

What is Mediclaim Policy in India in 2024?

What is Mediclaim Policy?

A Mediclaim policy, often misunderstood as just another health insurance product, is a unique contract between you and an insurance company. You pay premiums and the company takes care of your medical expenses. It's a valuable instrument to combat the ever-increasing medical costs in India.

Features and Benefits of a Mediclaim Policy

While the features and benefits of each Mediclaim policy vary based on the insurance provider, here are some common ones that can be found in most plans:

Financial Protection: Hospital bills can be daunting. Therefore, having a Mediclaim policy eases the burden on your pocket, ensuring that your savings remain intact.

Extensive Coverage: A Mediclaim policy doesn't just cover hospitalization costs. It goes beyond, covering pre and post-hospitalization expenses, including diagnostic tests, medicines, and consultations.

Cashless Treatment: Avail of treatment without any direct monetary transaction at network hospitals. The insurance company settles your bill directly with the hospital.

Tax Benefits: You can claim a tax deduction for the premium paid towards your Mediclaim policy under Section 80D of the Income Tax Act.

Pre and Post-Hospitalisation Expenses: Expenses leading up to and after your hospital stay, like consultations, medications, and diagnostic tests, are also covered under Mediclaim Policy.

No-Claim Bonus: If you don't make a claim during a policy year, Mediclaim policies often reward you with a no-claim bonus. This could either enhance your coverage amount or decrease your subsequent premium.

Critical illness Coverage: A significant number of Mediclaim policies include provisions for major diseases such as cancer, heart diseases, and strokes.

Diverse Policy Options: Mediclaim Policy offers a vast range of policy options, comparable to traditional health insurance plans. You can secure policies for yourself, your partner, kids, or even your parents, all at cost-effective rates. Additionally, Mediclaim provides specialized policies tailored for those with critical health conditions and policies specifically designed for senior citizens.

Types of Mediclaim Policies

Different types of Mediclaim policies cater to various needs.

1. **Individual Mediclaim Policy:** This caters to a single person, covering them for a specified sum insured.
2. **Family Floater Mediclaim Policy:** A single policy that covers the entire family. The sum insured is shared among all family members.
3. **Senior Citizen Mediclaim Policy:** Customized for senior citizens, this policy covers ailments and treatments common in old age.
4. **Critical Illness Mediclaim Policy:** Managing the costs of long-term conditions like cancer, heart diseases, and kidney failure can be financially challenging. That's where critical illness Mediclaim comes into play. This policy covers medical expenses, encompassing both hospitalization and treatments for these severe illnesses.

5. **Personal Accident Mediciam Policy:** Mediciam policies focused on personal accidents offer coverage against partial disability, total disability, and unforeseen accidental death. While it's not compulsory to have, such a policy adds an extra layer of financial protection for you and your family's future.

What's Covered in a Mediciam Policy?

Mediciam policies usually offer broad coverage. Here's what's included.

1. **In-Patient Treatment:** If you're hospitalized for more than 24 hours, your expenses will be covered.
2. **Pre and Post Hospitalization:** Costs incurred before hospitalization and after discharge are also included.
3. **Annual Health Check-Ups** - Most health insurance policies offer complimentary preventive health check-ups every one to four years, provided no claims have been made during that period.
4. **Day Care Procedures:** Treatments not requiring 24-hour hospitalization are covered too.
5. **Domiciliary Hospitalization:** If you cannot be moved to a hospital, or there's a shortage of rooms, treatment at home is covered under certain conditions.
6. **No Claim Bonus** – For each claim-free year, the policyholder receives a bonus or benefit in the subsequent policy year.

What's Not Covered in a Mediciam Policy?

Every policy has exclusions. Here are some things usually not covered by Mediciam policies.

1. **Pre-Existing Diseases:** Diseases that exist before the inception of the policy are not covered until a specified waiting period.
2. **Cosmetic Surgeries:** Cosmetic or aesthetic surgeries are generally excluded unless necessary as part of medical treatment.
3. **Self-inflicted Injuries:** Any self-inflicted injury, including suicide or attempt to suicide, is not covered.
4. **Unproven Treatments:** Treatments not recognized by Indian Medical Council are not covered.

Factors to Consider While Buying a Mediciam Policy

Here are some factors to bear in mind while choosing a Mediciam policy.

1. **Coverage:** Look for a policy that covers a wide range of medical conditions, including critical illnesses.
2. **Claim Settlement Ratio:** This indicates the insurer's reliability in settling claims.
3. **Network Hospitals:** A higher number of network hospitals ensures better accessibility to cashless treatment.

Documents Required While Buying a Mediciam Policy

While applying for a Mediciam policy, you'd need to submit the following.

1. **Proof of age:** Birth Certificate, PAN card, or Passport.
2. **Proof of address:** Passport, Utility Bills, or Voter ID.
3. **Medical reports** if required.

Difference Between Mediciam Policy and Health Insurance

Mediciam and health insurance often appear similar, but they have significant differences. While Mediciam only covers hospitalization costs and specific treatments, health insurance offers a broader coverage including pre and post hospitalization costs, ambulance charges, compensation for lost income, etc. Plus, health insurance allows policyholders to avail of regular health check-ups.

With rising healthcare costs, having a Medclaim policy is more of a necessity than a luxury. While it provides essential financial protection, it also ensures peace of mind during challenging times. Remember, your health is your real wealth, so make sure to protect it wisely.

How to Select the Right Medclaim Policy?

Now that you're familiar with the concept of Medclaim, it's time to explore how to select the right one for you. While there's no one-size-fits-all approach, starting by understanding your or your family's medical needs is vital. Here are some key factors to help guide your decision:

- **Sufficient Coverage:** Especially when securing Medclaim for your family, ensure the coverage amount is adequate. It's essential to have ample coverage to tackle unexpected medical emergencies.
- **Co-Payment Clause:** Review the policy's co-payment conditions. This refers to the portion you may need to pay during a claim. It's vital to be aware of this to avoid any unexpected out-of-pocket expenses.
- **Compare Plans:** Aim for plans that offer the most benefits at a cost-effective rate. Comparing various Medclaim policies will provide a comprehensive understanding of the benefits and fit to your needs. Opt for policies with minimal waiting periods, particularly if you're seeking coverage for critical illnesses.
- **Review Network Hospitals:** Choose Medclaim policies that have an extensive network of hospitals and provide the cashless treatment option. This ensures you can access healthcare across the country without financial stress.
- **Add-On Covers:** While it's not common for Medclaim policies to offer add-on covers, if you come across one, it might be worth considering.
- **Long-Term Renewability:** If available, opt for Medclaim that offers extended or even lifetime renewability. This will save you the hassle of annual renewals.
- **Be Aware of Exclusions:** Always review the policy's exclusions, limits, and sub-limits.

After grasping the nuances of Medclaim insurance and its significance, securing a policy can be a pivotal decision for you or your family. Remember the points discussed above, and always ensure you thoroughly read the policy terms, conditions, and wordings before finalizing your choice.

Frequently Asked Questions

1. What is covered in a medclaim policy?

A Medclaim policy typically covers hospitalization expenses, pre- and post-hospitalization costs, surgical procedures, and treatment costs for specific diseases or accidents.

2. What is medclaim policy and how it works?

Medclaim is a type of health insurance that reimburses the policyholder's hospitalization and medical expenses or provides a cashless treatment facility at network hospitals. Premiums are paid annually, and in return, the insurer covers certain medical costs as per the policy terms.

3. What is the difference between medclaim and health insurance?

While both provide coverage for medical expenses, Medclaim is specifically for hospitalization and specific treatments, offering either reimbursement or cashless facility. Health insurance offers a broader coverage, including outpatient treatment, critical illness coverage, and preventive care, depending on the plan.

4. Who is eligible for medclaim policy?

Generally, anyone ranging from a newborn to individuals up to 65 years old can avail of a Medclaim policy. However, the exact eligibility criteria might vary based on the insurance provider and the specific policy.

GMC policy

GMC policy, commonly known as a group medical coverage, is provided by your company at no cost to your salary. Yes, you got that right. It is entirely free of charge. When you work in an organisation, the company ensures that GMC insurance is a prerequisite. You can include your spouse, two children and parents as a supplementary benefit. Many policies even provide the option to cover parents-in-law. That's a win-win situation for all employees and employers.

By default, the covid19 pandemic has increased the cost of healthcare and access to suitable hospitalisation in India. Medical inflation is at an all-time high. A single few-day trip to a tier-1 hospital can cost INR 1-3 lakhs. Over the next five years, this will surmount to INR 4-5 lakhs. Therefore, the best way to protect your family and your lifelong savings is to be well-equipped with a GMC policy.

In short, there is no harm in utilising free medical cover sponsored by your employer. It is your right. Just imagine the level of expenses you will be saving for yourself and your family with GMC insurance by your side.

GMC insurance – Key Features

1. All employer-employee groups, trade unions, associations, companies, startups, SMEs, clubs, and banking institutions are eligible for a GMC policy.
2. Group health insurance for employees is renewed on an annual basis. The company usually pays the correct premium amount on behalf of each worker. The minimum no of people (workmen) required is 2.
3. The sum insured, also known as cover for each employee, depends on the type of master policy subscribed by the company. It can range from INR 5 lakhs to 20/25 lakhs upwards.
4. The premium rate of the master policy depends on the nature, composition of the group, size, type, average age of the employees, the sum insured and rider options if selected.
5. All group plans come with cashless and reimbursement claims options.
6. A claim by an individual employee does not impact the SI for other employees.
7. The premium paid is eligible for a tax deduction for both – employer and employee.

GMC Policy Benefits

Here is the list of the common benefits of having a GMC policy.

- It is corporate-sponsored free medical coverage at no cost to the CTC of the workforce.
- It comes at a low and affordable cost to the organisation.
- The company can opt for riders such as top-up, wellness sessions, dental treatment, OPD cover, discounted medicines, free health checkups, lab tests, and much more.
- Dependents can be included in an ESCP – employee, spouse, children and parents.
- GMC policy motivates employees to stay in the company for extended periods. Reduces attrition and retains loyalty.
- The premium paid can be labelled as a business expense. The corporate can claim a tax benefit on the same.
- Employees get cover benefits from day 1.

Read More: [Group Accident Insurance](#)

What is covered in a GMC policy?

Here is a standard list of inclusions under GMC insurance. Inclusions refer to all such cases, incidents, instances, conditions, ailments, and more covered under your group insurance scheme.

- In-patient hospital bills and expenses for room rent, ICU charges, Doctor/Nurse/Surgeon/Anaesthesia fee.
- Cost of surgical operations, blood, medicines, oxygen requirement, etc.
- Ambulance, air ambulance transportation, and emergency evacuation cover of up to a certain percentage of SI.
- Day care procedures as per the standard list mentioned in the policy document.
- Cost of organ donor treatment.
- Pre and post-hospitalisation bills and expenses up to a specific time period.
- AYUSH cover, if applicable, and only if the treatment is conducted in a government-recognised hospital.
- Home care/domiciliary treatment expenses, if applicable.
- Special conditions only if mentioned in the master policy.
- Many insurers have started to provide cover for hospitalisation arising from psychiatric illnesses.
- Lasik surgery, provided the eligibility criteria are met.

Check out: Group Term Life Insurance

What is not covered in GMC policy?

Here is a typical list of exclusions under GMC insurance. As an employee, always ask your human resources manager to tell you about the policy details, terms and conditions right when you join the company.

- Diseases outside the scope of policy cover.
- Critical illnesses and maternity cover are not covered by default in GMC insurance.
- Medical treatment taken outside the country in a foreign country's hospital.
- Mental disorders arising out of stress, attempts to life, suicide.
- Obesity and weight-related conditions.
- Cosmetic treatments and augments.
- Any form of pre-existing diseases and conditions are subject to a general and specific waiting period.
- Injuries from participating in adventurous and extreme sports.
- Any form of participation in military and defence-related activities.
- Conditions related to sterility and fertility.
- Injuries due to engaging in unlawful activities.
- Injury due to any form of substance and narcotics abuse.
- Congenital diseases and genetic disorders are permanently excluded.
- STDs, HIV, AIDS and venereal diseases.

Note: The above set of inclusions and exclusions are standard. Different insurance groups and policymakers have their respective terms and conditions concerning the points mentioned above. So do not forget to read the policy document before buying a comprehensive group insurance plan.