

Frontdoor India Pvt Ltd Health, Accident & Life Insurance Program



Policy Year: 2025

1st January 2025

Employee Benefits Manual



GROUP MEDICAL - Employee

Health Insurance programs help employees and their families to take care of their essential medical needs. Under this policy, hospitalization and medical expenses incurred by the employee and their families are covered, as per benefits designed by Frontdoor india pvt ltd



GROUP PERSONAL ACCIDENT (GPA)

The Group Personal Accident Program covers employees against the financial risk of injury sustained due to an accident caused by violent, visible and external means



GROUP TERM LIFE (GTL)

Group Term Life Insurance Scheme is meant to provide life insurance protection to all employees. The Policy provides for payment of a lump sum to the nominated beneficiary in the unfortunate event of the employee's death.



Group Medical Insurance

Employee Policy

Group Medical Coverage

Benefit Details	Coverage Details
Insurer	ICICI Lombard General Insurance Company Limited
Service Provider (TPA)	ICICI Inhouse
Policy Effective Date	1st January 2025
Policy End Date	31st December 2025
Sum Assured Type	Uniform
Sum Assured Levels	INR 500,000 per family
Dependent Coverage	Self + Spouse + Children+2dependent parents

Group Medical Coverage... Contd.

Benefit Details	Coverage Details
Standard Hospitalization	Yes
Maternity Benefits	Yes
Baby Cover from Day 1	Yes
Pre-existing diseases	Yes
Waiver on 1st and 2 nd year exclusion	Waived Off
Waiver on 1st 30 days excl.	Waived Off
Pre-Post Hospitalization Exp.	30-60 Days
Co-Pay on claims	No
Retired Employees Covered	No

Benefit Details	Coverage Details
Ambulance Services	Rs.2500/- In case of emergency
Domiciliary Hospitalisation	No
Day Care	Yes
Dental, Vision	Dental -No Vision-Lasik surgery is covered if correction index +/- 6.5
Room Rent	INR 3500 for Normal & ICU INR 5000
Ailment capping	No Capping
Terrorism Coverage	Yes

Policy Period

Existing Employee + Dependents	
Commencement Date	1 st January 2025
Termination Date	31st December 2025 or date of leaving the organisation

New Joinees + Dependents	
Commencement Date	From the Date of Joining
Termination Date	31st December 2025 or date of leaving the organisation

New Dependent (Marriage/Birth)	
Commencement Date	Date of Such Event
Termination Date	31st December 2025 or date of leaving the organisation

Applicable Members

Family Definition	
Total number of people insured	1+5
Employee	Yes
Spouse	Yes
Children	Yes Son and Daughter upto the age of 25 Years
Parents	Yes
Parents in Law	Yes
Siblings & Others	No
Mid Term enrolment of dependents	Disallowed
New Joinees (New Employees + Dependents)	Allowed
Acquisition of new dependents (Spouse & Child)	Allowed

Core Benefits

Pre Existing Diseases

Definition

Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer

Covered

First 30 days & First Year Waiting Period

Definition

1. First 30 days

Any Illness diagnosed or diagnosable within 30 days of the effective date of the Policy Period if this is the first Health Policy taken by the Policyholder with the Insurer.

2. First year

During the first year of the operation of the policy the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydroceie, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre- existing at the time of proposal they will not be covered even during subsequent period or renewal too

Covered

Baby Cover Day 1

Definition

This policy is extended to cover the new born child of an employee covered under the Policy from the time of birth.

Covered

Maternity Benefits

Benefit Details	
Maximum Benefit Allowable	Limit of INR 75,000 for Normal and C-Section
Restriction on number of Children	Maximum of 2 living Children
9 Month waiting period clause	Waived off
Pre-Post Natal Expenses (IPD Only)	Yes, within maternity limit
Baby Expense	Well baby expenses are not covered



- There are special conditions applicable to the Maternity Expenses Benefits as below:
 - These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
 - Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who already have two or more living children will not be eligible for this benefit.
- **Important:** Expenses incurred in connection with voluntary medical termination of pregnancy (abortion) during the first 12 weeks from the date of conception are not covered.

Standard Hospitalization

- 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)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy
- Organ transplantation including the treatment costs of the donor but excluding the costs of the organ
- Internal Congenital diseases



- A) *The expenses shall be reimbursed 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.***
- B) *Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental 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 Hospitalization Benefit.***

Pre-Post Hospitalization Expenses

01

Pre-Hospitalization

If the Insured Person is diagnosed with an Illness which results in his or her Hospitalization and for which the Insurer accepts a claim under a) above, the Insurer will reimburse the Insured Person's Pre-hospitalization Expenses for up to 30 days prior to his Hospitalization as long as the 30 day period commences and ends within the Policy Period. **Example** - For admission after 1.4.2020 any pre-hospitalizations pertaining to the current admission is allowed i.e. between 2.3.2020 to 31.3.2020 for any test and subsequent treatment prior to hospitalizations which results in admission after 1.4.2020

02

Post Hospitalization

If the Insurer accepts a claim under a) above and, immediately following the Insured Person's discharge, he requires further medical treatment directly related to the same condition for which the Insured Person was Hospitalized, the Insurer will reimburse the Insured Person's Post-hospitalization Expenses



Applicable

Yes

Applicable

Yes

Duration

30 Days

Duration

60 Days

Additional Benefits – OPD



Day Care



Day Care Procedure means the course of medical treatment or a surgical procedure listed in the Schedule which is undertaken under general or local anesthesia in a Hospital by a Doctor in not less than 2 hours and not more than 24 hours.

Covered



Dental Treatment



- Covered only on accident

Exclusions:
Aesthetic & Cosmetic treatments only.

Covered with Restrictions



Vision



For Lasik surgery for power beyond +/- 6.5

Exclusions:
Aesthetic & Cosmetic treatments only.

Covered with Restrictions

Additional Benefits...Contd.

- ❖ Cyber Knife treatment covered with 50% co-pay on admissible amount.
- ❖ Stem Cell therapy covered with 50% co-pay on admissible amount.
- ❖ Lasik surgery for power beyond +/- 6.5 stands covered.
- ❖ Chemotherapy stands covered on inpatient basis.

II. Cashless Hospitalization

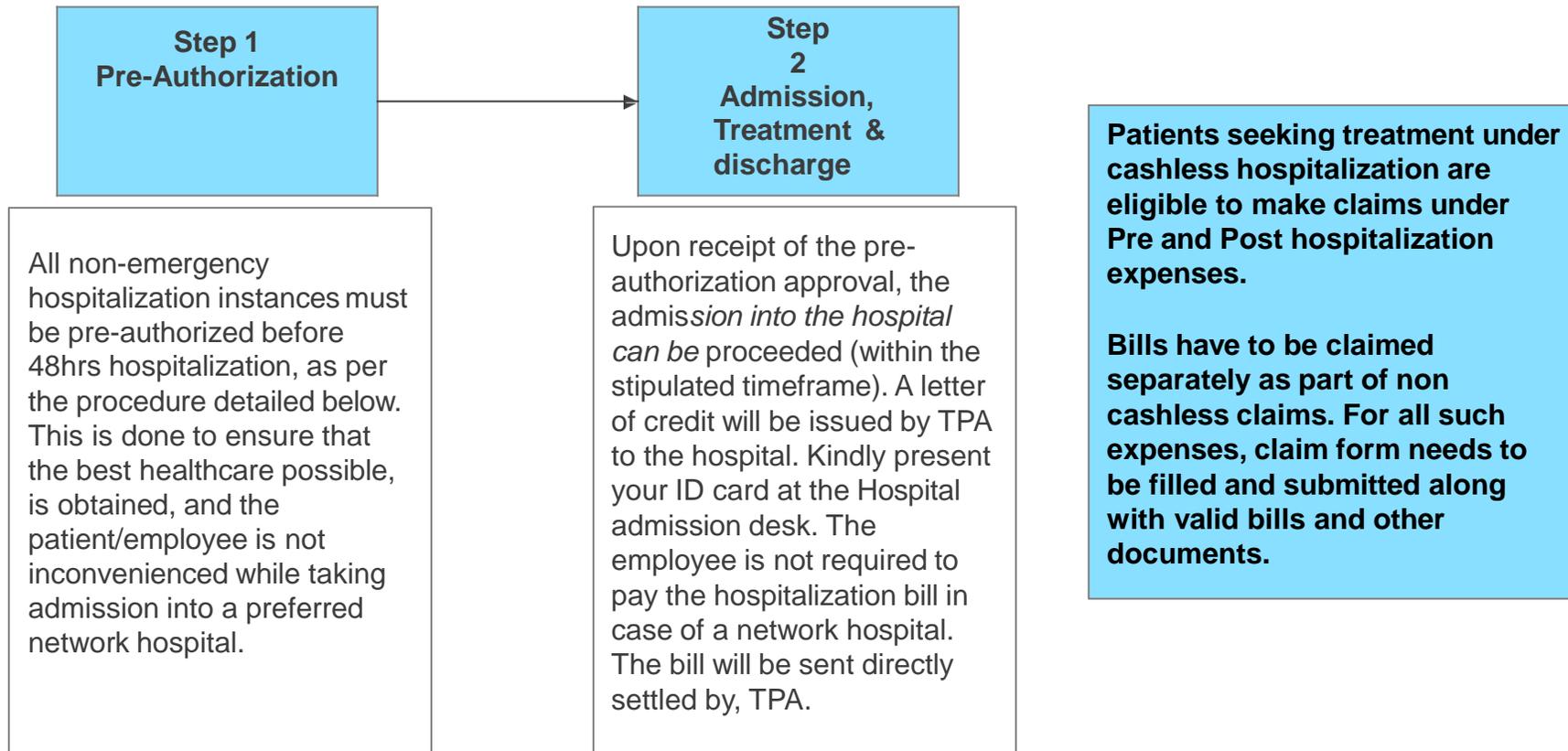
Cashless hospitalization means the Third Party Administrator (TPA) may authorize upon a policyholder’s request for direct settlement of eligible services and it’s according charges between a network hospital and the TPA. In such case the TPA will directly settle all eligible amounts with the network hospital and the insured person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the policy. Insured employee will have to bear the co-pay amount as applicable and also certain standard expenses not payable underinsurance.

List of TPA Network Hospitals - Eligible for Cashless Hospitalization

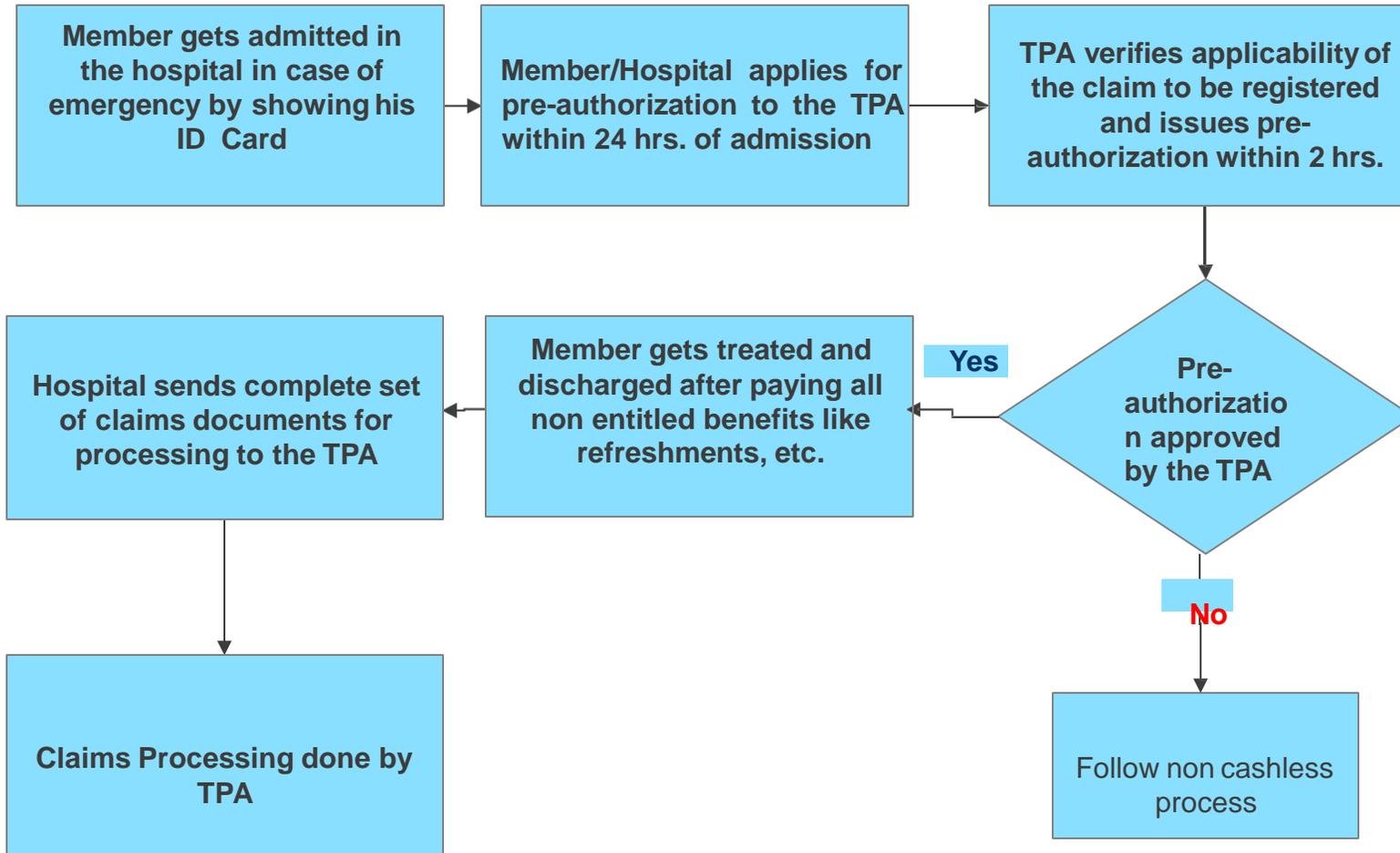
<p>List at Website : https://www.icicilombard.com/cashless-hospitals</p>	<p>Complete Hospital Network List is available on Website: Provider Network</p> <p>This is a dynamic list, thus you should check the same before admission</p>
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Excluded/Delisted Hospitals for claim
<https://ilhc.icicilombard.com/Customer/GetDelistedHospitalList>
Note:- Claims are not admissible in above listed hospitals

Planned Hospitalization



Emergency Hospitalization Process



III. Non-Cashless Hospitalization

Admission procedure

In case you choose a non-network hospital you will have to liaise directly for admission. However you are advised to follow the pre authorization procedure to ensure eligibility for reimbursement of hospitalisation expenses from the insurer.

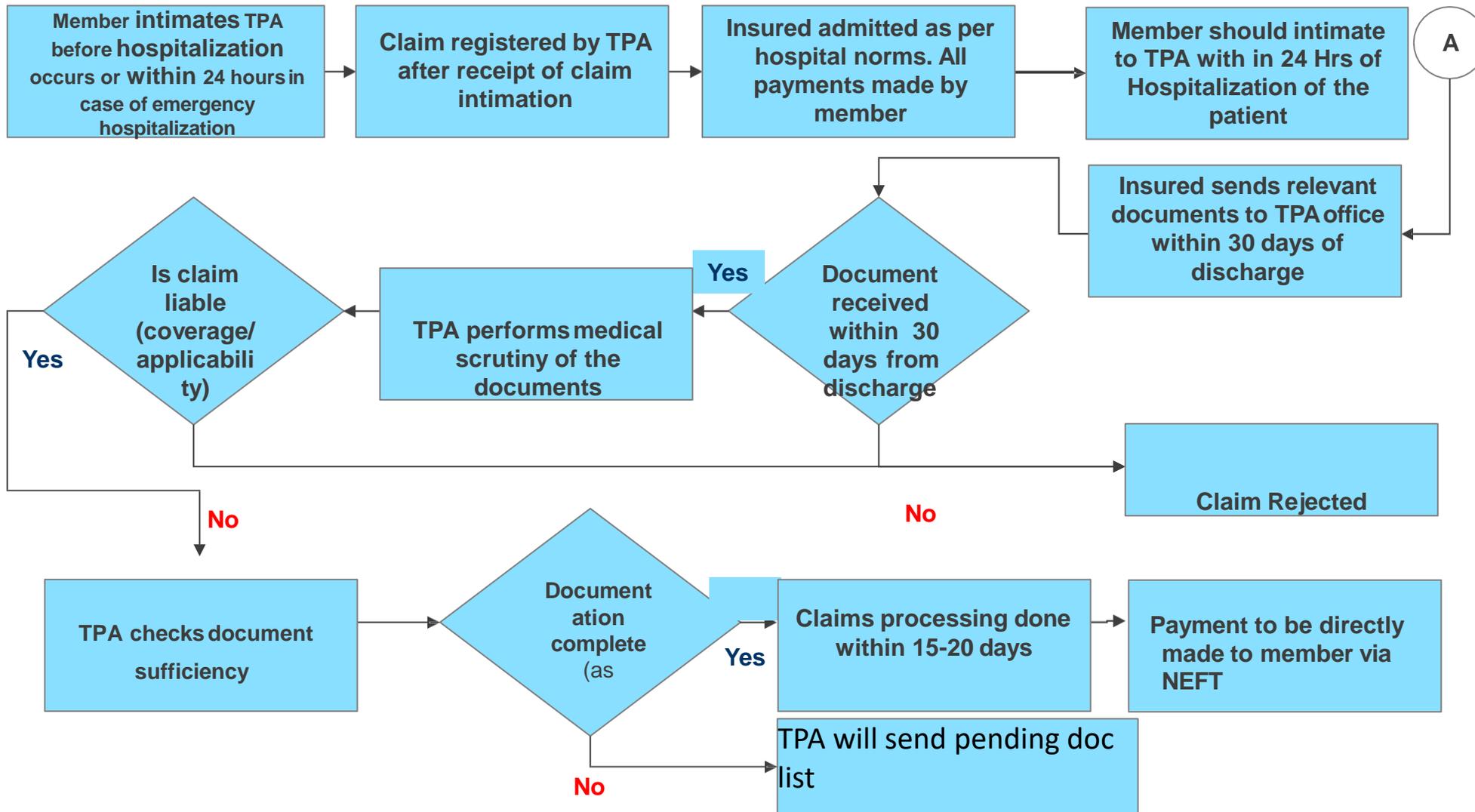
Discharge procedure

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

Submission of hospitalisation claim

- 1.After the hospitalisation is complete and the patient has been discharged from the hospital, you must submit the final claim within 30 days from the date of discharge from the hospital. (Applicable in case of Non Network hospital)
- 2.Under hospitalisation claims you are also permitted to claim for treatment expenses 30 days prior to hospitalisation and 60 days after the date of discharge. This is applicable for both network and non-network hospitalisation. For claims related to pre- post hospitalization expenses, submission of documents within 7 days of last event.

Non cashless Hospitalization Process



Claims Document List

Duly filled and Signed Claim form (along with bank account details mandatorily)
Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
Discharge Card (original)
Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory, Stickers in case of Implants E.g.: Lens (Cataract), Stents (Heart Surgery) etc.
Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill
Cancelled cheque pertaining to the bank account details provided in the claim form has to be provided mandatorily
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 hospitalisation, please get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital.

Important: All the re-imburement / non-cashless claims will be settled via NEFT mode directly into employees bank account. You are mandatorily required to fill in your bank account details in the claim form and mandatorily provide a cancelled cheque along with the claim documents.

- Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situations
- Conditions that do not require 24 hours hospitalization and are treated at home
- Domiciliary hospitalization (Maternity) and Third Child in case of maternity.
- Vaccination, Inoculations & Immunizations.
- Circumcision unless necessary for treatment of disease
- Congenital diseases (External non life threatening case)
- HIV and AIDS
- Hospitalization for convalescence, general debility, intentional self-injury (or suicide), use of intoxicating drugs/ alcohol. Accident under the influence of alcohol is non-payable
- Venereal diseases
- External / durable medical / non-medical equipment's of any kind used for diagnosis/treatment including CPAP, CAPD, infusion pump etc. and any medical item which could be used at home subsequently.
- Injury or disease caused directly or indirectly by nuclear weapons
- Naturopathy, Homeopathy and Experimental or unproven or uncertified line of treatment.
- Treatment for obesity or condition arising therefrom (including morbid obesity) or any other weight control program / services / supplies
- Dental Treatment / surgery of any kind unless it warrants hospitalization.
- Infertility treatment, fertility, sun fertility or assisted conception operation or sterilization or procedure
- Occupational accidents like car racing, circus parachute gliding, military activity & piloting
- Loss of wages are not covered
- Ambulance and any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, TV, Hired attendants / aya, Barber charges, private nursing, beauty services, diet charges, baby food, cosmetics, tissue papers, diapers, sanitary pads, toiletry items, gloves, bandages, Accu check, cotton, etc., guest services and similar incidental expenses.
- Cost of spectacles, contact lenses, hearing aids & all external equipment's including cochlear implants etc.
- Any cosmetic or plastic surgery
- Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for treatment of injury or disease
- Experimental or unproven treatment
- Voluntary termination of pregnancy
- OPD claims, health foods, costs incurred as part of membership / subscription to a clinic or health centre.
- Conservative treatments, treatment involving only oral medications.
- Any other charges that may not be defined here but found not suitable for payment at the discretion of the insurance company

Contact Details & Escalation Matrix

Contact Level	Name	Mobile Number	E-Mail
1st Level	Mr. Amit Darwatkar	9529575565	amit.darwatkar@jbbodamail.com
2nd Level	Mr. Yogesh Deshpande	9022817237	yogesh.deshpande@jbbodamail.com
3rd Level	Mr. Govind Agrawal	9823298270	govind.a@jbbodamail.com

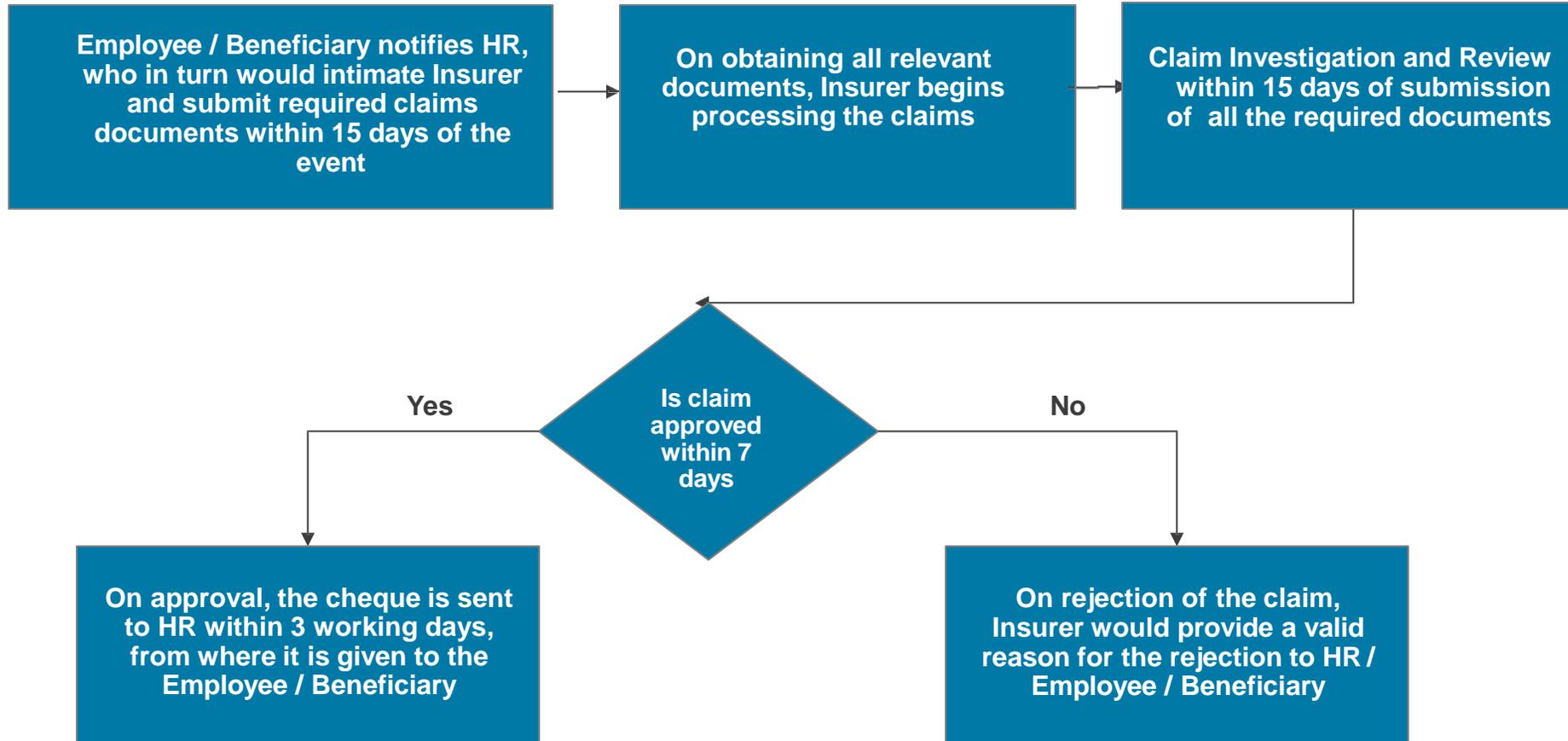
Group Personal Accident Policy

GPA – Enrolment in the program

- All existing employees are covered under the policy from 1st January 2025
- All new joiners are enrolled from their date of joining.
- The policy ends on policy expiry date (midnight) or Date of Leaving the Organization whichever is earlier

Policy Parameter	
➤ Insurer	ICIC Lombard General Insurance Co Ltd
➤ Policy Start Date	01 st January 2025
➤ Policy End Date	31 st December 2025
➤ Coverage	Employee
➤ Sum Insured	3 times annual salary

Coverage Details	
Accidental Death	• Yes 100% of SI
Permanent Total Disablement	• Yes 100% of SI
Permanent Partial Disability	• Yes
Temporary Total Disability – Weekly Benefit	100 weeks - 1 % of Sum Insured or Rs 5,000/-or actual weekly salary whichever is lower.
Temporary Total Disability – Medical Expenses	The max amount payable shall be 40% of the valid personal Accident claim amount or 10% of the relevant sum insured or actual claims whichever is less.
Geographical Limits	• World wide
Carriage of dead body	• 2% of SI subject to Max to Rs.2500/-
Repatriation of mortal remains	• Rs.20,000/- or actual whichever is less
Terrorism	• Yes



GPA – Claims Document Checklist

Weekly Benefit Claims

1. Completed Claim form
2. Doctor's Report
3. Disability Certificate from the Doctor, if any
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/discharge card, if hospitalized
6. Employers Leave Certificate & Details of salary
7. Original medical bills with prescription

Death Claims

1. Completed claim form
2. Attending Doctor's report
3. Death Certificate
4. Post Mortem/ Coroner's report
5. FIR (First Information Report)
6. Police Inquest report, wherever applicable
7. Indemnity cum declaration bond
8. No objection Certificate

Disablement Claims

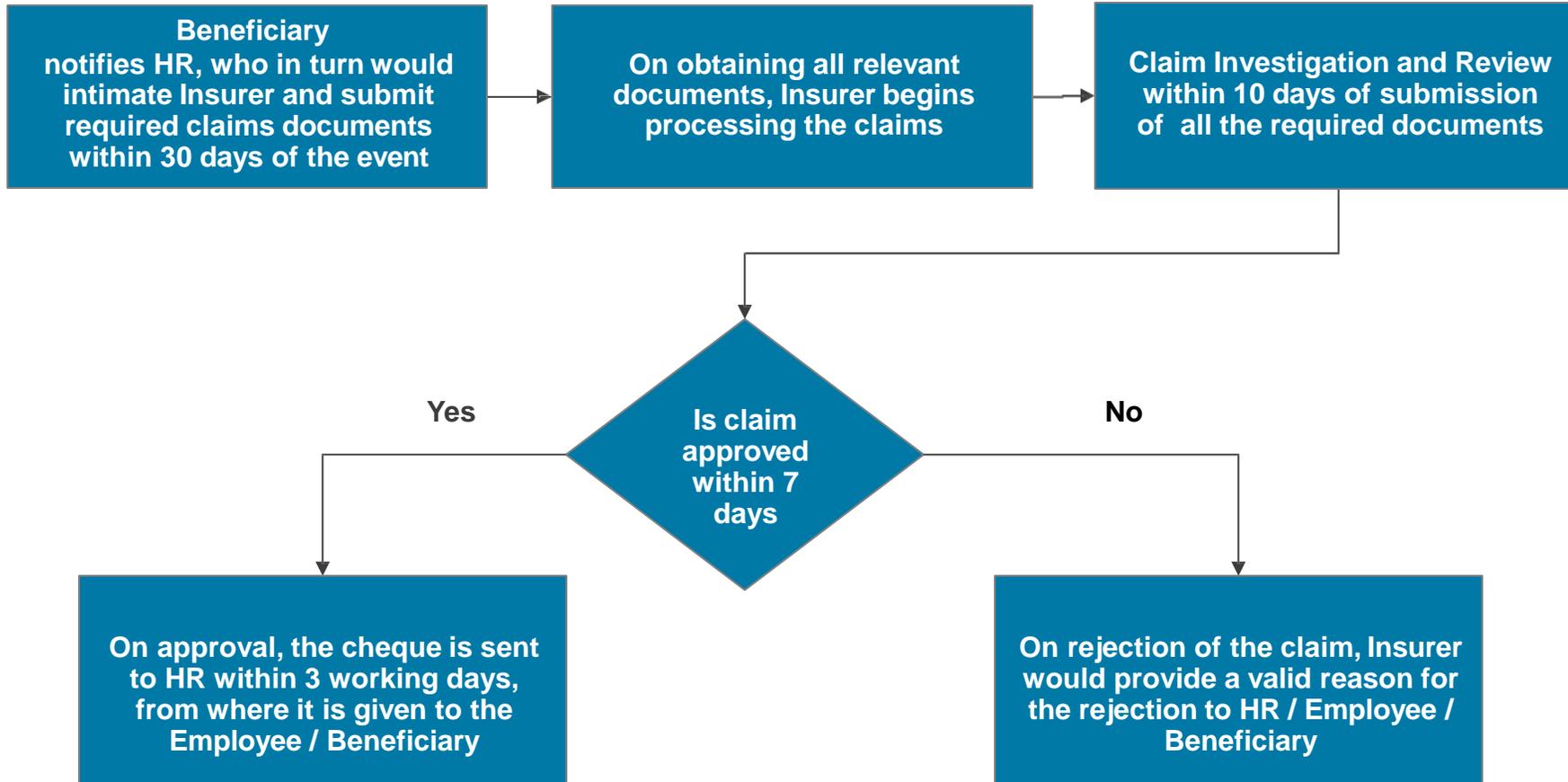
1. Completed claim form
2. Doctor's Report
3. Disability Certificate from the Doctor
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/ discharge card, if hospitalized.
6. Police Inquest report, wherever applicable
7. Photograph of the injured with reflecting disablement, Medical Bills with prescription / treatment papers

1. Service on duty with any armed force
2. Intentional self-injury, suicide or attempted suicide.
3. Insanity
4. Venereal disease
5. Influence of intoxicating drink or drugs
6. Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
7. Nuclear radiation or nuclear weapons material
8. Any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military, or usurped power, seizure, capture, arrest, restraint, detainment of all kings, princes, and people of whatever nation, conditions and qualities so ever
9. Childbirth, pregnancy or other physical causes peculiar to the femalesex
10. While committing any breach of law with criminalintent
11. Undertaking any adventure sports activity or any other activity involving a risk of life. Eg. Bungee jumping, parasailing, scuba diving, snorkeling, white water rafting, mine visits, trekking, mountaineering, etc.

Group Term Life Policy

Policy Parameter	
Insurer	ICIC Prudential Life Insurance Co Ltd
> Policy Start Date	4 th January 2025
> Policy End Date	3 rd January 2026
> Coverage	Employees only
Sum Insured	3 times of annual ctc

Cover	Details
<p><u>Death</u> In the event of death of a member from any cause (natural / accidental), provided that this shall occur while the insurance of such member is in force, an amount determined in accordance with the Policy Schedule shall be paid</p>	3 times annual CTC



GTL – Document Checklist

- Completed Death Claim form
- Primary supporting documents, including:
 - Original death certificate
 - Certified copy of Proof of age
 - Certified copy of Proof of membership of Plan
 - Last Pay Slip for the employee.
 - Last attending doctor's death certificate stating the exact cause of death.
 - Extract of the Leave Records of the deceased, duly certified by the Policyholder, for such period(s) as may be specified by KLI
 - If death has occurred in a hospital, all case history papers
 - If the death is due to an accident or any other unnatural cause, the following shall be required:
 - A certified copy of the FIR filed with the Police authorities
 - A certified copy of the Post Mortem Report/Autopsy Report
 - A certified copy of the Driving License if death occurred while driving
 - Particulars of beneficiary and Proof of identity of beneficiary (if claim is payable to beneficiary)

Group Term Insurance Contact	
J.B Boda	1st Contact Level
	Name: Mr. Amit Darwatkar
	Email Id amit.darwatkar@jbbodamail.com
	Contact No. 9529575565
	2nd Point of Contact
	Name: Mr. Yogesh Deshpande
	Email id : yogesh.deshpande@jbbodamail.com
Contact No. 9022817237	

Thank you...

**J. B. Boda Insurance & Reinsurance Brokers Pvt. Ltd.
Office No 411 , City Tower, 17 Boat Club Road,
Pune – 411001 INDIA**