Group Medical Insurance Policy FY 2024-2025

Frequently Asked Questions

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| **April 2024** |

# Frequently Asked Questions

1. **What has changed in the Group Medical Insurance from FY 24 to FY 25?**

This year the policy has been renewed on expiring terms with one change in Parental co-pay that will be 15% on all claims except capped aliments.

**Examples:**

Scenario 1: Admission date 30th March 2024 or before, discharge date 31st March 2024 or after

The said claims will be filled in expired policy (start date – 31st March 2023 – end cate 30th March 2024) and 5% co pay will be applicable.

Scenario 2: Admission date 31st March 2024 or after (irrespective of discharge date)

The said claims will be filled in current policy (start date – 31st March 2024 – end cate 30th March 2025) and 15% co pay will be applicable

1. **What is the policy definition?**

The Group Health Insurance Program provides pre-defined insurance coverage to all employees & their family members for expenses related to hospitalization due to illness, disease, or injury. In the event of a hospitalization claim (more than 24 hrs.) with active line of treatment.

1. **Who is my Insurer and TPA?**

The insurer and TPA for FY 24 continues to be New India Assurance Company and Medi Assist Health Care Services Ltd.

1. **What is my Sum Insured?**

The policy will cover the employee and family members (spouse and two children) at a coverage of 20 lacs. Additionally, employees up to Director level have an option to choose their one set of parents up to the max limit of 20 lacs in the overall family floater coverage. (Can extend up to 35 lacs if opted by Senior Directors & Managing Directors) by paying an additional premium.

1. **How will my family coverage get impacted if I enroll my parents in primary policy?**

Given below are some scenarios that will further clarify your doubts:

* **Scenario 1:** Employee, Spouse and Children (ESC) Sum Insured INR 20,00,000, Parents Sum Insured INR 5,00,000: If Parents Sum Insured is completely exhausted, rest of the family will be left with INR 15,00,000 Sum Insured.
* **Scenario 2:** ESC Sum Insured INR 20,00,000, Parents Sum Insured INR 5,00,000. If the Family has consumed INR 17,00,000 towards medical emergencies, then Parents will be left with INR 3,00,000 Sum Insured only.
* **Scenario 3:** ESC Sum Insured INR 20,00,000, Parents Sum Insured is INR 20,00,000. If parents sum insured is completely exhausted, rest of the family will not be able to further utilize any sum insured towards medical emergencies.
* Senior Director, Manager Director and Partners will have family floater Sum insured of INR 20,00,000 with an option to upgrade to INR 25,00,000 or 30,00,000 and INR 35,00,000 with paying the extra premium. The coverage for parents will be capped to the chosen limit in the overall family floater coverage opted by the employee.

1. **What is the lock-in period concept?**

All parents/parents in law enrolments will be considered under new lock-in enrolment period. Irrespective of where the parents/parents in law are enrolled (Primary policy or secondary policy), there is a lock in period for enrolling parents/parents in law till 30 March 2026. The period is at a policy level and is not applicable from the date of joining of the new hires.

E.g., *Irrespective of where the parents/parents in law are enrolled (primary policy or secondary policy), there is a lock in period for enrolling parents/parents in law till 30 March 2026 (for current employees and who joins in FY 24). The period of lock-in is applicable from the financial year in which the employee is hired.* ***E.g.,*** *if an employee joins on 1 September 2024 and enrolls his parents/parents in law, the lock-in period for this employee will be till 30 March 2026*

*During FY 24 enrollment period, employees can add their enrolled their parents/parents in law in case they wish to avail the benefit.*

1. **Can I enroll my family members in the middle of the year?**

No, you cannot enroll your parent/parent-in-laws in the middle of the year. However, if you got married recently or there is a newborn baby, you can send the request to the HC Operations team within 30 days of the date of the wedding/birth to get your child or spouse/domestic partner enrolled.

1. **Who is eligible to enroll their family members in medical insurance policy?**

The eligibility per employee type is mentioned in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Employment type | Insurance | |
| **Self** | **Family** |
| 1 | Regular full-time Employee (FTE)\* | √ | √ |
| 2 | Fixed Term Contract (FTC) | √ | √ |
| 3 | Trainees (P) | √ | √ |
| 4 | Article Trainees | √ | X |
| 5 | Trainee | X | X |
| 6 | Contractual Staff | X | X |

1. **Can I change my nomination/family member lists?**

No, you cannot change the nomination of enrolled family members this year however, dependents added this year will continue to be a part of the policy till 30th March 2026

E.g., if you choose to enroll your parents/parents in law in either the primary or secondary policy during current enrolment, you will not be allowed to make any modifications to the selection till 30 March 2026 (except in the case of exit of the employee from the firm or in the case of death of the insured incumbent). Also, for an employee who joins between 31 March 2024 and 30 March 2026, the lock-in period will expire on 30 March 2026.

1. **What is meant by ‘day care procedure’ and what all is covered in the same?**

A medical procedure which can be performed in less than 24 hours is called a day care procedure. In this case, the patient is discharged on the same day. Attached herewith is the list of day care procedures covered in our policy. **[Click here to view the Day Care Procedure List – GMC document](https://pwcindia.sharepoint.com/sites/Documents/Human%20Capital/Forms/AllItems.aspx?id=%2Fsites%2FDocuments%2FHuman%20Capital%2FDay%5FCare%5FSurgeries%5FList%20%2D%20150%2Epdf&parent=%2Fsites%2FDocuments%2FHuman%20Capital)**

1. **Which are the categories of hospitalization expenses that are covered?**

The policy covers surgeon charges, procedure charges, OT, anesthetic, consultant, specialist charges, instrument charges, all kinds of implants, diagnostic and radiological investigations, medications etc.

1. **Is Annual Health check-up & OPD expenses are covered?**

No, annual health check-ups and opd treatment are not covered in our GMC policy.

1. **Can I use medical insurance for any pre-existing conditions?**

Pre-existing diseases refer to conditions or ailments that may have been contracted before the start of the policy. There is no waiting period for covering such ailments.

1. **What are the general exclusions from our policy?**

All types of non-medical expenses incurred during the course of hospitalization are not covered and have to be paid to the hospital before discharge. These include attendants' charges, food charges, documentation charges, surcharge, telephone charges, etc. These could also include items that have been used during treatment but are considered non-medical under insurance norms, e.g., diapers, sanitary napkins, etc. Other general exclusions are:

* Registration fees, file opening fees
* Telephone, internet charges
* Food and refreshments supplied to visitors and attendants
* Television charges
* Any other expenses not related to treatment of illness
* Charges paid to organ donors and cost of organ
* Any other expenses not related to main aliment for which hospitalization happened
* For details, please refer following links for details:
  + **[Exclusion list - 1](https://pwcindia.sharepoint.com/:w:/r/sites/Documents/_layouts/15/Doc.aspx?sourcedoc=%7B905B5272-426F-482F-8377-2E16801957CC%7D&file=Exclusions%20in%20PwC%20Group%20Health%20policy.docx&_DSL=1&action=default&mobileredirect=true)**

*Kindly note this is not an exhaustive list and exclusions can be changed as per the IRDA guidelines.*

1. **How does a room category restriction or room rent cap affect the cost of treatment?**

All costs associated with treatment – surgeon’s charges, consultants’ charges, surgery charge, labor room charge, nursing charges, and other medical charges - are associated with the room category and per day rent. **The insured member pays not only the room rent differential but also the** **higher costs associated with a higher category of room.** For example, for an additional INR 500-1,000 in room rent for the next higher category of room, the entire cost of treatment may increase by at least 20%, and the insured member is responsible for paying the entire additional amount.

1. **How do I get an e-card/TPA card?**

Once the enrolment is completed, the cards will be automatically uploaded on your prudent plus admin account within six-eight weeks. You can also download your cards from the Prudent mobile app**.**

**Link** [Prudent Brokers (prudentplus.in)](https://www.prudentplus.in/login)

1. **What is the room rent capping limit?**

Given below is the management level wise room rent capping limit

|  |  |  |
| --- | --- | --- |
| **Management Level** | **Normal Room Rent Capping** | **Remarks** |
| Partner | Any type of Single room except suite and above | There is no room rent capping for ICU/ ICCU/ ITU |
| Managing Director | Standard single AC  (non-sharing) room |
| Sr. Director |
| Director |
| Senior Manager | 10,000 |
| Manager |
| Executive Assistant |
| Senior Associate | 7,000 |
| Associate |
| Specialist/Apprentice |
| Administrative (all administrative excluding EA) |
| Intern/Trainee | 6,000 |

Please note that Proportionate deduction will be borne by employee/ Partner on the hospital bill in case the Partner/employee opts for higher room category than eligibility.

1. **What do I do if I need to be hospitalized but have not been issued an e-card?**

If the e-card is not issued, we will get your cashless claim processed on an offline basis. For this, you will have to get in touch with the HC Operations team/Prudent regional spocs as mentioned in the Group Medical Insurance policy document.

1. **From where do I get to know which hospitals are covered for the cashless facility?**

The list of hospitals empaneled for the cashless facility with New India Assurance is dynamic in nature. If you like to check for a particular hospital, please go and search the same on the given link:

**Link:** <https://www.medibuddy.in/networkHospitals>

**For cashless support-** [Cashless-ggn@prudentbrokers.com](mailto:Cashless-ggn@prudentbrokers.com)

1. **What should I do when I reach the network hospital?**

Please show your e-card/TPA card, PwC ID card, and a government photo ID. Fill in the pre-authorization form. TPA will send pre-authorization request to the hospital to make sure that they extend credit facility to you. You will not need to pay any cash except for non-medical expenditure and co-pay (for parental claims) as explained under the Benefits Manual.

1. **What should I do if I go to a non-network hospital?**

You need to intimate the insurer through [delhiclaims@prudentbrokers.com](mailto:delhiclaims@prudentbrokers.com) within 72 hours of planned hospitalisation and within 24 hours of emergency hospitalization. Upon discharge, please complete the reimbursement claim form and attach the relevant documents and send them to Prudent for reimbursement within 15 days from the date of discharge.

1. **Is terrorism covered under the Group Mediclaim Policy?**

Yes, terrorism is covered in our insurance policy.

1. **If I travel outside India, will I be covered under this policy?**

The policy is valid within India only.

## Pre and post hospitalisation FAQs

1. **Which expenditures will generally be covered under the pre-hospitalisation clause?**

All Expenses related to main aliment i.e., consolation charges, medication, investigation charges will get covered. Prehospitalization period is 30 days prior to date of admission

1. **Which expenditures will generally be covered under the post-hospitalisation clause?**

All expenses related to the main aliment for which hospitalization happened i.e., follow-up consultation charges, medications, investigations etc. Post hospitalization period is for 60 days from postdate of discharge.

1. **Is physiotherapy covered?**

Yes, covered as per advice of treating Doctor ( upto 60days from DOD) under the post hospitalization expenses

1. **Is there any limit to the reimbursement of expenses incurred in a laboratory or a diagnostic center as part of hospitalisation?**

No. If the laboratory expenses are part of hospitalization and is clinically related to the aliment for which hospitalization happened it will be covered as per policy norms

1. **How can I claim my pre and post hospitalisation expenses?**

The policy covers pre-hospitalisation expenses made prior to 30 days of hospitalisation and incurred towards the same illness/ disease due to which hospitalisation happens. It also covers all medical expenses for up to 60 days post discharge as advised by the Medical Practitioner. If there is an accidental claim, then the post hospitalisation bill can be submitted to the service provider within 120 days.

For the claim, please mark email to below id.

[delhiclaims@prudentbrokers.com](mailto:delhiclaims@prudentbrokers.com)

1. **Is it necessary to submit all the documents mentioned in the required documents list?**

Yes. It is the responsibility of the claimant to make sure that all documents as may be required by the TPA and insurer are submitted so as to facilitate claim settlement process. Non submission of required documents could affect the claim settlement process, including rejection of claim.

1. **Can I continue the insurance coverage if I resign from the company?**

You will not be able to continue the PwC extended policy benefits post your last working day. However, the current policy can be ported into a retail/personal policy, however the benefits and T&C will be as per retail product.

Employee needs to intimate “ [**pwc@prudentbrokers.com**](mailto:pwc@prudentbrokers.com)” at least 45 days prior to DOL in organization.

1. **Will I get my claim papers back? I need some records for future reference.**

For treatment part we can arrange the attested copies of medical documents post insurer approval.

1. **I have been admitted under as per doctor’s instructions but there has been no treatment. Will my stay be covered under Mediclaim?**

No, any hospitalisation not accompanied with active treatment (for which the treatment demands hospitalization and cannot be taken at home /OPD basis) is not covered under Mediclaim Insurance. Admission solely for evaluation /investigation purpose is not covered.

1. **Is dental treatment covered?**

Dental treatment or surgery of any kind is covered only if there is minimum 24 hours of hospitalisation on account of accidental cases. Non accidental dental treatment is not covered under Mediclaim.

1. **What if I undergo major hospitalisation in two different hospitals? Will the policy reimburse expenses incurred?**

Yes. The expenses are reimbursed upto the limit of sum insured and if they abide by the terms and conditions of the policy and proper documents required for both the hospitalisation (discharge summary from both the hospital is mandatory.)

1. **What if the cost exceeds the level of hospitalisation insurance cover?**

In scenario’s where the cost exceeds the level of hospitalization, employee will be liable to pay a differential amount. In case of cashless claim, we will inform the hospital about your eligible amount, and they will recover the amount over and above the credit amount from you directly

1. **My parents are over 80 years of age, will they be covered under the policy?**

Yes, we cover parents/parents in law in our policy up to the age of 99 years.

1. **Can I go for a health checkup under this policy?**

No. Group Medical Insurance does not cover annual health checkup, however, we have a separate policy on Annual Health Checkups (please refer to HC manual for details).

1. **How to claim pending reimbursement (new reimbursements/claims in query)?**

Please write to [pwc@prudentbrokers.com](mailto:pwc@prudentbrokers.com) to understand the documents required for claim submission along with claim form and process for claiming when it is a new reimbursement claim

For query replies in the submitted reimbursement claim, you can share the soft copies of query response supporting documents to below email ids along with the claim no (mentioned in the query letter)

To: [delhiclaims@prudentbrokers.com](mailto:delhiclaims@prudentbrokers.com)

Cc: [pwc@prudentbrokers.com](mailto:pwc@prudentbrokers.com)

1. **What is the process to be followed for reimbursement claims which has already been submitted by you?**

For claims which are in process, Prudent will follow up with insurer, alternative beyond 21 days of submission if you have not heard back, you can connect with Prudent representatives on their contact number or write to

To: [delhiclaims@prudentbrokers.com](mailto:delhiclaims@prudentbrokers.com)

Cc: [pwc@prudentbrokers.com](mailto:pwc@prudentbrokers.com)

1. **Will the new policy on March 31, 2024, automatically cover our existing dependents?**

All the existing employees along with their dependents will be covered under PwC Group Health Insurance policy from 31st March 24.

Information on insurer, TPA and service provider (broker) will flow to you in due course of time

1. **What if there is a need for hospitalization on 31st March 2024?**

For all the admissions on 31st March 2024 and onwards will be taken care by our new insurer New India Assurance.

1. **How can I make a claim if a claim is made partly under my name and my spouse’s insurance plans?**

Claims can be settled under multiple policies on a reimbursement basis. First, submit the claim to the first insurer / TPA. Request for the original documents to be returned by the TPA. This will only be done if a part claim is submitted and the TPA will mark the claim as settled to the limit. The balance of expenses can be submitted to the second insurer / TPA for settlement.

1. **What are the documents required in case of v partial claim Given below are the documents required in case partial claim settlement**

* Completely filled & duly signed claim form.
* Original settlement letter attested by another insurance company/TPA (from where main claim got settled).
* Copies of claim documents attested by another insurance company/TPA.
* Original payment receipt of balance amount paid by patient.
* Aadhar card of patient & employee.
* Copy of PAN card of claimant if claim amount is more than Rs 100000
* Copy of Mediclaim card of patient.
* Original cancelled cheque with printed payee name

## Maternity FAQs

1. **What is maternity coverage?**

Maternity expenses are payable upto INR 80,000 in case of normal and INR 100,000 for caesarian delivery.

1. **Can maternity cover be opted for any length of time?**

No. Benefit is restricted to only the first two children in respect of delivery and/or operations associated there with. In the case of birth of twins, the maternity expenses will be covered but the coverage for baby will be restricted up to two child only under the base policy.

1. **What is meant by pre- and post-natal expenses and are they covered?**

Expenses related to the pregnancy and arising before delivery (from date of conception) are known as pre-natal expenses and those arising after delivery are known as post-natal (up to 60 days post the date of discharge) expenses. The policy covers pre-natal and post-natal expenses up to INR 10,000 as a sub-limit of the Maternity Benefits (INR 80,000).

1. **What is covered and not covered under baby expenses for a healthy baby?**

|  |  |
| --- | --- |
| ***Expenses covered*** | ***Expenses not covered*** |
| * Nursery care charges * Nursery rent charges. * Pediatrician charges * In the case of phototherapy, it will be considered as a new claim and will be processed sum insured. If bilirubinemia is below 9 phototherapy is not advised | * Baby related toiletries, i.e., diapers * Milk given to the baby. * Routine vaccination charges for a healthy baby * Admission or file charges * Cord clamp charges. * Circumcision charges unless medically necessitated |

***Note:*** Please note that baby expenses are covered as a sub-limit of the maternity expenses sum insured (INR 80,000) and do not fall under the family floater sum insured. Any baby wellness packages offered by a hospital for a healthy baby are not payable under the policy.

1. **Is infertility covered?**

Yes, in infertility (IVF) treatment is covered under the normal maternity limit.

1. **How is a newborn baby covered?**

You would need to register your child by intimating the HC Operations team within 30 days of the birth of the child. Coverage for the child becomes effective from day one.

1. **Is Surrogacy covered?**

Covered up to Normal Maternity Limit for first child only.

1. **Who is the location wise prudent spocs from Prudent? In case of failure to contact them what should be the next steps ?**

|  |  |  |  |
| --- | --- | --- | --- |
| **City** | **Contact Person** | **Contact Number** | **Email Id** |
| Gurgaon | Shalini Shrivastava & Kriti Pahwa | 8800465029/ 9958100281 | [shalini.shrivastva@prudentbrokers.com](mailto:shalini.shrivastva@prudentbrokers.com)  Kriti.p@prudentbrokers.com |
| Mumbai | Raheel Ansari | 8291988730 | [raheel.ansari@prudentbrokers.com](mailto:raheel.ansari@prudentbrokers.com) |
| Chennai | Thimothy J | 7550011857 | [thimothy.j@prudentbrokers.com](mailto:thimothy.j@prudentbrokers.com) |
| Kolkata | Ayan Chaudhary | 7428100280 | Ayan.chaudhuri@prudentbrokers.com |
| Hyderabad | Manisha Marda | 7032706307 | [manisha.marda@prudentbrokers.com](mailto:manisha.marda@prudentbrokers.com) |
| Pune | Hemant Bhoir | 8007011773 | [Hemant.bhoir@prudentbrokers.com](mailto:Hemant.bhoir@prudentbrokers.com) |
| Bangalore | Manjunath S | 9902018450 | [manjunath.s@prudentbrokers.com](mailto:manjunath.s@prudentbrokers.com) |

For any general query policy and claim process, you can connect to below group mail id. [pwc@prudentbrokers.com](mailto:pwc@prudentbrokers.com)

Note: Please note, in case of failure to reach the regional spocs please escalate to the concerned spocs in prudent or PwC or raise a SNOW ticket.

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| **Escalation Level** | **Prudent Insurance Brokers** | **PwC- Human Capital** |
| 1st Level | Shalini Shrivastava  Email: shalini.shrivastva@prudentbrokers.com  Ph: 8800465029 | Utsab Mitra  Email: Utsab.mitra@pwc.com  Ph: |
| 2nd Level | Kriti Pahwa Email: kriti.pahwa@prudentbrokers.com Ph: 9958100281 | Sherin Bhatt  Email: sherin.bhat@pwc.com  Ph: 7006729885 |
| 3rd Level | Abhinav Bakshi Email: abhinav.Bakshi@prudentbrokers.com  Ph: 7042297308 | Gaurav Kumar  Email: Gaurav.u.kumar@pwc.com  Ph: 8802691207 |
| 4th Level | Dewanand Singh Email: dewanand.singh@prudentbrokers.com Ph: 9958003501 | Anwar Hussain  Email: anwar.hussain@pwc.com  Ph: 9810729430 |

## References (https://pwcindia.sharepoint.com/sites/mypwcindia/Pages/HumanCapital.aspx)

**GMC Manuals**