

The world over health and disability insurance go together but in India, **ersonal accident cover** has traditionally been sold independent of health insurance.

Also health insurance usually does not include expenses incurred whilst outside India. For this purpose, another product - **overseas health insurance or travel insurance** - needs to be purchased. Only in recent times, a few high end health insurance products of private insurers include overseas insurance cover as part of regular health insurance cover, subject to certain terms and conditions.

A regular hospitalization indemnity policy covers expenses only if the duration of stay in hospital is for 24 hours or more. However with advancements in medical technologies, treatment procedures for many surgeries do not require hospitalization. Now as daycare procedures, they can be conducted at specialized daycare centers or hospitals as the case may be. Treatments such as eye surgeries, chemotherapy; dialysis etc. can be classified under daycare surgeries and the list is ever growing. These are also covered under the policy.

Coverage of outpatient expenses is still very limited in India, with very few such products offering OPD covers. However there are some plans that cover treatment as outpatient and also related health care expenses associated with doctor visits, regular medical tests, dental and pharmacy costs.

DOMICILIARY HOSPITALIZATION

Although this benefit is not commonly used by policyholders, an individual health policy also has a provision to take care of expenses incurred for medical treatment taken at home without being admitted to a hospital. However, the condition is that though the illness requires attention at a hospital, the condition of the patient is such that he cannot be moved to a hospital or there is lack of accommodation in hospitals.

COMMON EXCLUSIONS

1. Pre-existing diseases

This is almost always excluded under individual health plans since otherwise it would mean covering a certainty and poses a high risk to the insurer. One of the important disclosures required at the time of taking a health policy is regarding previous history of ailments / injuries of each insured person covered. This will enable the insurer to decide on accepting the proposal for insurance.

The exclusion is: Any pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage of such insured person have elapsed, since inception of his / her first policy with the company.

2. Weight control programs/ supplies/ services
3. Cost of spectacles/ contact lenses/ hearing aids etc.
4. Dental treatment expenses that do not require hospitalisation
5. Hormone replacement
6. Home visit charges
7. Infertility/ subfertility/ assisted conception procedure
8. Obesity (including morbid obesity) treatment
9. Psychiatric & psychosomatic disorders
10. Corrective surgery for refractive error
11. Treatment of sexually transmitted diseases
12. Donor screening charges
13. Admission/registration charges