



Employee Benefits Manual: 2026



Policy Period:

January 01, 2026 to December 31, 2026

For more information, please contact: infobloxInsurance@prudentbrokers.com



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Disclaimer

This benefits manual will serve as a guide to the benefits provided by **Infoblox**. The information contained herein is only a summary of the terms and conditions agreed with the insurer. If there is a conflict in interpretation, then the terms and conditions of the policy will prevail.

In no event will we be liable for any loss or damage, indirect or consequential loss or damage, or any loss or damage whatsoever arising from, or in connection with, the use of this benefits manual.

Prepared by,
Prudent Insurance Brokers Pvt. Ltd.



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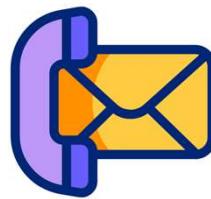
**Group Mediclaim
(GMC) Policy**



**Group Term Life
(GTL) Policy**



**Group Personal Accident
(GPA) Policy**



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**Group Mediclaim
(GMC) Policy**



Base Plan- New/ Enhance Benefits:

Particulars	GMC - Expiring Base Policy (Sponsored)	GMC - Proposed Base Policy (Sponsored)
Claim Processing	Physical documents required for IPD claims	No physical Documents required for IPD and OPD claim.
AYush Treatment	Covered up to 20% of the sum insured, subject to treatment taken in the government- recognised hospital/institute.	Covered up to 25% of the sum insured, subject to treatment taken in the government- recognised hospital/institute.
Oral Chemotherapy	Covered up to 25% of the sum insured	Covered up to 50% of the sum insured
Intravitreal Injection	Covered up to INR 30,000 per session	Covered up to 50% of the sum insured
Modern MTMAT and Advance Medical Treatments	Covered as per the schedule of the policy	Covered up to 50% of the sum insured
Delivery Sub-limits	INR 75,000	INR 1,00,000
	INR 1,00,000	INR 1,00,000
Pre & Post-natal Expenses	Covered up to INR 5,000 within the maternity limit on an IPD/OPD basis	Covered up to INR 10,000 over and above the maternity limit on an IPD/OPD basis, from the date of conception to 60 days post delivery
Psychiatric treatments	Not covered	Covered, psychiatric treatments/consultations are covered up to INR 1,00,000 per year on an OPD basis
Physiotherapy	Not covered	Covered, Stand-alone physiotherapy to be covered up to INR 25,000 per family per year.
Gender Reaffirmation Surgery	Not covered	Covered, Surgery cost are covered for all employees up to the sum insured

Salient Features:

Particulars	Policy Parameter
Insurer	The New India Assurance Co. Ltd.
Third-party Administrator (TPA)	FHPL Family Health Plan Insurance TPA Limited
Intermediary	Prudent Insurance Brokers Pvt. Ltd.
Policy Start Date	January 1, 2026
Policy End Date	December 31, 2026
Family Definition	(1+6) Employee + spouse + 4 children + 2 parents/parents-in-law.
Sum Insured	Family floater sum insured INR 10,00,000 per family, with a maximum limit of INR 5,00,000 per individual
Age Band	<ul style="list-style-type: none">Employees + spouse: Up to 100 yearsDependant children (either natural or legally adopted): Up to 25 yearsParents: No age limit

Room & Nursing Charges:



Normal room:

2% of the sum insured up to INR 10,000



ICU

No Capping

Proportionate deduction clause: If the claimant opt for a room of the higher rent or category than the eligible limit for that insured member under the policy, then the insured member shall bear the proportion of the associated medical expenses (including surcharges or taxes thereon) in the proportion of the room rent incurred less the room rent limit divided by the room rent actually incurred.

Note: If you choose the Modular top-up plan for the Diamond and Platinum plans, please refer to the upgraded room limits. (slide no.)

Pre & Post-hospitalisation Expenses:

Pre-hospitalisation medical expenses mean medical expenses incurred during the period preceding the insured person's hospitalisation, provided:

- Such medical expenses are incurred for the same condition for which the insured person's hospitalisation was required
- The in-patient hospitalisation claim for such hospitalisation is admissible by the insurance company
- Admissible period is 30 days pre-hospitalisation

Post-hospitalisation medical expenses mean medical expenses incurred during the period immediately after the insured person is discharged from the hospital, provided:

- Such medical expenses are incurred for the same condition for which the insured person's hospitalisation was required
- The in-patient hospitalisation claim for such hospitalisation is admissible by the insurance company
- Admissible period is 60 days post-hospitalisation

Note: If you choose the Modular top-up plan for the Diamond and Platinum plans, please refer to the upgraded pre and post limits for critical illnesses. (slide no.)



Daycare Procedures:

Daycare treatment refers to the medical treatment or surgery that are:

1. Undertaken under general or local anaesthesia in a hospital/daycare centre in less than 24 hours because of technological advancement
2. Which would have otherwise required a hospitalisation of more than 24 hours

{Treatment usually taken on an OPD basis is not included in the scope of this definition}

**Please refer to the list of such procedures on Prudent Plus portal (Download center).



Maternity Benefits:

What is covered:

- Delivery of a child, medically necessary treatment, and lawful termination of pregnancy:
Covered up to a maximum of two pregnancies or terminations
- The nine months waiting period for maternity: Waived for all
- **The normal delivery limit: INR 1,00,000 (Enhanced)**
- C-section delivery limit: INR 1,00,000
Note: Elective C-sections will be paid under the limit for normal delivery
- Life-threatening maternity complications: Covered up to the sum insured
- Well mother expenses: Covered within the maternity Limit (INR 10,000 upon exhaustion of the maternity limit)

Pre and post-natal expenses:

- Refer to the period before and after the delivery date
- **Covered (over and above of maternity limit only in case of IPD/OPD max up to INR 10,000) -**
Pre from the date of conceive post 60 days of the delivery (Enhanced)

Baby cover:

- Definition: The newborn of the employee is covered from day one for illnesses related to hospitalisation under the family floater sum insured from the date of birth healthy baby expenses
- Well-baby expenses : Covered within the maternity limit up to INR 10,000

Note: Infertility treatment is covered up to Maternity limit of INR 100,000 on both IPD and Daycare



Co-sharing of Claim Payments:

Co-payment does not apply to any claim.

Reasonable and Customary Clause:

The standard charges for the specific provider are consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness or injury involved.



Advance and Modern treatment cover (Enhanced)

S.No.	Treatment / Procedures	Limit (Per Policy Period)
2.12.1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Up to flat 50% of Sum Insured.
2.12.2	Balloon Sinuplasty	Up to flat 50% of Sum Insured.
2.12.3	Deep Brain stimulation	Up to flat 50% of Sum Insured.
2.12.4	Oral Chemotherapy	Up to flat 50% of Sum Insured.
2.12.5	Immunotherapy Monoclonal Antibody to be given as injection	Up to flat 50% of Sum Insured.
2.12.6	Intravitreal injections	Up to flat 50% of Sum Insured.
2.12.8	Stereotactic radio surgeries	Up to flat 50% of Sum Insured.
2.12.9	Bronchial Thermoplasty	Up to flat 50% of Sum Insured.
2.12.10	Vaporisation of the prostate (Green laser treatment or holmium laser treatment).	Up to flat 50% of Sum Insured.
2.12.11	IONM - (Intra Operative Neuro Monitoring).	Up to flat 50% of Sum Insured.
2.12.12	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	Up to flat 50% of Sum Insured.

Other Benefits

Benefits	Policy parameter
AYush Treatment (Enhanced)	Ayush treatment is covered up to 25% of Sum insured in the government Hospital or in any institute recognizes by government.
Genetic Disorders	Treatment for Genetic Disorders even less than 24 hours will be covered up to 25% of Sum Insured limit
Claims intimation	Waived off
Reimbursement claims reporting /submitting period	Within 30 days from the date of discharge
Cataract	Cataract Limit INR 80,000 Per Eye
Internal Congenital Anomaly/Defects	Covered
External Congenital Anomaly/Defects	Congenital anomaly, which has been present since birth and is in the visible and accessible parts of the body - Covered in case of life-threatening
Hospitalisation /injury arising from terrorism	Covered for all
Standalone Physiotherapy (New)	Standalone Physiotherapy to be covered up to INR 25,000 per year per family.
Gender reaffirmation surgery (New)	Surgery costs to be covered for all employees up to the Sum Insured

Other Benefits

Benefits	Policy parameter
Widow/Dependent Cover	In case of employee death, dependent claims will be covered till the expiry of the policy
Domiciliary Cover	Home treatment and domiciliary treatment to be covered in COVID 19. Capped at INR. 15,000 for individual and INR. 35,000 for family and it's over & above of OPD benefit limit coverage
Eye Cover	Claim for Lasik treatment- if power of eye is above +/- 7.5, is payable
Autism cover	Covered in OPD and IPD cases.
Mental wellness	Psychiatric treatments/consultations on OPD/IPD basis up to 1,00,000 per year.
Benevolent fund	This fund covers non-admissible claims and vaccinations: <ul style="list-style-type: none">- INR 10,000 – Vaccination for family (e.g. COVID19)- INR 25,000 – Vaccinations for babies (0-1 years old)- INR 10,000 – Vaccinations for children (1-18 years old)
Income protection cover	Loss of pay covered due to prolonged sickness (critical ailments) <ul style="list-style-type: none">- Coverage for 12 weeks at INR 20,000 per week OR salary level (whichever is lower)- 2-week waiting period

Definition of Income protection cover: Because of sickness and on major Accidental Injury, an employee is unable to perform the material and substantial duties of his employment, and is not engaged in any other occupation for which the employee is deemed reasonably qualified by education, training, or experience during this period. Disability arising due to any of the following. health conditions, Neurological disorders – Cerebrovascular Accidents; Polio /Post polio syndrome; Myasthenia gravis; Sclerosis, Parkinson's, Epilepsy, Alzheimer's. Certain Infections – like meningitis or any forms of Encephalitis, Potts TB, Paraplegia, Diabetes Mellitus & its complications, Rheumatoid Arthritis, Osteoarthritis (rare), Coma, major Accidental Injuries. However, This cover does not apply to Maternity cases.

OPD Benefits

Benefits	Policy parameter
OPD Coverages	Overall, Sum Insured INR 20,000 with below sub-limit. (INR 10,000 for Health check-up and INR 10,000 for General OPD.)
Health Check-up	Sub-limit on health checkup: INR 10,000 per year (INR 5,000 for Employee & INR 5,000 for Dependents.)
Coverage under OPD includes (Maximum of INR 10,000)	<ul style="list-style-type: none">- Specialist consultation(only Allopathy)- Medicines related to the illness/injury as prescribed by the Specialist- Dental procedures – root canal treatment, extractions, ceramic crowns- Vision coverage part of OPD limit (spectacles/contact lens, doctor consultation- Animal/serpent attack – paid up to INR 5,000 on an OPD basis
Telemedicine	<ul style="list-style-type: none">- The ability to have a video/phone consultation with a doctor is available 24/7 through Ekincare

Standard Exclusions

- In the case of vision outpatient department (OPD) visits, only the cost of lenses will be covered; frames will not be included. Spectacles may be considered under the Vision Benefit as mentioned above.
- For dental OPD visits, braces and cosmetic treatments are not covered.
- Any type of cosmetic treatment will not be covered under OPD benefits.
- Expenses for investigations or treatments taken without the presence of any disease, illness, signs, or symptoms will not be covered.
- Alternative treatments, other than allopathic treatments, are not covered.
- Expenses for diagnostic tests, investigations, or treatments will only be covered if they are advised by a specialist consultation.

Ambulance Cover:

Definition: Transfer via road ambulance to hospital, or from one hospital to another, where medically necessary, only in case of emergency hospitalisation

Sub-limit: Charges are limited to INR 5,000 per event.

Definition: Transfer via Air ambulance to a hospital, or from one hospital to another, where medically necessary, only in case of emergency hospitalisation

Sub-limit: Charges are limited to INR 2,00,000 (Policy cap of 5 cases)

Continuity & Widow Cover:

Definition: In the event of the death of the employee during the policy period, dependents are covered until the expiry of the policy.

Bereavement Cover:

Definition: In the event of the unfortunate death of the claimant during hospitalisation, the entire claimed amount, subject to the sum insured, will be paid to facilitate the faster release of mortal remains.



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New Joiners Enrolment:

Definition: New joiners or leavers will be covered by the policy from their respective dates of joining or leaving on a pro-rata basis.

Mid-term Addition of Dependents:

Definition: A newborn or newlywed will be covered from the date of the event (date of birth/date of marriage). The Benefits Team must receive intimation from the employee within 20 days of the event.



For more information, please contact: infobloxInsurance@prudentbrokers.com

Cashless Hospitalisation:

List of hospitals in the TPA's network eligible for cashless Hospitalisation: <https://www.fhpl.net/WhatsappNetworkhospitals/?id=5>

For cashless claims assistance:

080 6965 5626

Escalations:

Siddharth Parashar | +91 9845114781

Aravind Kumar | + 91 96865 72973

infobloxInsurance@prudentbrokers.com

Please note that TPA empanels and disempanels hospitals throughout the year. Refer to the latest hospital list online at the link provided above.



Planned Hospitalisation:

Step 1

Pre-authorisation

All non-emergency hospitalisation instances must be pre-authorised with the insurer, as per the procedure detailed below. This is done to ensure that the best healthcare possible is obtained and that the patient/employee is not inconvenienced when taking admission into a network hospital

Step 2

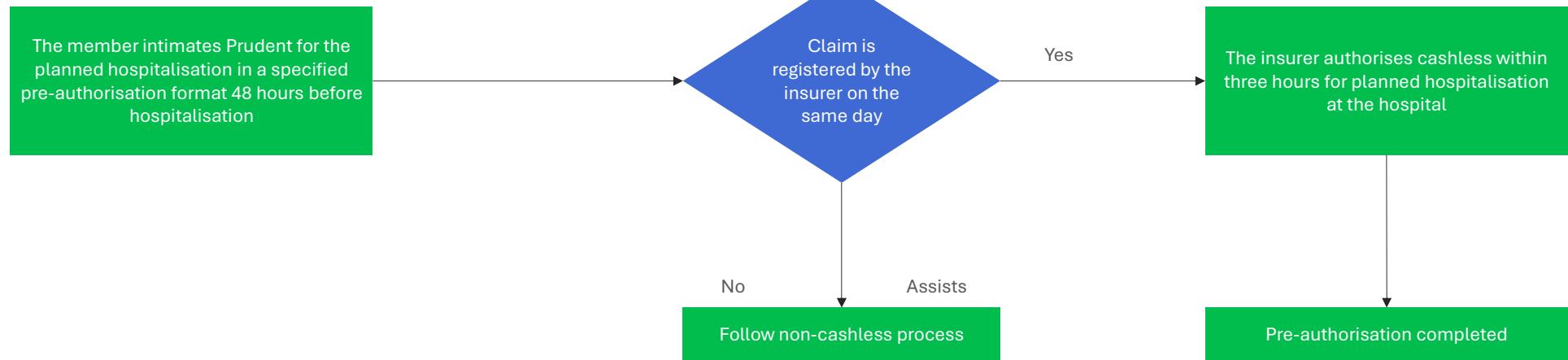
Admission, treatment, & discharge

After your hospitalization has been pre-authorised, you need to secure admission to a hospital. The hospital will issue a letter of credit. Kindly present your insurance E-card at the hospital admission desk. The employee is not required to pay the hospitalization bill in the case of a network hospital. The bill will be sent directly to and settled by the insurer

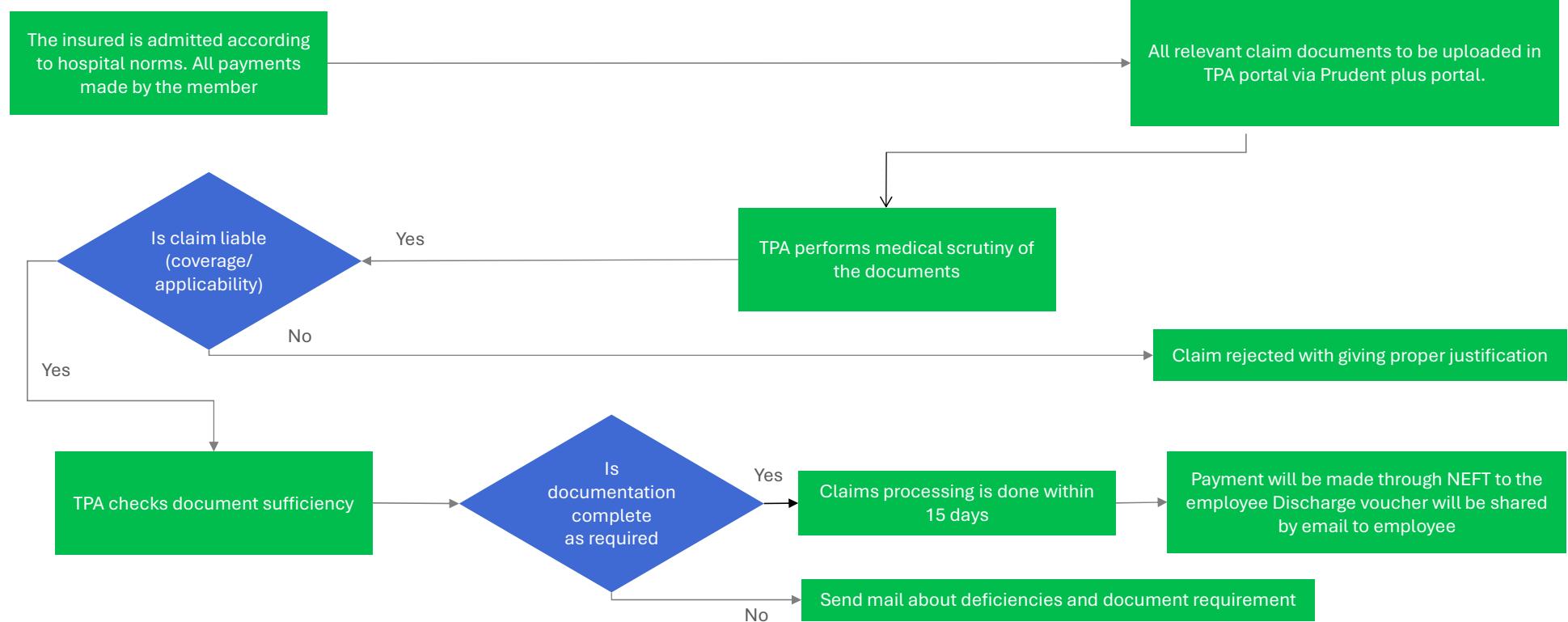


Patients seeking treatment under cashless/ reimbursement hospitalization are eligible to make claims under pre and post-hospitalization expenses. For all such expenses, the bills and other required documents need to be submitted to the TPA separately as part of non-cashless claims.

Planned Hospitalisation: Cashless



Planned Hospitalisation: Reimbursement





Group Personal Accident (GPA) Policy



Salient Features:

Particulars	Policy Parameter
Insurer	New India Assurance Co. Ltd
Sum insured criteria	Three times of CTC
Accidental Death (AD)	100% of the sum insured
Permanent Total Disability (PTD)	125% of the sum insured
Permanent Partial Disability (PPD)	As per the schedule of the policy
Temporary Total Disability (TTD) (Weekly Benefit)	1% of the sum insured, subject to a maximum of INR 5,000 per week for 100 weeks
Accidental hospitalization	<ul style="list-style-type: none">- Covered up to INR 100,000 subject to hospitalization (only road accidents)- Covered up to INR 10,000 within the above limit of INR 1,00,000/- (due to road accidents)
Medical benefits	Reimbursement up to 40% of the claimed amount or actual medical bills or 10% of CSI, whichever is less
Education benefit	Payable in case of Death of employee: Up to INR 5000 per child max 2 children's
Carriage of dead body	Covered up to INR 5,000
Cremation charges	Covered up to INR 5,000
Terrorism clause	Covered for all

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 hospitalised
6. Employers' leave certificate & details of salary

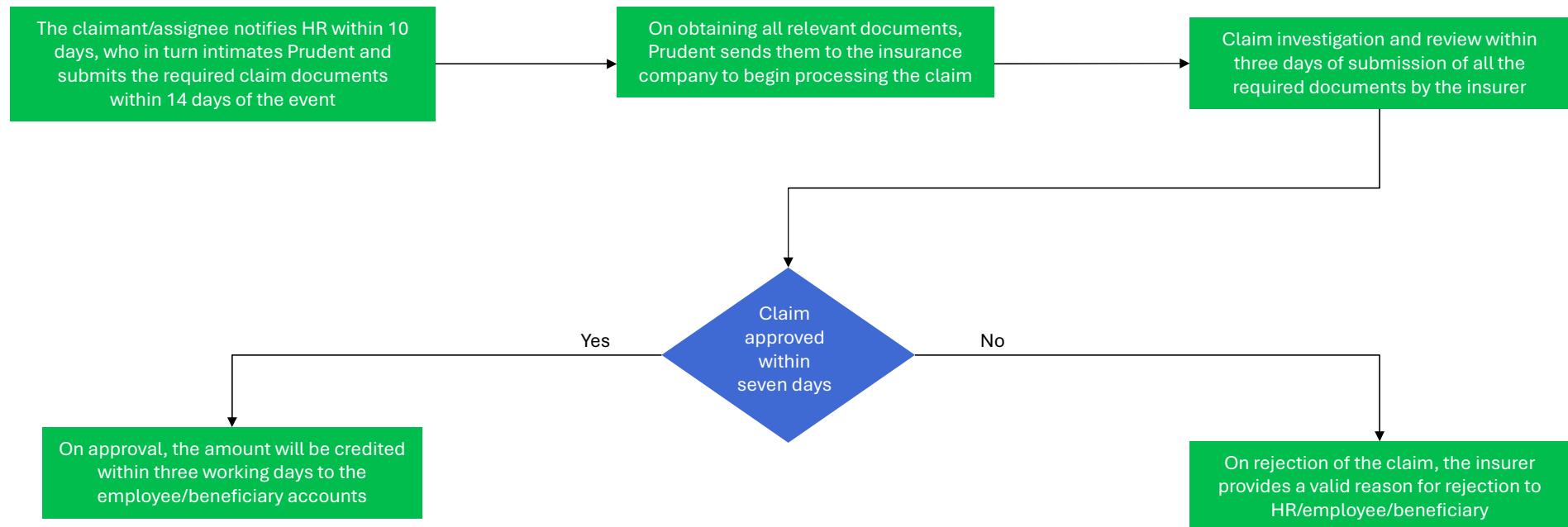
Death claims

1. Completed claim form
2. Attending the doctor's report
3. Death certificate
4. Post-mortem/Coroner's report
5. FIR (first information report)
6. Police inquest report, wherever applicable

Dismemberment/disablement claims

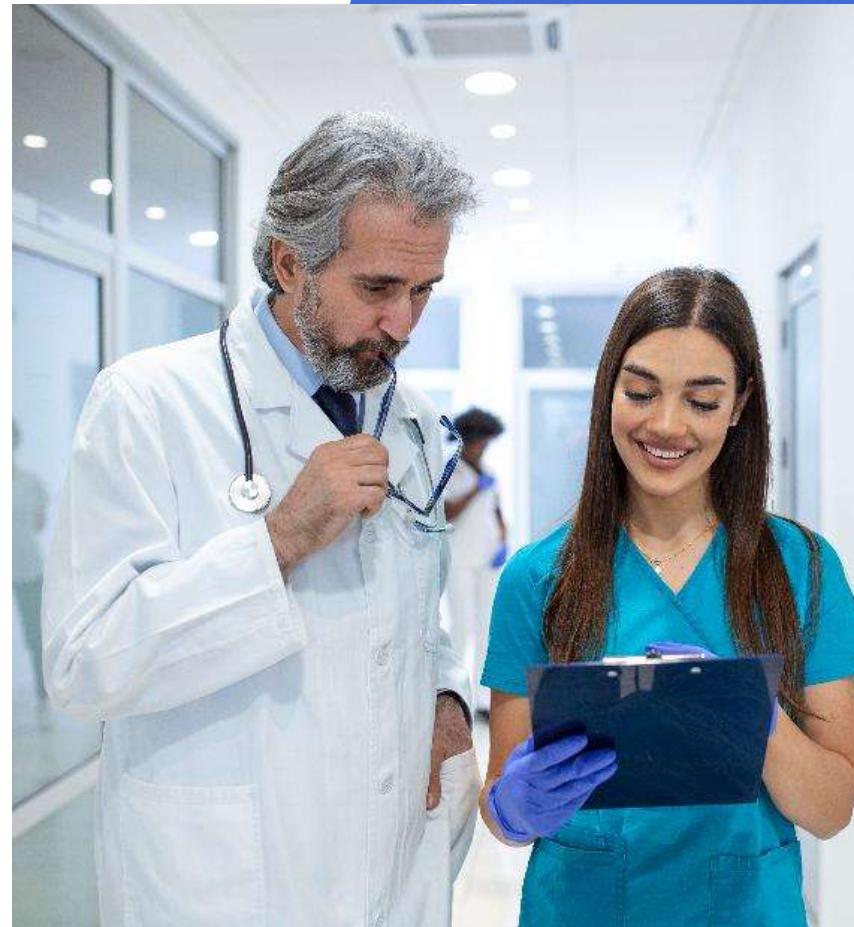
1. Completed claim form
2. Doctor's report
3. Disability certificate from the doctor, if any
4. Investigation/Lab reports(X-ray, etc.)
5. Original admission/discharge card, if hospitalised
6. Police inquest report, wherever applicable

GPA Claim Process:



Standard Exclusions:

- Service on duty with any armed force
- Insanity
- Venereal disease
- AIDS
- Influence of intoxicating drink or drugs
- Aviation other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
- Nuclear radiation or nuclear weapons material
- Any consequence of war, invasion, act of a foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military, or usurped power, seizure, capture, arrest, restraint, detainments of all kings, princes, and people of whatever nation, conditions, and qualities soever
- Childbirth, pregnancy, or other physical causes peculiar to the female sex
- While committing any breach of law with criminal intent





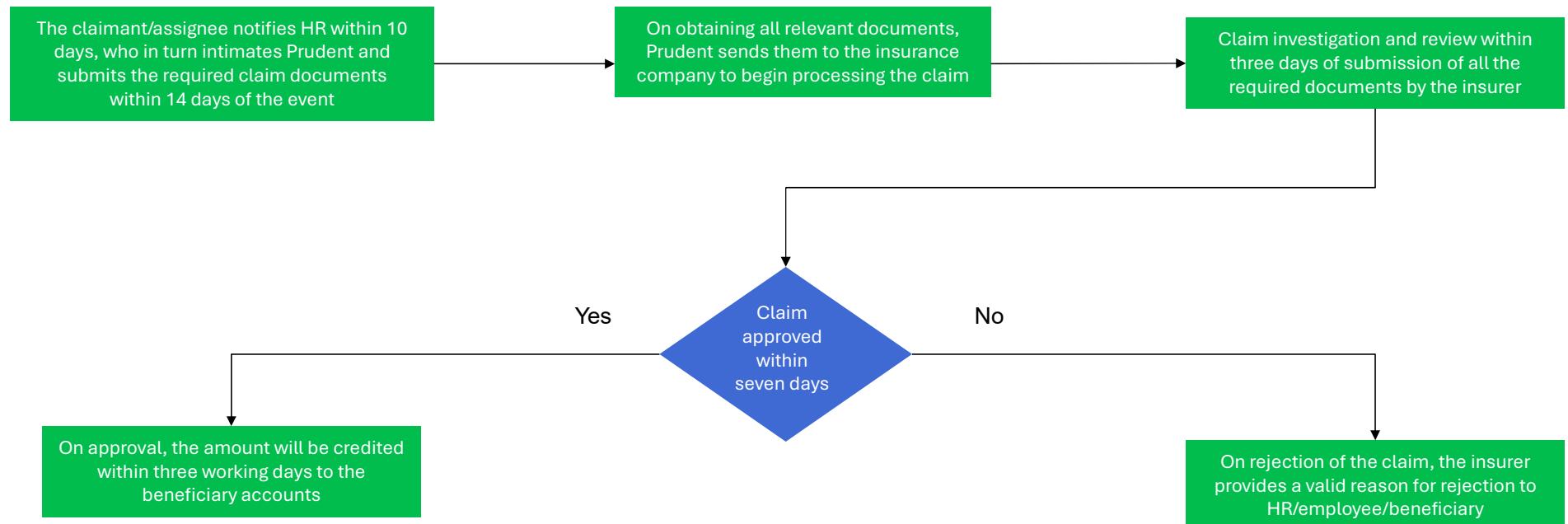
**Group Term Life
(GTL) Policy**



Salient Features:

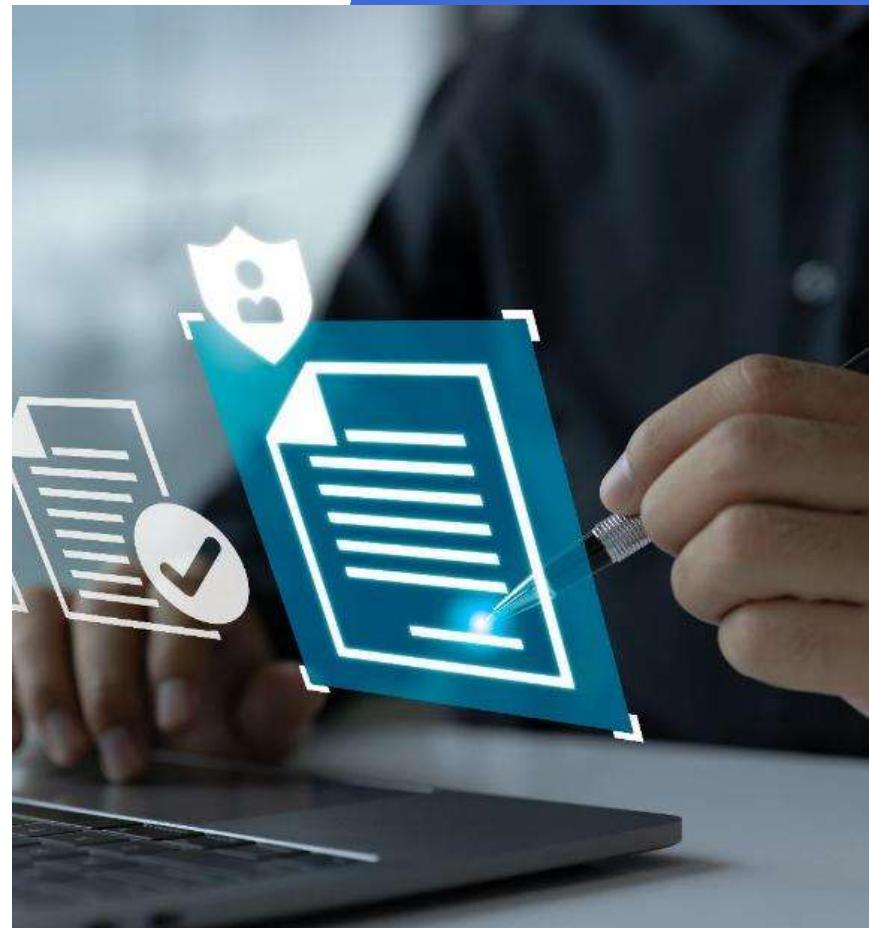
Particulars	Policy Parameter
Insurer	Kotak Mahindra Life Insurance Co. Ltd.
Coverage	Death due to illness/injury/suicide is covered
Basic Life Cover (BLC)	Three times of Annual Salary, up to INR 65,000,000
Critical Illness	Three times of Annual Salary, up to INR 1,000,000
Terminal Illness	Three times of Annual Salary, up to INR 50,000,000
Policy start date	January 01, 2026
Policy end date	December 31, 2026
Sum assured	Three times fixed Annual Salary
Age bracket	Minimum entry age: 18 years Maximum entry age: 60 years

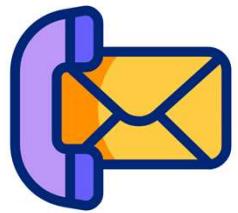
GTL Claim Process:



Document Checklist:

- Death certificate (Original or photocopy)
- Death claim form (Original and to be signed and stamped by the employer)
- Nomination certificate/legal heir certificate
- Pre-printed cancelled cheque bearing the nominee's name. In case of the non-availability of a pre-printed cheque, a bank statement attested by the bank or a bank passbook attested by the bank is required. Additional requirements in cases of unnatural death:
 - Copy of the FIR/Police inquest report duly attested by the notary & HR
 - Copy of the post-mortem report duly attested by the notary & HR
 - Newspaper cutting (If available)
 - For any additional requirements/information, the insurance company will inform you to process the claim on a case-by-case basis





Contact Details



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Escalation Matrix at Prudent Insurance Brokers Pvt. Ltd.

For cashless claims assistance:

080 6965 5626

For all reimbursement claim assistance, please write to:

bangaloreclaims@prudentbrokers.com

Level 1:

Siddharth Parashar | + 91 98451 14781 | InfobloxInsurance@prudentbrokers.com

Level 2:

Aravind Kumar | + 91 96865 72973 | InfobloxInsurance@prudentbrokers.com

Escalation:

Ramesh Mohan | InfobloxInsurance@prudentbrokers.com



For more information, please contact: InfobloxInsurance@prudentbrokers.com



www.prudentbrokers.com

PRUDENT INSURANCE BROKERS PVT. LTD. (Composite Broker)

Certificate of Registration IRDAI No. 291 & IFSCA No. 017 (Validity: 18th February 2023 to 17th February 2026)

Registered office at 1st Floor, Tower B, Peninsula Business park, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, Tel : +91 22 3306 6000
CIN No.: U70100MH1982PTC027681

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