

Points to Note : Group Hospitalization Insurance Policy

Please find below some of the important points you need to keep in mind while availing the Group Hospitalization Insurance benefit.

Employee Contact Details

Please log in to the TTK site (weblogin.ttkhealthcareservices.com) and ensure that **Email ID, Address and Mobile Number** are always updated in the site to ensure smooth claim processing.

Please ensure that **Employee Name, Date of Birth, Date of Marriage and Gender** appearing in site are correct. In case of any discrepancy, you may send a mail to Bindya D Muttin (bimuttin@in.ibm.com) for making necessary corrections.

E-Card

Employees are advised to download the **electronic id card** by logging in to the TTK website (weblogin.ttkhealthcareservices.com) using their User ID and Password. This is available under the "**E-Card**" tab once you log in to site.

TTK Contact Center

Employees should call only the IBM specific call center number **080-40539789** and write to the email ID ibmcare@ttkhealthcareservices.com for getting appropriate and timely response from TTK.

Claim Form / Pre - Authorization Form

Please ensure that the **Mobile Number and Emp ID** are clearly mentioned in the Pre - Authorization and Claim Forms to enable faster communication.

Pre - Authorization

Planned Hospitalization : Employees need to ensure that the Pre - Authorization form is faxed 48 hours prior to the date of admission to avoid payment of any deposit / advance amount to some hospitals **and smooth processing of a cashless claim.**

Emergency Hospitalization : Please call the TTK call center at **080-40539789** in the event of any delay or issue in the Emergency Pre - Authorization process,

Network Hospital List

Please refer to the "**All India Hospital List**" in the TTK website (weblogin.ttkhealthcareservices.com) to confirm availability of cashless hospitalization facility. This document is available under the "**Home**" tab once you log in to TTK site with your User ID and Password.

Documentation for Claim Processing

Please go through the reference document for claims submission published in TTK site (weblogin.ttkhealthcareservices.com) for IBM employees to minimize errors at the time of filling the form. This is available under the "**Home**" tab once you log in to TTK site with your User ID and Password.

Claim Status

Employees can check the **Claim Status** by logging in to the TTK website (weblogin.ttkhealthcareservices.com) using their User ID and Password and clicking on the "**TTK ID**" displayed in the "**Add / Modify Dependent Information / Address**" tab.

Co-payment Calculation in Group Hospitalization Policy

Under the Group Hospitalization Policy, all claims pertaining to dependants (spouse, children and parents) will be borne by the insurer and employee on an 80%: 20% basis. Hence the employee will have to bear the 20% co-payment on the balance amount post deduction of expenses not payable under the policy.

Employee will need to bear 50% co-payment on the 4th event for claims made for spouse under the maternity benefit. Employees will also need to bear 50% co-payment on claims made under the Domiciliary Benefit for self, spouse & children.

However, there is no co-payment for claims made by employees for self.

Please find below a set of examples to illustrate the co-payment calculation.

Co-Payment : Maternity Claims

Description	Case 1	Case 2	Case 3	Case 4
Maternity Benefit Limit	50,000	50,000	50,000	50,000
Eligible claim amount (post deduction of expenses not payable under the policy) (A)	35,000	50,000	56,000	65,000
Co-payment (20% of eligible amt) (B)	7,000	10,000	11,200	13,000
Settlement amount (A-B)	28,000	40,000	44,800	*50,000
Remarks	Pre / Post hospitalization claims allowed with co-payment.	Pre / Post hospitalization claims allowed with co-payment.	Pre / Post hospitalization claims allowed with co-payment.	*Maximum amount payable

Co-Payment : Claims other than maternity

Description	Case 1	Case 2	Case 3	Case 4
Sum Insured	300,000	300,000	300,000	300,000
Eligible claim amount (post deduction of expenses not payable under the policy) (A)	80,000	100,000	120,000	400,000

Co-payment (20% of eligible amt) (B)	16,000	20,000	24,000	80,000
Settlement amount (A-B)	64,000	80,000	96,000	*300,000
Remarks	Pre / Post hospitalization claims allowed with co-payment.	Pre / Post hospitalization claims allowed with co-payment.	Pre / Post hospitalization claims allowed with co-payment.	*Maximum amount payable.

Co-Payment : Domiciliary Claims

Description	Case 1	Case 2	Case 3	Case 4
Eligible claim amount (post deduction of expenses not payable under the policy) (A)	5,000	15,000	20,000	30,000
Co-payment (50% of eligible amt) (B)	2,500	7,500	10,000	15,000
Settlement amount (A-B)	2,500	7,500	10,000	*10,000
Remarks				*Maximum amount payable.