

# IREL (India) LIMITED



## Group Mediclaim Policies for Retired Employees & Dependent spouse for the Financial Year 2025-26



**Insurance Company:**  
National Insurance Co Ltd



**3rd Party Administrator:**  
Paramount Insurance TPA



**Insurance Intermediary:**  
Marsh India Insurance  
Brokers Pvt Ltd

# Policy Benefits – Base & Top-up Policy

## Insurance Company

National Insurance Company Limited



## Policy Start Date

1<sup>st</sup> April 2025



## Family Coverage

Self and / or Spouse of the Retired / Voluntary Retirement / Expired Employees



## Base Sum Insured (INR)\*

2.25 Lakhs, 3.00 Lakhs, 5.25 Lakhs



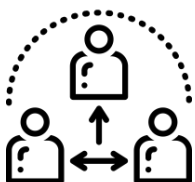
## Time Bound Waiting Periods

1st, 2nd & 4th Year policy waiting period Exclusion



## 3rd Party Administrator

Paramount Insurance TPA



## Policy End Date

31<sup>st</sup> March 2026



## Cashless Claim

Paperless Benefit in Network Hospital



## Top up Sum Insured (INR)\*

2.25 Lakhs, 3.00 Lakhs, 5.25 Lakhs

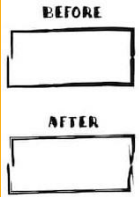









## Time Bound Waiting Periods

1st 30 days policy waiting period Exclusion











# Coverages

 <p><b>Pre 30 &amp; Post 60</b></p>	 <p><b>Room Rent Limit</b></p>	 <p><b>Ayush Treatment *</b></p>	 <p><b>Pre-existing Diseases</b></p>	 <p><b>Expensive / Diagnostic tests *</b></p>	 <p><b>Congenital Diseases</b></p>	 <p><b>General or Local Anaesthesia *</b></p>	 <p><b>Fracture on OPD *</b></p>
<p>Pre &amp; Post Hospitalization covered (30 days &amp; 60 days) respectively. Physiotherapy within post hospitalization up to 60 days</p>	<p>A cap of 1% for normal room &amp; 2% for ICU/ICCU of the respective Base Sum Insured per day for all grades except, CMD and Functional Directors where actual room rent shall be payable. Proportionate charges deduction not applicable.</p>	<p>Covered in a government hospital or in any institute recognized by government and/or accredited by QCI or NABH in line with IRDAI guidelines <b>The limit shall be upto 25% of Family Base Sum Insured.</b></p>	<p>All existing Ailments / on-going treatments are Covered from day 1</p>	<p>In case of Emergency, upto Sub-Limit of Rs.20,000 Per Family. Day care procedure list to include expensive diagnostic tests / invasive investigations / procedures limited to colonoscopy, excision biopsy, CT Scan, USG, MRI, PET Scan</p>	<p>Internal Disease covered and External is covered only in life threatening situation</p>	<p>If the surgery is undertaken under General or Local Anesthesia in a hospital / day care center in less than a day because of technological advancement and which would have otherwise required hospitalization of more than a day</p>	<p>Treatment of fracture on OPD basis limited to INR 20,000 per case</p>

\* New Coverage/Limit enhanced this year.

# Coverages

 <p><b>Psychiatric ailments *</b></p>	 <p><b>Cataract Treatment Limits *</b></p>	 <p><b>Chemotherapy</b></p>	 <p><b>Lasik Treatment</b></p>	 <p><b>Ambulance Charges*</b></p>	 <p><b>Hearing / Walking aid / Crutch*</b></p>	 <p><b>Genetic Diseases or Disorders*</b></p>	 <p><b>Co-payment</b></p>
<p><i>Treatment of mental illness, stress or psychological disorders, psychosomatic disorders and neurodegenerative disorders undertaken at a Hospital categorized as Mental Health</i></p>	<p><i>Treatment of cataract (per incidence) Rs. 50,000/- subject to the overall sum insured limit Insured person can opt for any type of cataract surgery, (monofocal or multifocal) subject to his limit of insured amount.</i></p>	<p><i>Chemotherapy including Adjuvant Chemo / Immune modular hormonal therapy monoclonal antibodies and / or Chemo in any form like OPD, day care, oral or through injection is covered.</i></p>	<p><i>Lasik treatments are covered for correction of Refractive error above +/- 7.5. Cosmetic treatments are not covered</i></p>	<p><i>Ambulance charges are payable up to Rs. 5,000/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised.</i></p>	<p><i>Cost of hearing aid/walking aid/crutch shall be payable subject to a maximum of Rs 20,000/- per family, once in 3 years, subject to production of supporting prescription from the treating Specialist Doctor</i></p>	<p><i>Cover for Genetic diseases or disorders are to be covered upto Family Floater Sum Insured per policy period</i></p>	<p><i>Co-payment is not applicable in Base as well as Top up policy</i></p>

\* New Coverage/Limit enhanced this year.

# Coverages



Cover modern treatment (details given below) methods. This shall be upto 100% of GMP SI.\*

- |  |  |
|--|--|
| 1. Uterine Artery Embolization and HIFU                        | 10. Vaporization of the prostate (Green laser treatment or holmium laser treatment)        |
| 2. Balloon Sinuplasty  | 11. IONM (Intra Operative Neuro Monitoring)  |
| 3. Deep Brain Stimulation                                      | 12. Stem cell therapy  |
| 4. Oral Chemotherapy   | 13. External Counter Pulsation (ECP/EECP)  |
| 5. Immunotherapy -monoclonal antibody to be given as injection | 14. Treatment for osteoporosis via injection (Romosozumab (Evenity), Denosumab injection)- |
| 6. Intra vitreal injections                                    |  |
| 7. Robotic surgeries   |  |
| 8. Stereotactic radio surgeries                                |  |
| 9. Bronchical Thermoplasty                                     |  |



## Base Policy Sum Insured

- Non-Executives and staff covered under the Long Term Settlements (Cat.-I) **Rs. 225,000/-**
- Executives at E0 To E5 & Non-Unionised Supervisor (NUS) (Cat.-II) **Rs. 300,000/-**
- Executives at E6 To E8 (Cat.-III) **Rs. 525,000/-**

## Top up Policy Sum Insured

- Non-Executives and staff covered under the Long Term Settlements (Cat.-I) **Rs. 225,000/-**
- Executives at E0 To E5 & Non-Unionised Supervisor (NUS) (Cat.-II) **Rs. 300,000/-**
- Executives at E6 To E8 (Cat.-III) **Rs. 525,000/-**

\* New Coverage/Limit enhanced this year.

# Coverages

1. The Base GMP & GTUP shall not have any separate caps or sub-limits under different heads, except those prescribed for room rents/ICU/CCU, ambulance charges and cataract surgery expenses as mentioned above
2. The claims for hospitalization under the Group Mediclaim Policy (GMP) & Group Top Up (GTUP) shall be intimated to Insurer/TPA by the insured person or by the hospital concerned immediately after admittance in the hospital and in any case not later than 7 days after admittance in the hospital failing which INSURER shall have the right to reject such claims
3. The medical benefits to the retired employees and their spouses under the Scheme will be admissible for the treatment taken only in India
4. LIMIT OF LIABILITY PER ANNUM AFTER RETIREMENT: The employee along with their spouses only will be covered under the Group Mediclaim Policy (GMP) & Group Top Up (GTUP) Scheme and the limits of liability would be restricted to the maximum amount shown below on floater basis
5. Coverage on floater basis means the hospitalized treatment expenditure of retired employee individually and/or together with spouse shall not exceed the Sum Insured
6. First, the Group Mediclaim Policy (GMP) will be utilized and fully exhausted; thereafter Group Top Up (GTUP) will be utilized and fully exhausted, thereafter Corporate Buffer will be utilized.
7. In case of death during hospitalization, no deduction in the bill amount subject to sum insured limit (including IRDAI non payable)
8. Coverage for Operating theatre, OT Consumables and Recovery Room, including Prescribed medicines, drugs and dressings for in-patient.
9. Hospitalization Expenses incurred in connection with accident are covered.
10. Surgeons' - Surgeon / Team of Surgeons / Assistant Surgeon and Anesthetist's Fees in case of Hospitalization is covered.
11. Specialist Physician's Fees: This benefit is paid in full for regular visits by a specialist physician during stays in the hospital including intensive care by a specialist physician for as long as is required by medical necessity.
12. Surgical Procedures, Radiology and Pathology in case of Hospitalization is covered.
13. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
14. During hospitalization, charges for Surgeon, Anesthesia, blood, Oxygen, Operation theatre charges, Surgical Appliances, Resident medical officer (RMO), Medicines, and Drugs, Diagnostic material, X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pace maker, Cost of artificial limbs, and cost of organs and similar expenses are reimbursable.
15. Medical Practitioner & Consultants in case of Hospitalization is covered
16. GIPSA PPN / Pre-negotiated package rates

# Corporate Buffer \*

Corporate Buffer of INR 50,00,000 shall be utilized only for Critical Illness as listed below (though the below list is not exhaustive). Corporate Buffer shall be available to members without any sublimit and maximum upto INR 50,00,000 per family subject to approval of IREL committee/management. List of Critical diseases as stated below to be covered without any sublimit under Group Medclaim Policy (GMP)

1. Heart and Vascular diseases
2. Cancer
3. Blood disorder
4. Cardiac Procedures' & Surgeries
5. Renal/kidney Disease
6. Paralysis-Paraplegia
7. Liver Diseases
8. Organ Transplantations / Surgeries
9. Surgery of Aorta
10. Chronic Lungs & Brain related including apallic syndrome
11. Aplastic anaemia
12. Bacterial Meningitis
13. Major Burns
14. Coma
15. Multiple sclerosis
16. Alzheimer's and any Terminal Diseases etc.
17. End stage lung or liver failure
18. Bone marrow transplantation
19. Fulminant Hepatitis
20. Pulmonary hypertension
21. Major Accident
22. Pandemic
23. Pneumonia
24. Stroke resulting in permanent symptoms
25. Permanent paralysis of limbs
26. Motor neuron disease with permanent symptoms
27. Benign brain tumour
28. Blindness
29. Loss of speech
30. Loss of limbs
31. Major head trauma



# Day Care Procedures\*

*Expenses on Hospitalization for less than a day are admissible. However, 24 hrs hospitalization limit will not applied in case of stay in hospital of less than a day for those ailments listed below.*

## Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation / reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

## Other operations on the middle and internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

## Operations on the nose and the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
  20. Operations on the turbinates (nasal concha)
  21. Other operations on the nose
  22. Nasal sinus aspiration
- ## Operations on the eyes
23. Incision of tear glands
  24. Other operations on the tear ducts
  25. Incision of diseased eyelids
  26. Excision and destruction of diseased tissue of the eyelid
  27. Operations on the canthus and epicanthus
  28. Corrective surgery for entropion and ectropion

29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract



# Day Care Procedures – Continued

*Expenses on Hospitalization for less than a day are admissible. However, 24 hrs hospitalization limit will not applied in case of stay in hospital of less than a day for those ailments listed below.*

## **Operations on the skin and subcutaneous tissues**

- 39. Incision of a pilonidal sinus
- 40. Other incisions of the skin and subcutaneous tissues
- 41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
- 42. Local excision of diseased tissue of the skin and subcutaneous tissues
- 43. Other excisions of the skin and subcutaneous tissues
- 44. Simple restoration of surface continuity of the skin and subcutaneous tissues
- 45. Free skin transplantation, donor site
- 46. Free skin transplantation, recipient site

- 47. Revision of skin plasty
- 48. Other restoration and reconstruction of the skin and subcutaneous tissues
- 49. Chemosurgery to the skin
- 50. Destruction of diseased tissue in the skin and subcutaneous tissues

## **Operations on the tongue**

- 51. Incision, excision and destruction of diseased tissue of the tongue
- 52. Partial glossectomy
- 53. Glossectomy
- 54. Reconstruction of the tongue
- 55. Other operations on the tongue

## **Operations on the salivary glands and salivary ducts**

- 56. Incision and lancing of a salivary gland and a salivary duct
- 57. Excision of diseased tissue of a salivary gland and a salivary duct
- 58. Resection of a salivary gland
- 59. Reconstruction of a salivary gland and a salivary duct
- 60. Other operations on the salivary glands and salivary ducts

## **Operations on the tonsils and adenoids**

- 61. Transoral incision and drainage of a pharyngeal abscess
- 62. Tonsillectomy without adenoidectomy
- 63. Tonsillectomy with adenoidectomy

- 64. Excision and destruction of a lingual tonsil
- 65. Other operations on the tonsils and adenoids

## **Other operations on the mouth and face**

- 66. External incision and drainage in the region of the mouth, jaw and face
- 67. Incision of the hard and soft palate
- 68. Excision and destruction of diseased hard and soft palate
- 69. Incision, excision and destruction in the mouth
- 70. Plastic surgery to the floor of the mouth
- 71. Palatoplasty
- 72. Other operations in the mouth

# Day Care Procedures – Continued

*Expenses on Hospitalization for less than a day are admissible. However, 24 hrs hospitalization limit will not applied in case of stay in hospital of less than a day for those ailments listed below.*

## **Trauma surgery and orthopaedics**

- 73. Incision on bone, septic and aseptic
- 74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
- 75. Suture and other operations on tendons and tendon sheath
- 76. Reduction of dislocation under GA
- 77. Arthroscopic knee aspiration

## **Operations on the breast**

- 78. Incision of the breast
- 79. Operations on the nipple

## **Operations on the digestive tract**

- 80. Incision and excision of tissue in the perianal region
- 81. Surgical treatment of anal fistulas
- 82. Surgical treatment of haemorrhoids
- 83. Division of the anal sphincter (sphincterotomy)
- 84. Other operations on the anus
- 85. Ultrasound guided aspirations
- 86. Sclerotherapy etc.

## **Operations on the urinary system**

- 87. Cystoscopic removal of stones

## **Operations on the female sexual organs**

- 88. Incision of the ovary
- 89. Insufflation of the Fallopian tubes
- 90. Other operations on the Fallopian tube
- 91. Dilatation of the cervical canal
- 92. Conisation of the uterine cervix
- 93. Other operations on the uterine cervix
- 94. Incision of the uterus (hysterotomy)
- 95. Therapeutic curettage
- 96. Culdotomy
- 97. Incision of the vagina
- 98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 99. Incision of the vulva
- 100. Operations on Bartholinas glands (cyst)

## **Operations on the spermatic cord, epididymis and ductus deferens**

- 101. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 102. Excision in the area of the epididymis
- 103. Epididymectomy
- 104. Reconstruction of the spermatic cord
- 105. Reconstruction of the ductus deferens and epididymis
- 106. Other operations on the spermatic cord, epididymis and ductus deferens

# Day Care Procedures – Continued

*Expenses on Hospitalization for less than a day are admissible. However, 24 hrs hospitalization limit will not applied in case of stay in hospital of less than a day for those ailments listed below.*

## **Operations on the prostate and seminal vesicles**

- 107.Incision of the prostate
- 108.Transurethral excision and destruction of prostate tissue
- 109.Transurethral and percutaneous destruction of prostate tissue
- 110.Open surgical excision and destruction of prostate tissue
- 111.Radical prostatovesiculectomy
- 112.Other excision and destruction of prostate tissue
- 113.Operations on the seminal vesicles
- 114.Incision and excision of periprostatic tissue
- 115.Other operations on the prostate Operations on the scrotum and tunica vaginalis testis

- 116.Incision of the scrotum and tunica vaginalis testis
- 117.Operation on a testicular hydrocele
- 118.Excision and destruction of diseased scrotal tissue
- 119.Plastic reconstruction of the scrotum and tunica vaginalis testis
- 120.Other operations on the scrotum and tunica vaginalis testis

## **Other Operations**

- 121.Lithotripsy
- 122.Coronary angiography
- 123.Hemodialysis
- 124.Radiotherapy for Cancer
- 125.Cancer Chemotherapy

## **Operations on the testes**

- 126.Incision of the testes
- 127.Excision and destruction of diseased tissue of the testes
- 128.Unilateral orchidectomy
- 129.Bilateral orchidectomy
- 130.Orchidopexy
- 131.Abdominal exploration in cryptorchidism
- 132.Surgical repositioning of an abdominal testis
- 133.Reconstruction of the testis
- 134.Implantation, exchange and removal of a testicular prosthesis
- 135.Other operations on the testis

## **Operations on the penis**

- 136.Operations on the foreskin
- 137.Local excision and destruction of diseased tissue of the penis
- 138.Amputation of the penis
- 139.Plastic reconstruction of the penis
- 140.Other operations on the penis

## **Below procedures are also covered under Day-care**

- Co-ordial neo vascular membrane
- Rotational field quantum magnetic resonance
- Hyperbic Oxygen therapy
- Angiography
- Angioplasty

# Scope of Insurance Cover



## Includes

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Only “in-patient” hospitalization expenses  
Actual line of treatment with minimum 24 hours hospitalization  
Pre-hospitalization expenses of 30 days before admission and post hospitalization expenses for 60 days post discharge for an eligible hospitalization  
Day care treatments covered as listed in previous slides

## Excludes

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Non - Medical Expenses -  
Registration/Admission fees, hospital surcharge, food bills for attendants, telephone charges, pharmacy charges for non-medical items etc.  
Other standard exclusions  
Domiciliary hospitalization not covered



# General Exclusions

- Circumcision unless necessary for treatment of disease
- Dental treatment of any kind unless requiring hospitalization
- HIV and AIDS
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxication drugs/alcohol.
- Venereal diseases (Sexually Transmitted Diseases)
- Injury or disease caused directly or indirectly by nuclear weapons
- Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situation
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges external appliances, etc.
- Cost of spectacles, contact lenses, Instrument charges or rental appliances charged separately
- Any cosmetic or plastic surgery except for correction of injury
- Vitamins and tonics unless used for treatment of injury or disease



# Non Medical Expenses (Example)

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Administrative Expenses	Documentation Expenses	Services
<ul style="list-style-type: none"><li>• Admission Charges</li><li>• Registration Charges</li><li>• Medical Records/Medico legal charges</li><li>• Attendant Stay charges</li><li>• Relative Stay charges</li><li>• Additional Stay</li><li>• Gate Pass/Attendant pass</li><li>• Overhead charges</li><li>• Establishment Charges</li><li>• Tax</li><li>• Surcharge</li><li>• Incidental charge</li><li>• Waste disposal Charge</li></ul>	<ul style="list-style-type: none"><li>• Documentation charges</li><li>• Medical records charges</li><li>• Discharge summary</li><li>• Birth Certificate</li><li>• Death Certificate</li><li>• Medical Certificate</li></ul> <p data-bbox="963 722 1207 756"><b>Consumables</b></p> <ul style="list-style-type: none"><li>• Antiseptic/disinfectant solutions</li><li>• Soaps</li><li>• Powder</li><li>• Oil/Cream</li><li>• Sanitary pads/Diapers</li><li>• Cassette/CD/Film charges</li><li>• Oxygen Cylinder</li><li>• Health Foods</li></ul>	<ul style="list-style-type: none"><li>• Private nurse charges</li><li>• Telephone Charges</li><li>• Fax Charges</li><li>• Food/Beverages</li><li>• Diet</li><li>• Electricity Charges</li><li>• Water Charges</li><li>• T.V/Internet Charges</li><li>• News Paper/Magazines Charges</li><li>• Stationery Charges</li><li>• Linen/Laundry Charges</li><li>• Mortuary/Coffin Charges</li></ul>

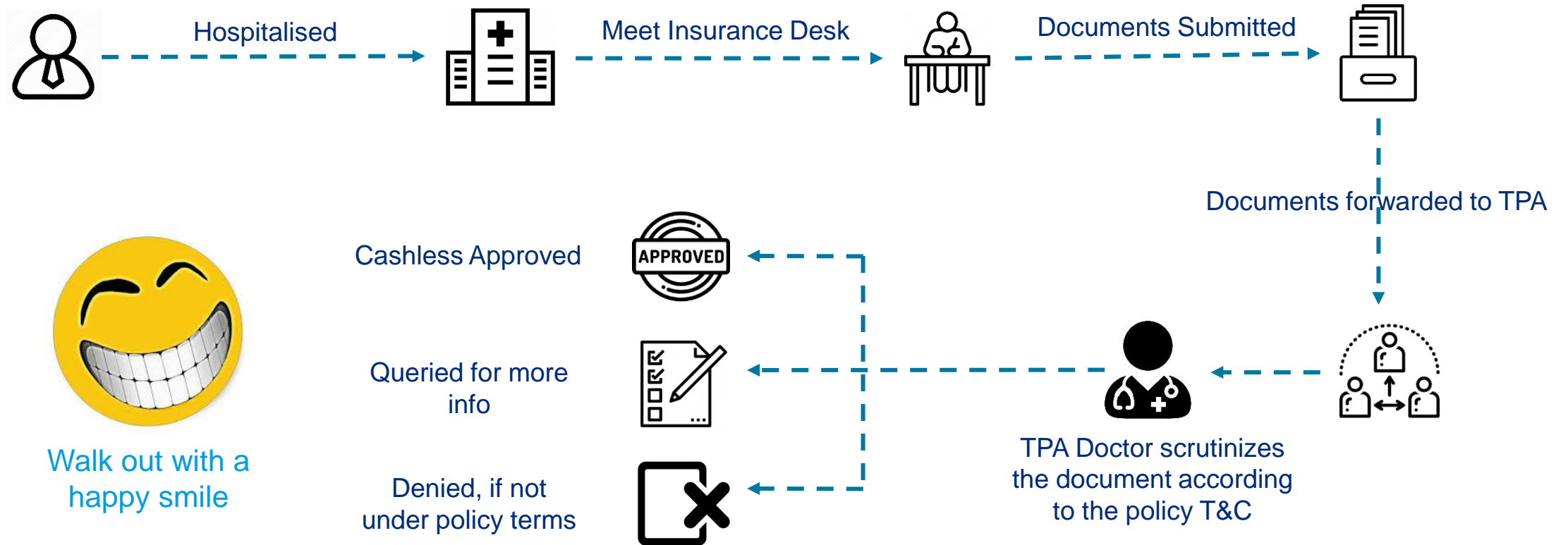
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# Link for Cashless and Excluded Hospital

- Refer the below Link for Cashless hospital in TPA network:
- Insert Insurer as National and State/District Name to check the Network hospital in your City:
- [Paramount Health Services & Insurance TPA Pvt. Ltd.](#)
  
- There are Certain Hospital which are excluded by the Insurer and TPA, Treatment taken in these hospitals not covered for Cashless & Reimbursement:
- [Excluded List PSU-NIC.xlsx](#)



# Cashless Hospitalisation Process

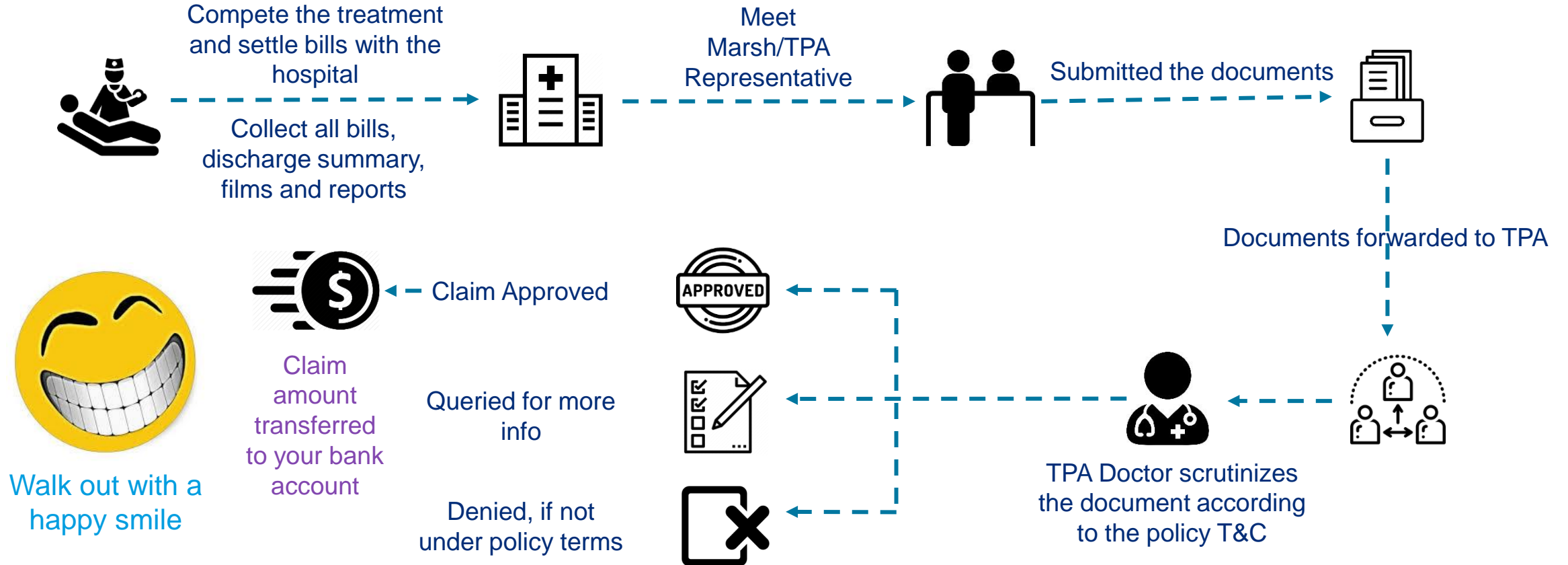


# Possibility for Denial of Cashless

- Admission for investigations/observation/evaluation purpose only.
- Admission beyond a certain no. of days apart from the normal package stay.
- Treatment not matching with disease mentioned on cashless form.
- Any treatment which otherwise could have been taken on OPD basis.
- Hospital not sending proper query reply raised by TPA on time.
- Active line of treatment not mentioned in the cashless form.



# Reimbursement Hospitalisation Process



# Procedure of Discharge & Claim at Non-Network Hospital

- ❑ The employee is requested to arrange for the admission and all other payments required by the hospital
- ❑ Collect and submit the following documents (in original) after discharge
  - Signed Claim Form Part A & Part B
  - Original Discharge Summary / Card
  - Original Final Hospital Bill (with proper split up, i.e. Itemized)
  - Prescriptions, reports and bills for all investigations done
  - Prescriptions and bills for medicines consumed during hospitalization
  - Cancelled Cheque Leaf of Retiree / Member with Name printed / Passbook first page/Bank Statement with IFSC code.
  - Break-up of the medicines bills amount
  - Hospital's registration number is required and Mandatory

Reimbursement Claim Form and Hospital Declaration Form for PPN and Non PPN Hospitals



Claim Form



Hospital Declaration Form

**NOTE: A claim will not be assessed if the documents mentioned above are not submitted.**

# Procedure of Discharge & Claim at Non-Network Hospital

## Claim Submission Timeline

All claims to be submitted to TPA within 30 days from date of discharge. In case of post hospitalization, the timeline would be 30 days from - treatment completion or completion of 60 days post hospitalization, whichever is earlier.



## Important Note

Any delayed submission beyond the Timeline mentioned above will not be processed. In such cases, letter from the Retiree/Member would be required with a valid reason for delay in submission. It is at the discretion of the insurer to provide the approval for such cases.



# Some Important Do's & Don'ts

- Submit the Reimbursement claim documents to Paramount TPA within 30 days from date of discharge
- For availing cashless always carry photo ID proof along with your medical card of the patient. Photo ID proof can be Pan Card / Aadhar Card / Voters ID.
- Planned hospitalization, take approval before 2-3 days before admit in hospital.
- Initial deposit at hospitals (if taken) are refunded after settlement.
- Original documents are retained for claim but photocopies can be taken if required.
- Approval is given in two parts – Initial – 40- 60% (at the time of admission) & final (balance amount) - at the time of discharge.
- For Reimbursement cases, always collect all originals from Hospital including final bill with break up and payment receipt.
- Any issues in cashless approval, please contact the SPOC of Paramount and Marsh.

# What Happens When Submitted Documents Are Not Complete

When you submit your claim along with all relevant documents as explained above to PHS, the same will be scrutinized by a team of medical and claims and if found in order - PHS will issue a reimbursement completion intimation to insurance company & Payment will be done by Insurer.

- In case of discrepancies or deficiencies in the documents, PHS will issue a letter listing the deficiencies and deficient documents need to be submitted within 15 days.
- If the claim file is complete in all respects PHS will normally settle the claim .
- PHS may settle the claim, deducting the amount pertaining to deficient documents.
- When the deficient documents are submitted, PHS will reopen the file and pay for the same if admissible.

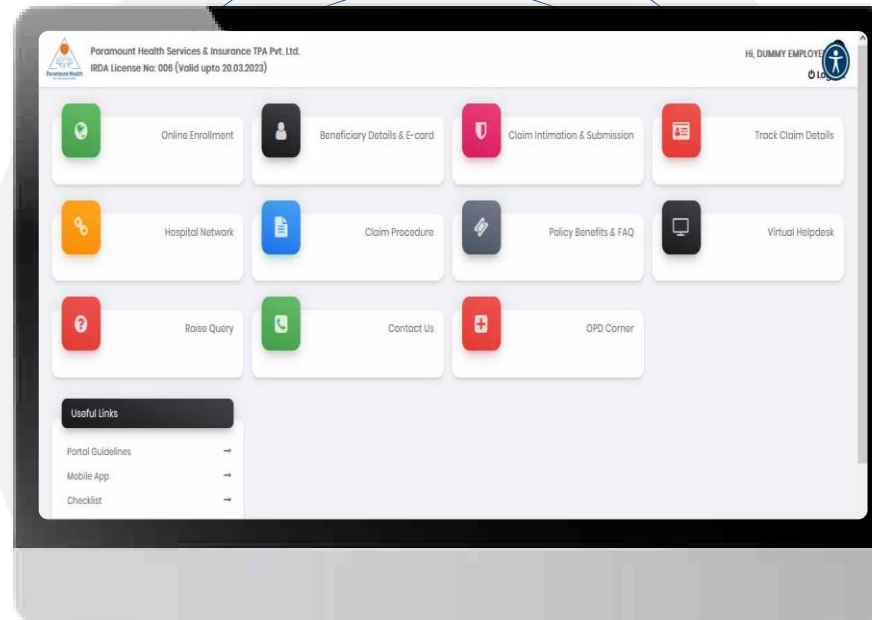


# Paramount TPA – Dedicated Portal : Members Portal

01 Customization of Portal as per client's requirements. SSO integration available with Client's HRMS

02 E-claim Submission with integrated Checklist for IPD & OPD

03 OPD Corner - Booking Appointment for Wellness



04 Enrollment Module for Base Policy, Top-up Policy, Parent Policy & Voluntarily along with Premium Calculation & Policy Benefits

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

06 Virtual Helpdesks, Ticketed Customer Communication, etc.

\* WCAG 2.1 AA – Accessibility Feature provided as per International Standards

Dedicated Members Portal

# Paramount TPA – Mobile Apps for Android & Apple



1. Flagship product for insured to give them access to real time policy & claim status, available on Android & iOS
2. GPS navigation functionality for nearby hospital network with Uber integration
3. Bookmark hospital for quick navigation for future references
4. Documents upload via secure OTP based method with auto inward number generation
5. Auto notifications alerts sent to insured's mobile to control frauds
6. Real Time Claim Intimation
7. E-Card & Claim Form available for download

1. This app was exclusively developed for policy administrators to have full access to data at their finger-tips
2. This can be set up location wise, entity wise, and group wise
3. The HR can
  - Download E-cards for any employee
  - View Real Time Dashboard of ongoing Cashless cases
  - View Dashboard of Reimbursement cases
  - View hospital network, and other insured features

# Paramount TPA – Mobile Based Solutions – Whatsapp Chatbot



**Feature 01 – Single Step Opt-in Process**



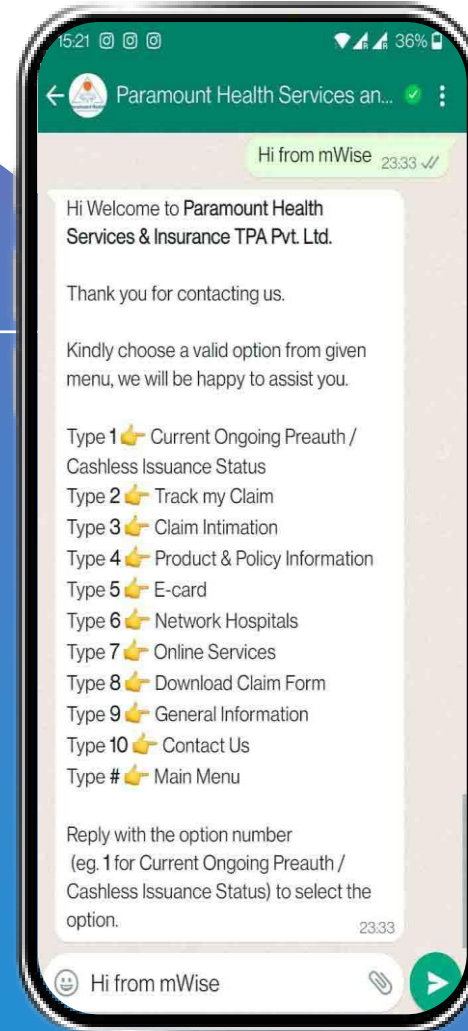
**Feature 02 – Self-Serviced BOT Assistance**



**Feature 03 – Real Time Claim Updates  
Cashless / Reimbursement**



**Feature 04 – Real Time Authorization &  
Query Letters for downloading**



**Feature 05 – Downloadable E-Cards &  
Claim Form**



**Feature 06 – Quick Claim Intimation  
Option**



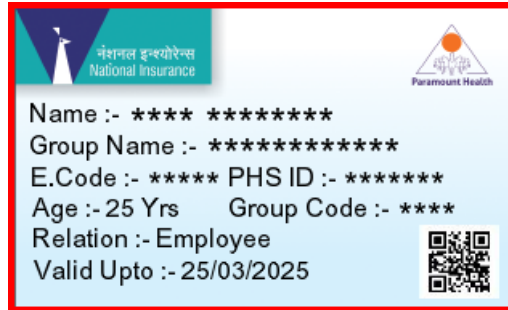
**Feature 07 – Convenient Touch Point  
Reach out to Paramount**



**Feature 08 – Anytime Opt-Out Facility**

# Ecards & Welcome Mailer Draft

## Ecards



“The E card is designed with QR code when scanned will have a basic information on members enrolled and basic policy coverage, on the same platform we are working on additional information with necessary link which will direct to the website such as claim form / Standard guidelines / Claim Process – Cashless & Reimbursement etc. which will be live in next 3 weeks”

## Welcome Mailer Draft



Welcome Mailer  
Draft

“Dear Customer, Welcome to IREL-PRMS Group Mediclaim Health Insurance for Retirees. Regards Paramount TPA.”  
Or Welcome to Paramount Health Service Insurance TPA Pvt Ltd , service partner of \*Insurance company name\* to service Your health policy ”

# Proposed Service Plan



## Program Branding Support

- Design Co-Branded Flyers which can be posted at the Various HR Units with regional contact details.

## E-cards

- Physical Card Dispatch Details along with Soft data of Ecard to HO



## Communication support

- Welcome Mailer along with E card & with Regional HR



## Cultural Support

- Weekly Review Meet at IREL HO



**All the  
Outstation  
Offices will  
Report to PHS  
Mumbai HO**

## Awareness

- Road Shows & Policy Orientation



## Local Reach Points

- Region wise Dedicated Team & Email ID



## Leverage on technology

- E- Cards will be shared through Email



# Paramount TPA – Location wise Communication Address

MAHARASHTRA HEAD OFFICE	KERALA	TAMILNADU	ODISHA	TELANGANA
<p>Plot No. A-442, Road No. 28, Ram Nagar, M.I.D.C. Industrial Area, Wagle Estate, Thane West</p> <p>Pin Code - 400604</p>	<p>Door No. 74/145, 1st Floor, Lourdes Hospital Road, Pachalam, Kochi</p> <p>Pin Code - 682012</p>	<p>2nd Floor, "Ampa Manor", No. 107/3, Nelson Manickam Road, Aminjikai, Chennai Pin Code - 600 029</p> <p>(Landmark - Opposite to MGM Healthcare)</p>	<p>271(P), Bapuji Nagar, Ground Floor, Near Forest Park, Sishu Bhawan Square Bhubaneswar</p> <p>Pin Code -751009</p>	<p>Osman Plaza, H. No.6-3-352, 4th Floor, Banjara Hills, Road no. 1, Hyderabad</p> <p>Pin Code -500034</p>

# Contact Details: Paramount TPA

Dedicated email id for IREL PRMS members: [irelprms@paramounttpa.com](mailto:irelprms@paramounttpa.com)

Mumbai Head Office	Name	Contact No.	Email id
SPOC	Ashish Udamale	8433870208	<a href="mailto:ashish.udamale@paramounttpa.com">ashish.udamale@paramounttpa.com</a>
1st Escalation	Suraj Balan	8433923195	<a href="mailto:suraj.balan@paramounttpa.com">suraj.balan@paramounttpa.com</a>
2nd Escalation	Mahesh Joshi	7498944795	<a href="mailto:mahesh.joshi@paramounttpa.com">mahesh.joshi@paramounttpa.com</a>
Final Escalation	Amitabh Naidu	9322882512	<a href="mailto:amitabh.naidu@paramounttpa.com">amitabh.naidu@paramounttpa.com</a>
Odisha	Name	Contact No.	Email id
SPOC	Ashok Dash	7978509802	<a href="mailto:ashok.dash@paramounttpa.com">ashok.dash@paramounttpa.com</a>
Escalation	Bibhuti Bhusan Dash	7735524227	<a href="mailto:bibhuti.dash@paramounttpa.com">bibhuti.dash@paramounttpa.com</a>
Hyderabad	Name	Contact No.	Email id
SPOC	Madhuri Vedula	8689828037	<a href="mailto:vedula.madhuri@paramounttpa.com">vedula.madhuri@paramounttpa.com</a>
Escalation	Dr Umamaheshwar Bolishetty	8097548520	<a href="mailto:umamaheshwar.bolishetty@paramounttpa.com">umamaheshwar.bolishetty@paramounttpa.com</a>
Kochi	Name	Contact No.	Email id
SPOC	Pranav P S	9380012347	<a href="mailto:pranav.pulikal@paramount.healthcare">pranav.pulikal@paramount.healthcare</a>
Escalation	Rosemol Sajimon	7304589170	<a href="mailto:rosemol.sajimon@paramounttpa.com">rosemol.sajimon@paramounttpa.com</a>
Chennai	Name	Contact No.	Email id
SPOC	Surendran Durairaj	9382211621	<a href="mailto:surendran.durairaj@paramounttpa.com">surendran.durairaj@paramounttpa.com</a>
1st Escalation	Rajesh Savarirajan	9003074098	<a href="mailto:rajesh.savarirajan@paramounttpa.com">rajesh.savarirajan@paramounttpa.com</a>
Final Escalation	Sridevi Dhanasekar	9380302458	<a href="mailto:sridevi.dhanasekar@paramounttpa.com">sridevi.dhanasekar@paramounttpa.com</a>



# Contact Details: Marsh India Insurance Brokers

Mumbai Head Office	Name	Contact No.	Email id
SPOC	Pradeep Amrale	9619563213	<a href="mailto:Pradeep.Amrale@marsh.com">Pradeep.Amrale@marsh.com</a>
1st Escalation	Rohan Jadhav	8879693385	<a href="mailto:Rohan.Jadhav@marsh.com">Rohan.Jadhav@marsh.com</a>
Final Escalation	Alok Shukla	7045026905	<a href="mailto:Alok.Shukla@marsh.com">Alok.Shukla@marsh.com</a>

# Contact Details: IREL SPOCs & Nodal Officers (Unit-wise)

Dedicated email id for IREL PRMS members: [prmsmedicclaim@irel.co.in](mailto:prmsmedicclaim@irel.co.in)

Unit/Location	Name of Nodal Officer & Contact details	Name of SPOC & Contact details
Head Office	Shri K Anil Kumar 8104997116 <a href="mailto:hrm9-ho@irel.co.in">hrm9-ho@irel.co.in</a>	Smt Deepti Singh 8104997119 <a href="mailto:deepti.s@irel.co.in">deepti.s@irel.co.in</a>
MK	Shri M Prasad 9790206375 <a href="mailto:madhav.prasad@irel.co.in">madhav.prasad@irel.co.in</a>	Shri K C Sahu 9937493896 <a href="mailto:kcsahu@irel.co.in">kcsahu@irel.co.in</a>
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Chavara	Shri D Anil Kumar 7042522088 <a href="mailto:d.anilpillai@irel.co.in">d.anilpillai@irel.co.in</a>	Smt. M P Sujatha Menon 9446044459 <a href="mailto:mp.sujathamenon@irel.co.in">mp.sujathamenon@irel.co.in</a>