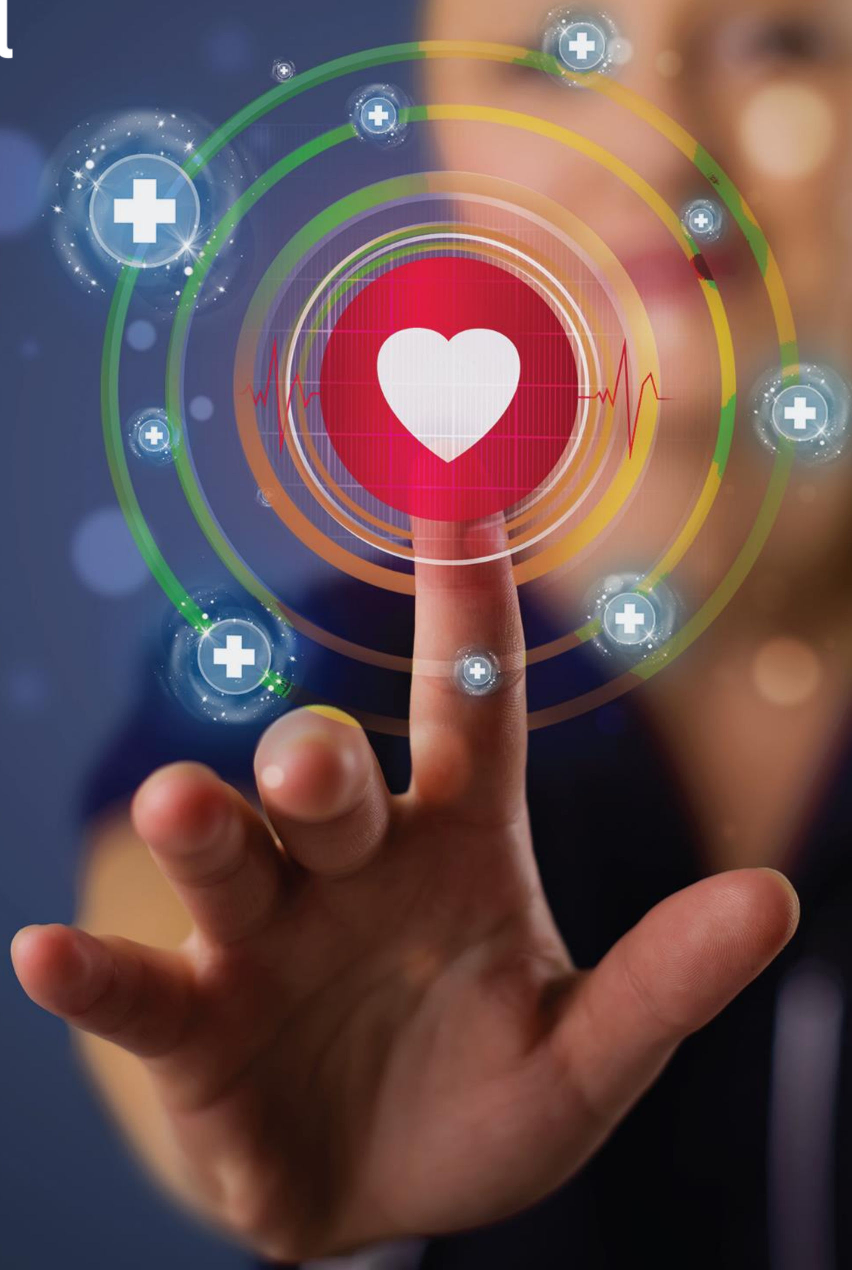
If you do not complete your enrolment this year, you will be allocated to the default plan and you will be able to make changes during next year's enrolment window only.

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 parents coverage will continue to appear unless you change your family definition / plan

Please Note : For Life Events –

- *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.*
- *You will also be able to opt for other voluntary plans under FlexForward program as per applicability.*

S&P Global



Thank You