

Care Begins With Family's Good Health

COHIZON LIFE SCIENCES LTD

Employee Health and
Benefit Manual
2025-26



What you need to know:

At Cohizon Life Sciences Limited we ensure that benefits are effectively designed to help employees live a healthy lifestyle. This brochure has been developed to take into account your busy life. The information falls under what you need to know (dates, processes, information on specific benefits) and frequently asked questions.

Please take the time to review this information in detail.



Group Medically Necessary Policy

Provides insurance coverage to employees for expenses related to hospitalization due to illness, disease or injury subject to a minimum of 24 hours hospitalization.



Group Personal Accident Policy

Provides insurance coverage against the risk of death / injury during the policy period sustained due to an accident caused by violent, visible and external means



Group Mediclaim Policy

Insurer: TATA AIG General Insurance Co. Ltd.

TPA: Vidal Health Insurance TPA Pvt. Ltd

Brokers: Marsh India Insurance Brokers Private Ltd

Policy Period: 8 December 2025 to 7 December 2026

Medical Benefits Coverage Details

Policy Benefits	
Sum Insured (SI)	INR 400,000 / INR 500,000 / INR 600,000
Coverage Type	Family Floater
Dependent Coverage	Employee + Spouse + up to 3 Dependent Children

Benefits / Extensions	Coverage
Standard hospitalization of >24 hrs	Yes
TPA services	Yes
Pre-existing diseases	Yes (from Day 1)
Day care procedures	Yes
Waiver on 1st year exclusion	Yes
Waiver on 30 days exclusion	Yes
Daily Room Rent capping	Yes (Metro : Normal room - 8K or actuals whichever is less Non-Metro : Normal room - 1% of SI per day with min INR 4,000. ICU - 2% of SI per day)

Benefits / Extensions	Coverage
Maternity benefits	Yes (normal - INR 50K in both metro and non-metro / C-Sec INR 1L metro and 75K non-metro)
Baby cover day 1	Yes
Genetic ailments	Covered on IPD basis
Cancer	All types of cancer treatments to be covered up to Family Sum insured on IPD and Daycare basis (except oral chemotherapy which is already covered on OPD basis under Modern treatment)
OPD	Not Covered
Co-Pay	NIL

Medical Benefits Dependent Details

Benefits	Coverage
Members Insured in a family	Base Plan : Employee + Spouse + 3 Dependent Children
Employee and Spouse	Yes
Children	Yes, up to 3 Dependent Children, age 25 years (Twin Children covered in policy)
Parents, Parents-in-Law	No
Siblings	No
Others	No
Maximum age of Self & Spouse	80 years
Mid Term enrollment of Existing Dependents	Not allowed
Mid Term enrollment of New Joinees (New employees + their Dependents)	Allowed provided the employee has enrolled self + dependents on the portal within 30 days from the date of joining
Mid term enrollment of New Dependents (Spouse/Children)	Allowed provided the employee has enrolled new dependent (Spouse/Child) on the portal within 30 days from the date of marriage / birth



Medical Benefits Maternity Benefits

Benefits	Coverage
For Normal Delivery	Metro Locations INR 50,000 within the Floater Sum Insured Non-Metro Locations INR 50,000 with the Floater Sum Insured
For C-section / Cesaerean Delivery	Metro Locations INR 1,00,000 within the Floater Sum Insured Non-Metro Locations INR 75,000 within the Floater Sum Insured
Restriction on number of children	Maternity benefit is payable for first 3 dependent children
9 Month waiting period	Waived off
Pre-Post Natal Expenses	Pre-post Natal expenses covered up to INR 10K over and above maternity limit for full maternity period & IPD up to maternity sum insured
Infertility (IVF)	Not Covered
Life threatening	Life threatening maternity complications covered up to full Sum Insured
Well Baby Expenses	Well baby hospitalization expenses during maternity to be covered up to INR 10K within maternity limit

- These benefits are admissible in case of hospitalization in India
- Expenses incurred in connection with voluntary medical termination of pregnancy are not covered



Medical Benefits Coverage Details

Benefits	Coverage
Ambulance charges	Covered up to max INR 2,500 per claim subject to overall admissibility of the claim
Cataract	Covered up to INR 50,000 per eye, femto laser and multifocal lens covered within cap limit
Lasik treatment	Covered for refractory error above +/- 7.5
Mental Health	Covered on IPD basis for full SI
Disabled Children Cover	Covered on IPD Basis
Oral Chemotherapy	Covered
Endoscopic Sinus Surgery	Covered up to INR 35,000
Psychiatry Treatment	Covered up to INR 30,000 on IPD Basis
Cochlear Implant Treatment	Covered up to 50% of the sum insured
LGBTQ Cover	Covered, Partner must be declared at the time of inception
AYUSH Cover	AYUSH treatment can also be covered if referred by GOVT/ Authorized Hospitals in actuals on IPD basis
Autism	Covered on IPD Basis
Congenital Internal diseases	Covered
Congenital External diseases	Covered only in case of life-threatening conditions up to SI
HIV / AIDS	Covered on IPD Basis
Terrorism	Covered
Special Condition	NO deduction in case of Death during hospitalization
Special Condition	Continued Family Coverage in case of death of employee



Medical Benefits Modern Treatments

Benefits	Coverage
Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU)	Covered up to family floater sum insured
Balloon Sinoplasty	Covered up to family floater sum insured
Deep Brain Stimulation	Covered up to family floater sum insured
Immunotherapy-Monoclonal Antibody to be given as injection	Covered up to family floater sum insured
Intra Vitreal Injections	Covered up to family floater sum insured
Robotic Surgeries (Including Robotic Assisted Surgeries)	Covered up to family floater sum insured
Stereotactic Radio Surgeries	Covered up to family floater sum insured
Bronchial Thermoplasty	Covered up to family floater sum insured
Vaporisation of the Prostate (Green laser treatment for holmium laser treatment)	Covered up to family floater sum insured
Intra Operative Neuro Monitoring (IONM)	Covered up to family floater sum insured



Medical Benefits Pre & Post Hospitalisation Expenses

Pre - hospitalisation 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
Coverage	Yes
Duration	30 Days

Post - hospitalisation 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
Coverage	Yes
Duration	60 Days

Medical Benefits Room Rent Eligibility

Benefit Details

Employee

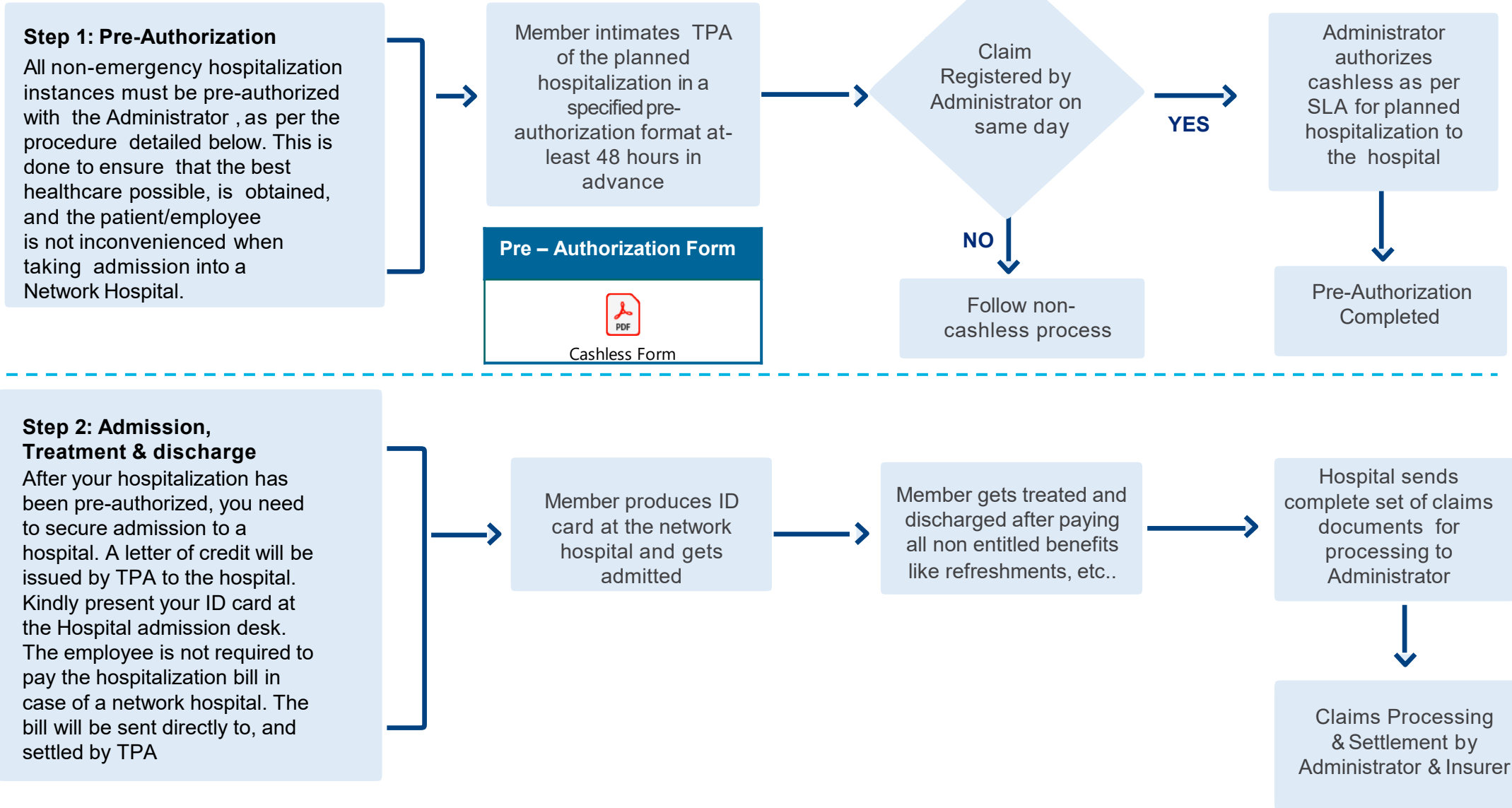
- Normal : Rent capped at INR 8,000 or actuals whichever is lower for all metro locations. For other than metro location room rent capped at 1% of Sum Insured per day with a minimum of INR 4000 per day
- ICU : 2 % of Sum Insured per day

These benefits are admissible in case of hospitalization in India.

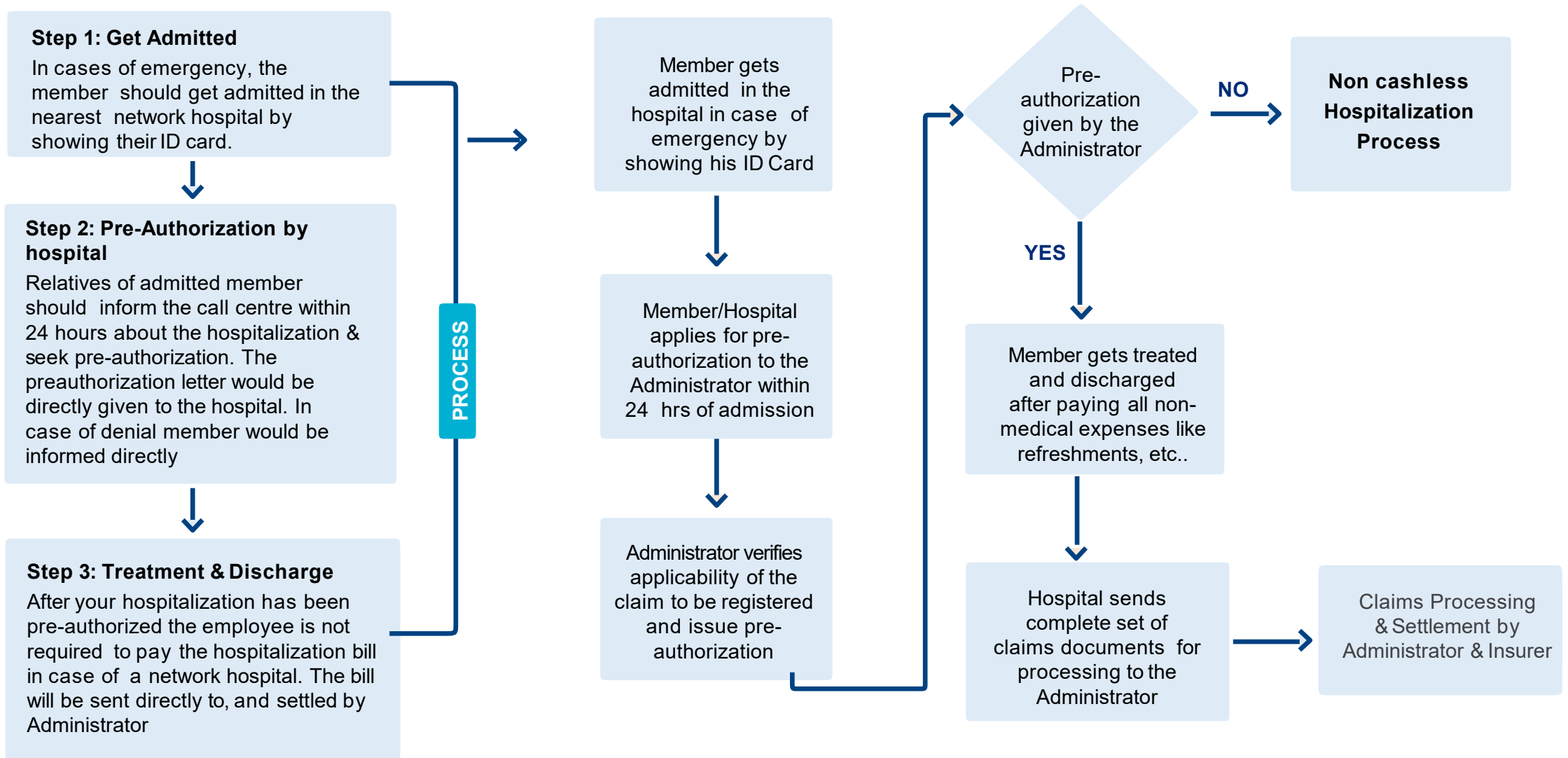
In event of a member opting for a higher category/ room rent - escalation cost of all other expense due to the room upgrade would be born by the member covered.

Room rent to includes nursing charges.

Cashless Hospitalization- Planned



Cashless Hospitalization- Unplanned/Emergency



In case member goes to network hospital and does not avail cashless facility then the deduction in claim amount is to be borne by member.

Cashless Facility

Preauthorization / Cashless form should be sent to **VIDAL HEALTH INSURANCE TPA** from the Respective hospital to below mentioned details.
This ID is available with Network hospitals.

Email ID – preauth@vidalhealth.com
(This is EMAIL ID is available with the hospital authority)

Dedicated Helpline 08046267021

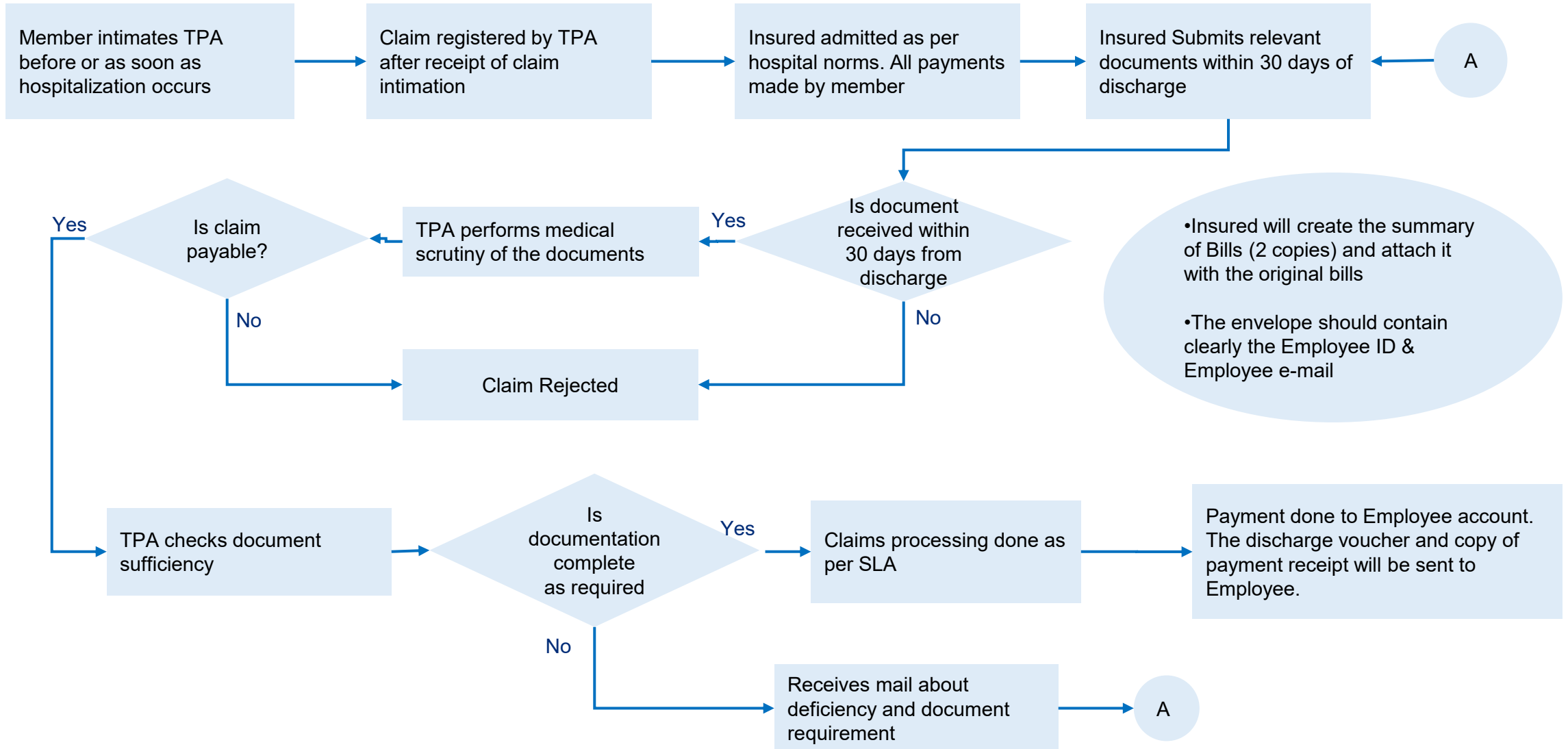
Cashless Network Link - [Login – TataAigEcardPortal](#)

- Got to Hospitals tab at right side top
- You can check Network Hospitals to download the list of network hospitals PAN India
- Select City
- Click on search button

Blacklisted Hospitals Link - [Login - TataAigEcardPortal](#)

- Go to Hospitals TAB at right side top
- Select Excluded Hospitals to download the list of blacklisted hospitals PAN India

Non-Cashless Claims Process



Non-Cashless

Admission procedure

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

Intimation

- Hospitalization needs to be intimated to mumintimation@vidalhealth.com within 48hrs. of admission. Employee needs to provide employee name, employee number, employer's name, hospital name, ailment/diagnosis, date of admission and approximate expense

Discharge procedure

- In case of non network hospital, you will be required to clear the bills and submit the 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 hospitalization claim

- You must submit the final claim with all relevant documents within **30 days** from the date of discharge from the hospital.

Claims Document List

- Completed Claim form with Signature
- Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge Report/Certificate/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
- 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.

Claim Form



Vidal Claim Form

Consent Form



Vidal Consent
Form

**To Submit the Reimbursement Claim
please refer the ONLINE claim
submission process**

Cashless & Reimbursement Process

Cashless hospitalization means the Administrator may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Network Hospital and the Administrator. In such case, the Administrator 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 these services are covered under the Policy. However, in spite of the above benefits, some hospitals may demand a deposit before admission and refund of deposit shall be as per hospital policies.

Documents Requirements for Hospitalization



Day Care
Procedures



Non Admissible
Expenses



Cashless Request
Form



Reimbursement
Claim Form

General Exclusions

- Circumcision unless necessary for treatment of disease
- Cosmetic dental treatment
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Naturopathy, chiropractic medicine, herbalism, traditional Chinese medicine, meditation, yoga, biofeedback, hypnosis, homeopathy, acupuncture, and nutritional-based therapies.
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, hospital surcharges etc.
- Expenses incurred in connection with voluntary medical termination of pregnancy are not covered.
- Cost of spectacles, contact lenses, hearing aids, cost of appliances, spectacles, contact lenses, hearing aids
- Any cosmetic or plastic surgery except for correction of injury
- Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for treatment of injury or disease
- “Septoplasty” is beyond scope of coverage.
- OPD Claims, Claims submitted without prescriptions/diagnosis/ original bills
- Costs incurred as a part of membership/subscription to a clinic or health centre, Health foods, Dietary supplements
- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations, nuclear weapons

Note: The above-mentioned exclusions are indicative & not exhaustive.

Deductions / Non-Payable Expenses

Administrative Expenses

- Admission charges
- Registration charges
- Medico-legal charges
- Attendant stay charges
- Relative stay charges
- Additional stay
- Gate pass/Attendant pass
- Conveyance charges
- Booking charges
- Overhead charges
- Establishment charges
- Tax/Luxury charges
- Surcharge/Service charges
- Incidental charges
- Waste disposal charges

Documentation Expenses

- Documentation charges
- Discharge summary
- Medical records charges
- Birth certificate
- Death certificate
- Medical certificate
- TPA charges

Consumable

- Antiseptic/ disinfectant solutions
- Soap & Powder (talc)
- Oil & Cream
- Sanitary pads/Diapers
- Cassette/CD/Film charges
- Toiletries & stationeries & cosmetic expenses
- Oxygen cylinder
- ECG electrode charges
- Mortuary/coffin charges
- Housekeeping charges
- Preparation charges
- DONOR organ charges
- Vaccination charges
- Outstation consultants / surgeons
- Referral charges
- HIV Charges
- RMO/ duty doctor charges
- Assistant charges for minor cases
- Expenses towards sterilization

Services

- Private nurse charges
- Telephone charges
- Fax charges
- Food/beverages
- Diet & dietician charges
- Electricity charges
- Water charges
- T.V / Internet charges
- Newspaper/magazine
- A/C charges
- Stationary charges
- Lines/Laundry charges

Note: The list is indicative, actual deduction would vary.

Prudent Utilization of Benefits

Health Insurance is a benefit for the employee and their dependents. One has to utilize the benefit with utmost caution and prudence.

The ever increasing cost for the benefits require a proactive involvement from all of us.

The following steps are recommended, ensuring the benefits is prudently utilized by the employee and dependents covered:

- Maximize your value for money - “Act with prudence on your choice of hospital/service provider” while availing cashless
- **Please ensure to crosscheck the final bill sent to the TPA for the following:**
 - You are Billed only for the services utilized for e.g. category of room, diagnostics undergone , medicines consumed
 - Total of the bill
- In case of any planned hospitalization, approach the hospital in advance (48 hrs) and request pre-authorization- this enables TPA to further negotiate the rates
- To approach hospitals with caution – most expensive is not necessarily the best
- Try to negotiate
- Ask WHY & WHAT is billed to you (as a consumer, we have the right to know)

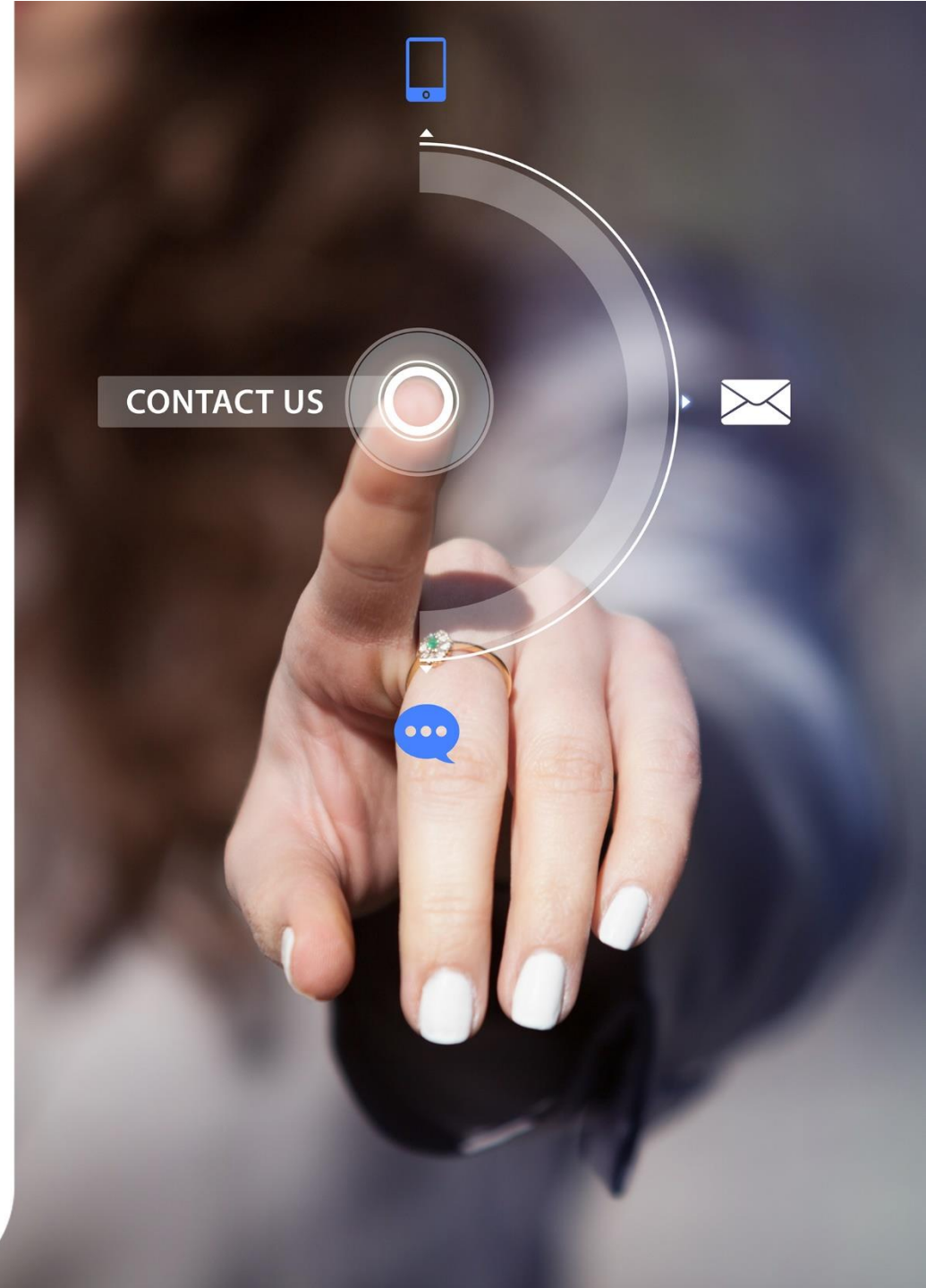
Contact Details

TPA: Vidal Health Insurance TPA Pvt. Ltd.

SPOC	Name	Contact Details	Email ID
1 st Level	Amrita Shetty	8657044854	corporatesupport@vidalhealth.com
2 nd Level	Swapnil Naik	7718880156	swapnil.naik@vidalhealth.com
3 rd Level	Dr. Vaishali	9004787869	vaishali.vg@vidalhealth.com
Escalation	Swati Desai	9892164501	swati.desai@vidalhealth.com

Broker: Marsh India Insurance Brokers Pvt. Ltd.

SPOC	Name	Contact Details	Email ID
1 st Level	Rajat Singh	8291897177	rajat.singh@marsh.com
2 nd Level	Shashikant Dingankar	9833806360	shashikant.dingankar@marsh.com
Escalation	Ria Nagrani		ria.Nagrani@marsh.com





Group Personal Accident Policy

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Brokers: Marsh India Insurance Brokers Private Ltd

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Benefits Details

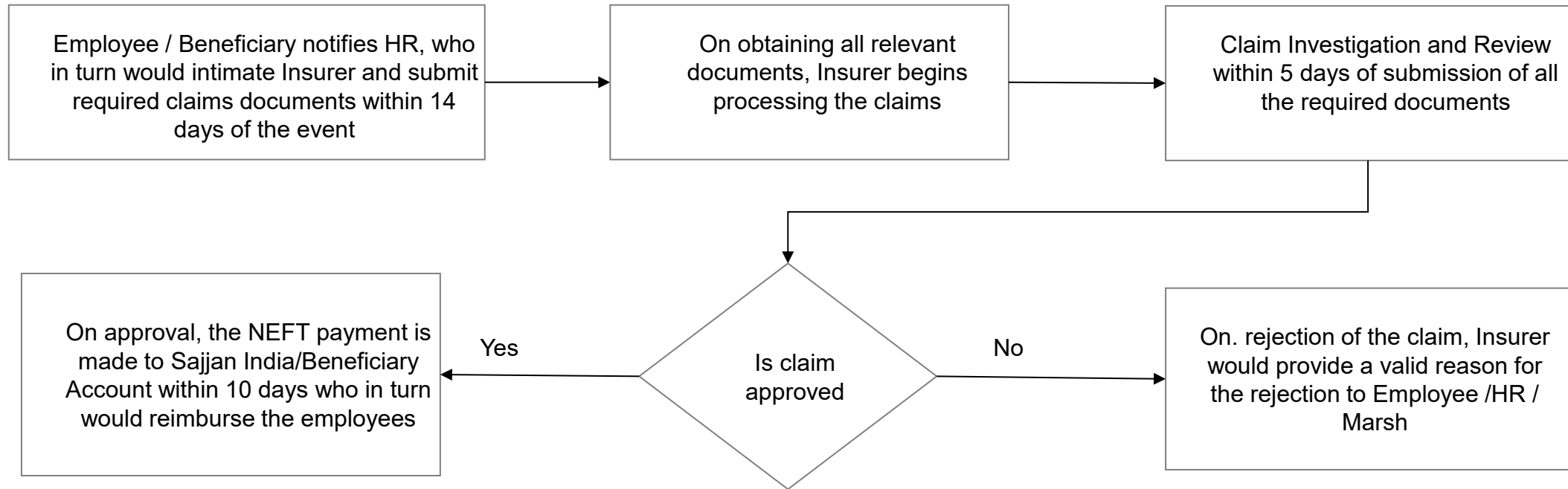
Policy Benefits

Sum Insured	3 times of CTC with a minimum of INR 25,00,000
Coverage Type	All employees are being provided with a Personal Accident insurance policy. This insurance provides compensation / payment up to a financial limit as assigned by the company, to the insured person or his / her nominated beneficiary, if the insured person suffers unfortunate death or disablement due to an accident. The cover is worldwide but payment of claim can only be made in India and in Indian Rupees
Coverage	Employee Only

Benefits / Extensions	Coverage
Accidental Death (AD)	Covered (100% of Sum Insured)
Permanent Total Disability (PTD)	Covered (100% of Sum Insured)
Permanent Partial Disability (PPD)	Covered as per Schedule of Indemnities – refer policy document
Temporary Total Disability (TTD)	Covered (Weekly benefit - 1% of Sum Insured subject to a maximum of INR 5000 per week for 100 weeks)
Medical expenses	In patient Medical Expenses covered
Burns	Covered up to INR 25,000

Benefits / Extensions	Coverage
Animal Attack	Covered INR 10,000
Dependent Child Education Fund Benefit	INR 50,000 for maximum 2 children
24*7 Worldwide	Covered
Repatriation of Remains	Covered INR 2,000 towards the costs associated with the transportation of mortal remains from the place of death to the home location on a reimbursement basis
Broken Bones	Covered up to INR 10,000

Claim Procedure



Thank You



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