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INSURANCEHEALTH  
INSURANCEPENSION  
PLANS



# Health Insurance Handbook

TRAINING HANDBOOK  
HEALTH

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## Health Insurance

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## Health Insurance

**Health insurance** is a type of Insurance coverage that covers the cost of a Customer's Medical and Surgical expenses (During Hospitalization).

Depending on the type of Health Insurance coverage, the insurance company makes payments directly to the hospital or the Insured pays costs out-of-pocket and is then reimbursed.

### Benefits of Health Insurance:

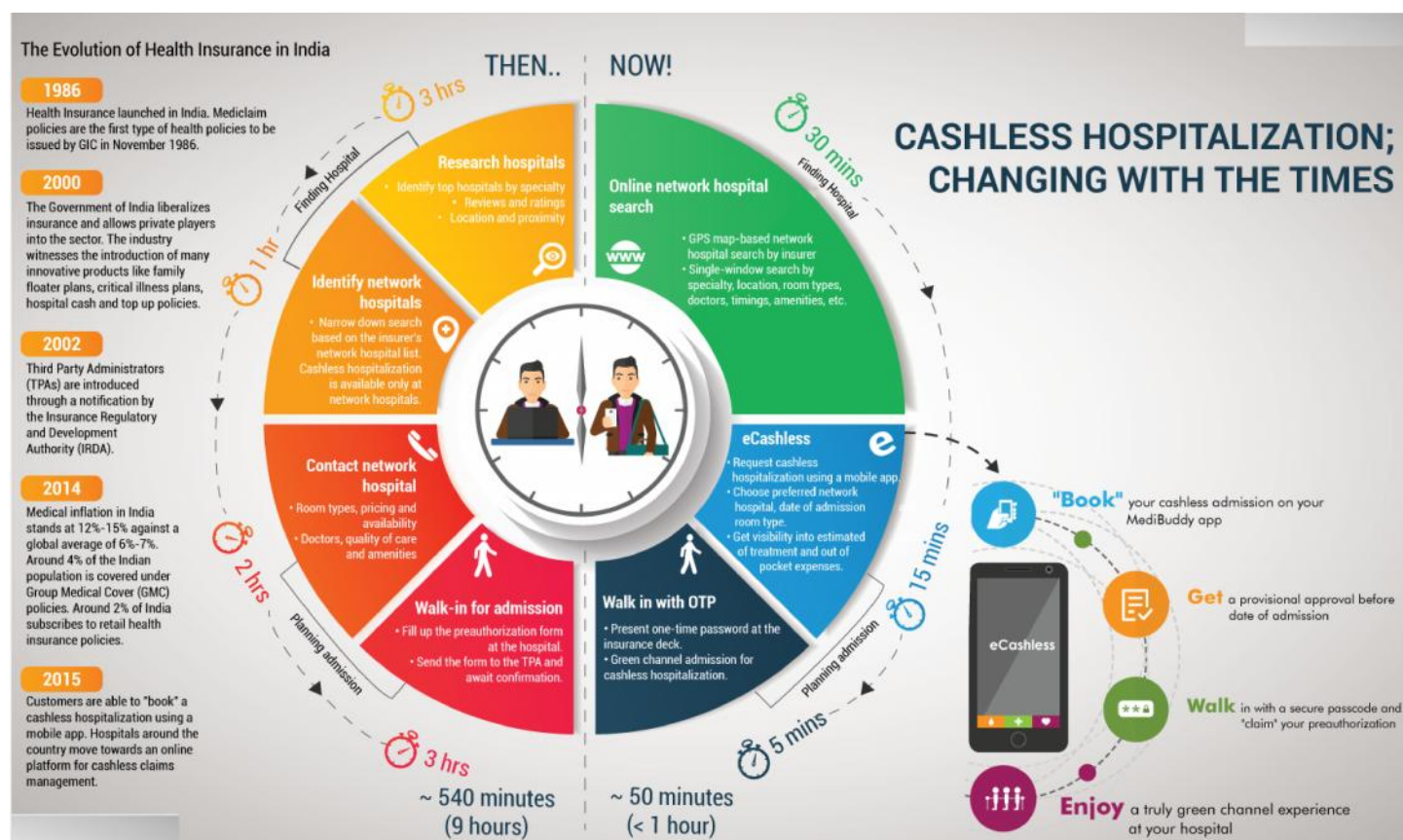
Health Insurance is taken to cover a person's health expenses in case of:

- Unforeseen Diseases
- Accidents



### Benefits:

- Hospitalization expenses are provided (100% Cashless treatment in panel hospitals)
- Quality of Treatment is High
- Direct Tax Benefit U/S 80D upto Rs 55000/-
- Hard earned money remains intact and Dreams are fulfilled.
- Health Insurance protects you from High unexpected costs.
- Quality of treatment is 'High' & 'Desirable'



### Example:

#### Situation 1

There is a middle class family of 5 members. There is only one earning member who earns maximum 3.5 lac rupees per

annum and he did not take health insurance because he thought it is wastage of money. Suddenly, his family faces a medical emergency now what will they do?

Do they want to go to the private hospitals to get quality treatment? Expected answer “yes”

Are they able to spend lacs for the treatment? Expected answer “no”

Why aren't they able to get quality treatment? Expected answer “*because they did not take health insurance & on the spot they couldn't arrange money for the treatment*”

## **Situation 2**

There is a middle-class family of 5 members. There is only one earning member who earns maximum 3.5 lac rupees per annum and he has taken health insurance to secure his families' health. Suddenly, this family faces a medical emergency now what will they do?

Do they want to go to the private hospitals to get quality treatment? Expected answer “yes”

Are they able to spend lacs for the treatment? Expected answer “no”

But still they can get the quality treatment how? Expected answer “*because they have health insurance which helps customers to provide quality treatment*”



## **Case study 1**

- Mr. Paul is a retired man without any pension. He had an accident and was hospitalised. His savings were spent in paying for his hospital expenses. He subsequently became dependent on his son for the rest of his life. Where did Paul's planning go wrong? What should he have done to protect his savings?.
- Rajesh is retired and enjoys spending time with his grandson. Unfortunately, a year ago Rajesh had an accident and had to be hospitalised for his injuries. The small amount of money Rajesh had saved for his retirement had to be spent in paying the hospital bill and wiped out his only source of income, leaving Rajesh dependant on his son for the remainder of his life. So how and where did Rajesh get his financial planning wrong?



### *“health insurance makes a difference in someone’s life”*

Imagine, a father has a dream to spend crore to do luxury marriage of his daughter and he has saved too. But all of a sudden, he meets with a major accident and his family takes him to a high class hospital now doctors are asking his family to give good amount of money then only they will start his treatment.

- If his family arranges money for treatment from his saving so will he be able to fulfill his dream? Expected answer “No”.
- What he could have done better? Expected answer, “he could have taken health insurance”

## Types of hospitalization

Cashless hospitalization	Reimbursement hospitalization
<ul style="list-style-type: none"> <li>✚ Insurance companies have tie up with several leading hospitals across Indian which we refer as “Network Hospitals”.</li> <li>✚ Customers are provided with Cashless card which can be used to avail the cashless benefit from the Network Hospital.</li> <li>✚ In this facility, the Insured when hospitalized, gets the relevant treatment and then discharged without having to pay anything from their pocket.</li> </ul>	<ul style="list-style-type: none"> <li>✚ The hospital which does not have a tie up with the Insurance Company is called as Non-Network Hospital.</li> <li>✚ If the customer gets hospitalized in a Non-network hospital, then he has to pay the bills at the hospital at the time of discharge and claims the total amount of the bills from the insurance company against his policy coverage.</li> </ul>
<p>Note: <b>Network:</b> A Hospital, which has an agreement with us for providing Cashless treatment, is referred to as a 'Network Hospital'. Cashless facility is provided ONLY at the network hospitals.</p>	<p>Note: <b>Non-network Hospitalization:</b> Non network hospitals are those with whom we do not have any agreement and any policyholder seeking treatment in these hospitals will have to pay for the treatment and later claim as per reimbursement procedure.</p>

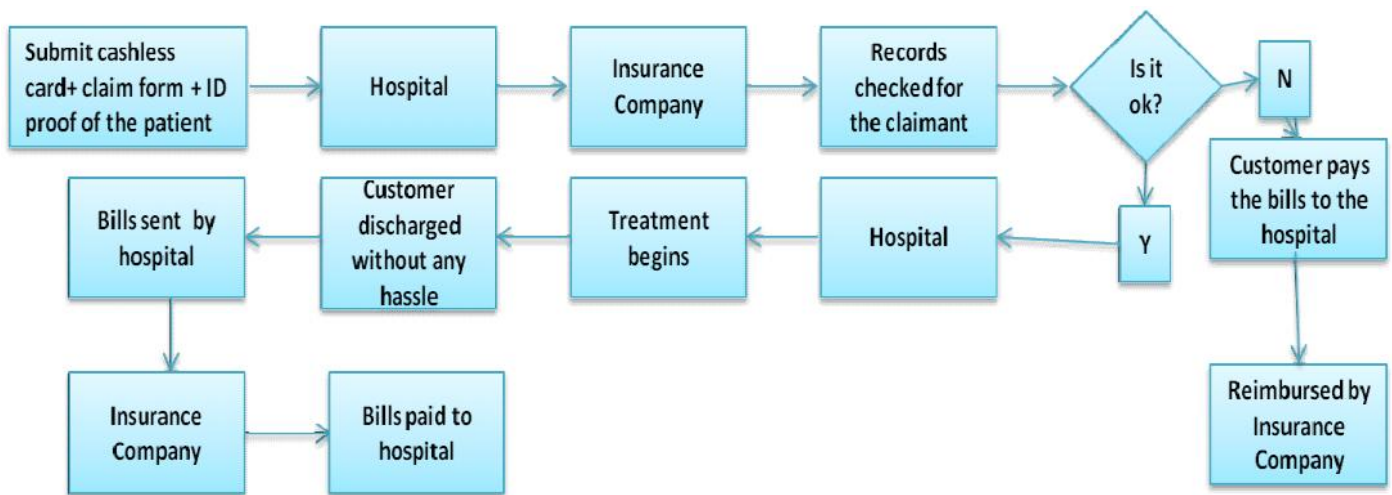
## What are the benefits of using the Cashless Facility?

Usually if there is no Health Insurance policy, the patient has to pay some amount before getting admitted to hospital. The amount depends on the disease. Once the treatment is completed, a fat bill is handed over and the patient has no idea for what he is charged and how much he is charged and if it’s charged correctly. If there is a Health Insurance Policy, the patient does not have to pay anything upfront to the hospital. Once the treatment is completed, the invoice is sent to the Insurance Company. The Insurance Company pays directly to the hospital. That’s what we call “Peace of Mind”!!!





### Process of Cashless Hospitalization:



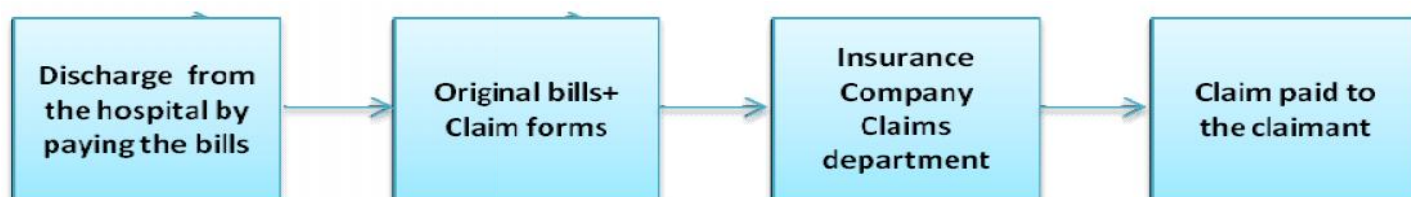
**Example:** A person gets hospitalized in our panel hospital and submits policy copy/ID proof & residence proof to the hospital. Hospital provides claim form to the patient. Then patient fills the claim form and submit it back to the hospital. Then hospital faxes policy copy/ID proof/Residence proof & claim form to the insurance company. Insurance company will fax back claim form with decision (Approved/reject).

*This process will take 2-4hrs.*





## Process of Reimbursement Claim:



### Documents required for reimbursement process

Policy copy
ID & resident proof of patient
Claim form signed and stamped by hospital
Discharge summary
All medical test reports
Original Hospital bill
Cancelled cheque
Payment receipt



Example: A person gets hospitalized in non- panel hospital then he has to pay all the expenses of medical treatment from his pocket then he has to submit all the above-mentioned document and original bills to the insurance company. Insurance company will take 14 to 15 days to verify the case after that company will reimburse claim amount through NEFT/cheque.

## Cumulative Bonus (CB):



### What is Cumulative Bonus?

To bring in more happiness, health insurance providers offer an incentive for staying healthy (i.e. not making any claim). This bonus which is offered for every claim free year is known as NCB – No claim bonus or CB - Cumulative bonus

**Let's understand more about this happiness quotient called as Cumulative Bonus.**

- Cumulative bonus is an increase in the sum insured by a specified percentage for every claim free year, subject to a maximum limit without any additional premium.

- Cumulative bonus helps to increase the coverage amount and offers higher protection to the policy holder. The premium does not rise even when the cover increases as the premium is charged on the base insurance amount.
- In these days of rising expenses, cumulative bonus offered by health insurance providers in India is a pleasant benefit and a motivation to stay healthy.

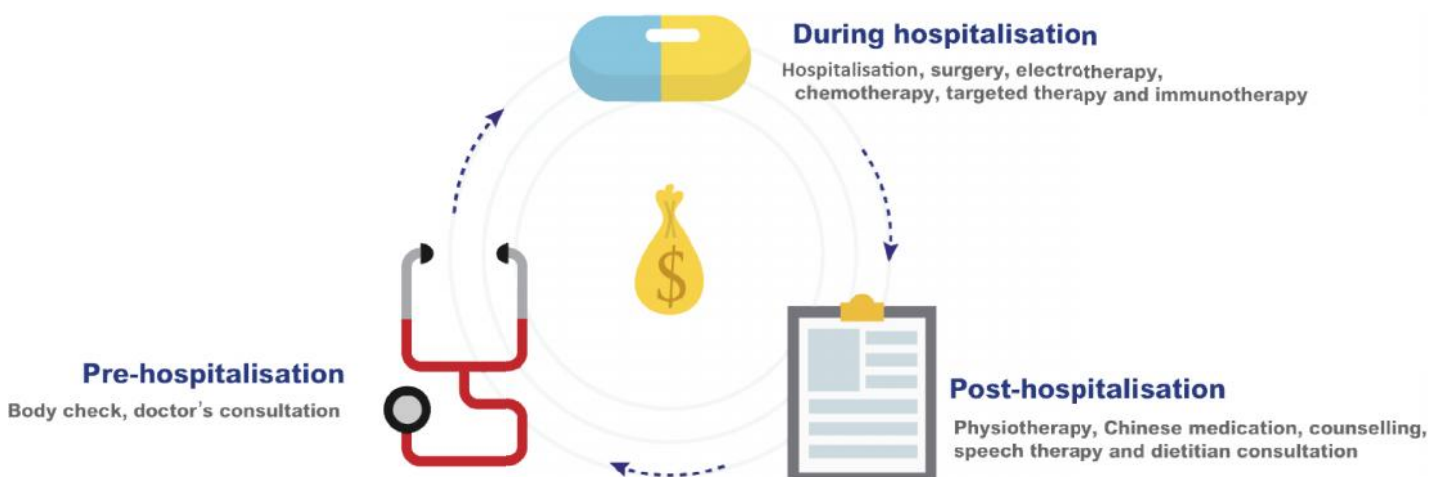
(Note: No claim bonus can vary company to company)

- Let's take an example. An insured has a health insurance (medi claim) policy of Rs. 5, 00,000 for last 10 years and has never taken a claim. He is getting a 10% 'No Claim Bonus' every year and has accumulated an additional 100%, i.e. a sum of Rs. 5,00,000 as bonus in all these years. He gets ill in 11th year and files a claim of Rs. 1, 00,000. At the time of 12<sup>th</sup> year renewal, only 10% of Cumulative Bonus gets deducted.
- There are plans available in the market where the cumulative bonus does not reduce in case of a claim. The customer will not get CB in the next year.



#### Pre & Post Hospitalization:

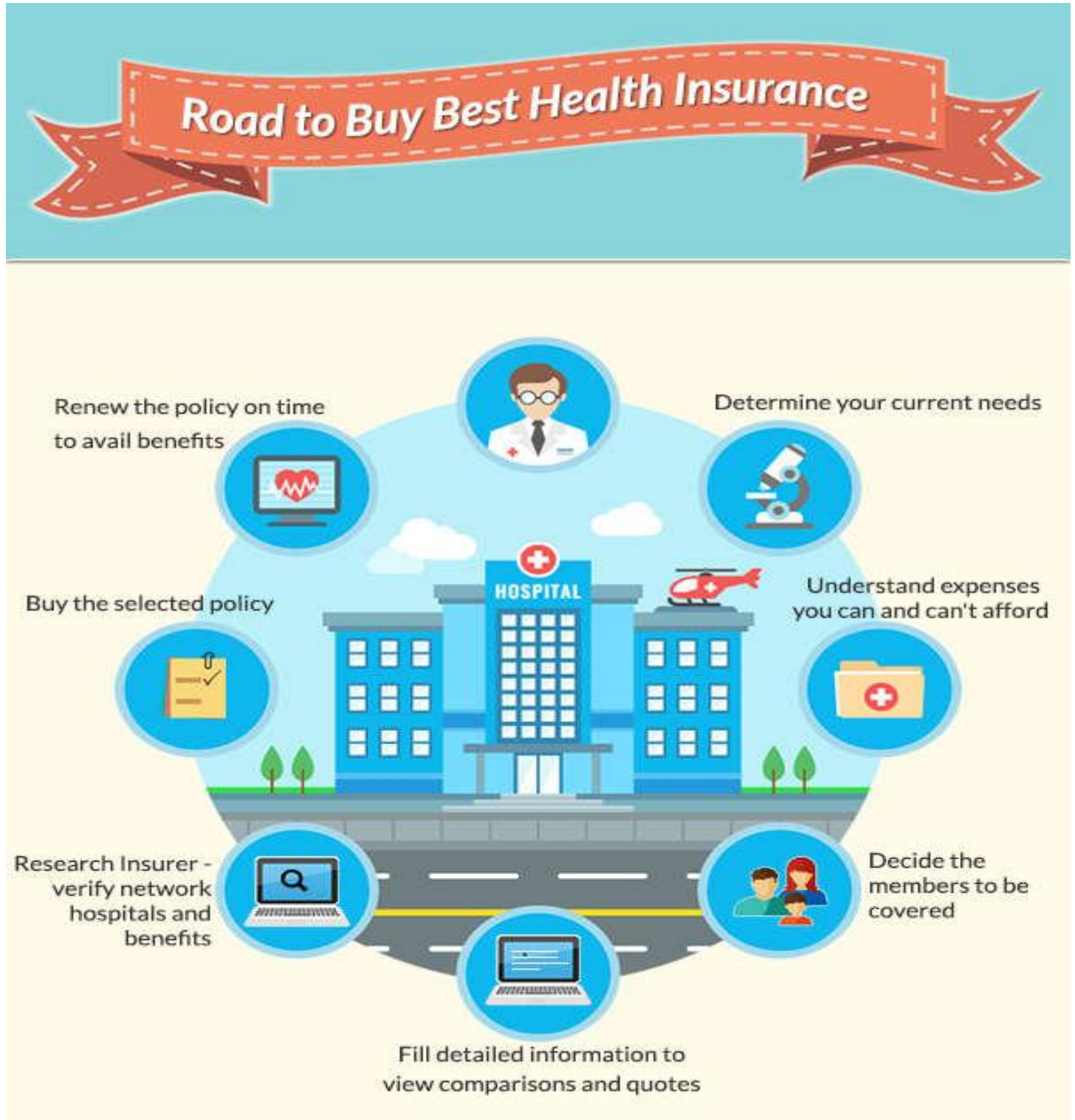
- When one falls sick, one usually consult a family physician and gets relevant investigations done. On the advice of the physician, one gets hospitalized for further management of the disease if required. Such medical expenses incurred before hospitalization are called Pre-Hospitalization expenses.
- During hospitalization, a major part of the treatment is complete but some part of the treatment extends beyond the hospitalization. It may involve follow-up visits to the doctor, medicines to be taken or further investigations to be done. Such medical expenses are called Post-Hospitalization expenses.



#### How to Claim?

- There is provision to claim these expenses through your health insurance policy. These expenses are payable for a policy-defined period. Both pre-hospitalization and post-hospitalization expenses can be claimed only after the settlement of the main hospitalization claim.

- ✚ The claim submission process for pre-hospitalization expenses and post-hospitalization expenses is the same as Reimbursement.
- ✚ In Case of Accident or Emergency there won't be any Pre-hospitalization. It will be Hospitalization & Post Hospitalization.
- ✚ Pre Hospitalization can be for both Diseases and Critical illness, but not for accident or any emergency.



### What is covered?

(Note: This varies company to company)

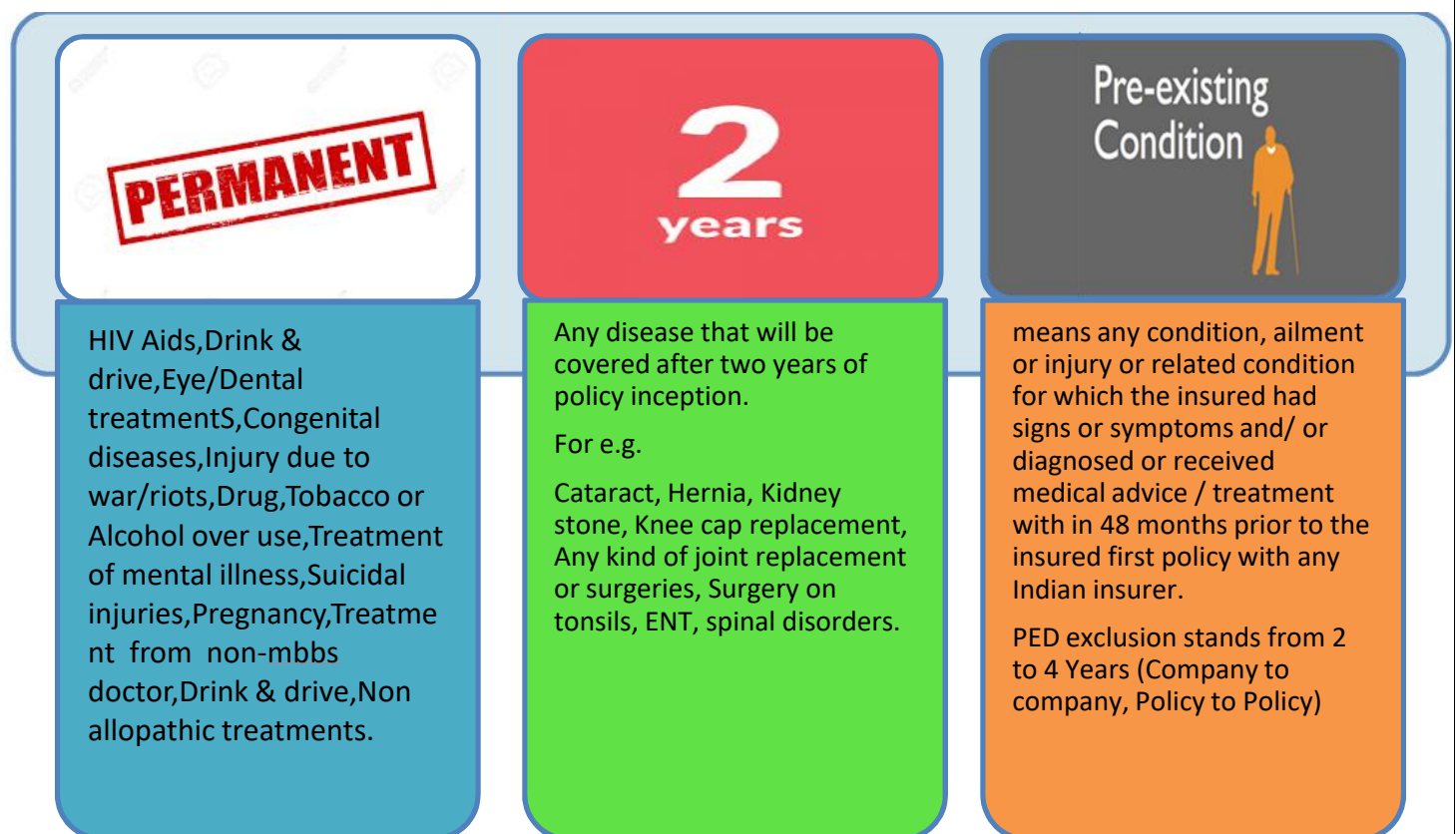


Pre Hospitalization ( Will be Reimbursed)	<ul style="list-style-type: none"> <li>• Medicine</li> <li>• Doctor Fees</li> <li>• Medical Test (Blood test, ECG, Scan, X-ray etc)</li> </ul>
Hospitalization	<ul style="list-style-type: none"> <li>• Direct settlement or</li> <li>• Cashless</li> </ul>
Post Hospitalization ( Will be Reimbursed)	<ul style="list-style-type: none"> <li>• Medicine</li> <li>• Doctor Fees</li> <li>• Medical Test (Blood test, ECG, Scan, X-ray etc)</li> </ul>

## Important terms in Health Insurance:

### Exclusions

Exclusions are the conditions for which the insurance company does not provide coverage. These are the conditions excluded either temporarily or permanently from the policy to avoid losses to the company.



### Permanent exclusion

Those Diseases which won't be covered under health insurance. Examples as mentioned above

### Two year exclusion

Those Diseases which will be covered after 2 years. Examples as mentioned above.



## Pre-Existing diseases:

- ✚ Health insurance is a necessary expense. However, for people with pre-existing conditions, getting comprehensive health coverage can be difficult. Before we begin discussing pre-existing disease coverage, let us first define the term 'pre-existing condition'.

## Definition:

A pre-existing condition refers to any health problem faced by the individual prior to seeking health insurance. Pre-existing conditions include any and every health issue ranging from the usual suspects like diabetes, high blood pressure, or asthma.

## Why PED is a problem?

Insurers are reluctant to provide coverage to people who suffer from pre-existing ailments. This is because such people are more likely to require treatment and thus, chances of claim is high. There is no way of predicting whether a healthy person will get sick, but an insurance company may well be wary of people who already have health problems. If more customers with Pre-existing diseases are covered then it will affect the portfolio & lead to increase in premium in coming years.

## Do we cover PED?

There is a misconception that pre-existing illnesses can never be covered by one's health insurance policy. That is not true. Insurers usually require more details like, treating doctor certificate, latest medical report, past consultation papers etc. to assess the severity of the condition. They may put an exclusion or waiting period for pre-existing conditions. During this period, doctor's visits, medicines and treatments for the person's pre-existing ailments will not be covered by the policy. These costs will only be covered once the waiting period ends, but in the meanwhile, expenses incurred due to other illnesses will be paid for by the policy.

## Hiding a Pre-existing Condition:

Many people think that if they do not disclose the past medical history, insurance company will never know. But the reality is that in the event of a claim, all the past & current medical history is informed by the doctors to the insurance company. So if the insurance company finds out about a pre-existing condition which was not informed,

The insurer could reject your claim & may also terminate your policy & forfeit the premium paid till dates. Insurance company works on a principle of 'Utmost Good Faith', insurance is a contract in which both the parties should have faith over each other. As a client it is the duty of the insured to disclose all the facts to the insurance company.

## What is waiting period for PED?

Different insurers have different waiting periods. Some policies have waiting periods of two years, while others require four years. It is advisable to shift to a different insurance policy only after the completion of this waiting period; otherwise, even if you have completed two out of the stipulated four years, it will not be counted and you will have to start afresh. Nevertheless, some policies allow policyholders reduce the waiting period by paying extra premium.

## Portability:

Portability is a process in which customer's transfers his existing health insurance policy from his existing company to a new health insurance company.

- ✚ Portability can happen only 45 days prior policy expiry day.
- ✚ Continuity benefit will be applicable only on exclusion part ( for example: 30 days waiting period, two year exclusion & for preexisting disease)



### Sum Insured:

It's the sum which covers the Insured's health risk. It ranges from Rs. 3 Lakhs to 5 Crore depending on what the customer chooses. It is the maximum value an Insurance company pays in case of hospitalization in any given year.

### Day Care Treatment:

Medical science has advanced leaps and bounds. Ailments for which a patient had to be hospitalized for days are now being cured in the matter of a few hours. To catch up with this changing face of technology, health insurance plans in India have also changed their scope of coverage.

Day Care Treatments refer to those treatments that are done under a general or a local anesthesia in a hospital or in a day care center, and take less than 24 hours. There is a list of such treatments that are covered under the scope of the health insurance plan.

### Inpatient treatment

Inpatient treatments are those treatments where customer gets hospitalized for more than 24 hrs. to get treatment.

### Co-Payment:

- ✚ Certain policies have co-payment option where the claim amount will be shared between the customer and the insurance company.
- ✚ Usually applicable for customers who take policy above 60 years (Age of entry) for e.g. 90:10 (Company pays 90% and Insured pays 10%).

Note: this ratio varies company to company.



### Restoration/Recharge/Reset

What happens if the Sum Insured is exhausted?

- ✚ Restore/Recharge/Reset benefit comes to Customers Rescue. Insurance company reinstates the amount upto Sum Insured.
- ✚ This restored sum Insured can be utilized, during the remaining policy period.
- ✚ No extra premium will be collected from the customer
- ✚ Some companies do not allow using the restore/recharged sum insured to be used for the same ailment as the earlier claim

### New born baby cover:

- ✚ If the mother is already covered in a Health Insurance plan and in between any policy year if the child is born. The child enjoys certain benefit that the mother is covered directly without any additional premium.
- ✚ During the next renewal, the Child will be added and the premium will be revised accordingly.

Note: above mentioned benefit i.e... New born baby cover varies company to company

### Medical Test:

- ✚ Medical test is conducted after a specific age as defined by the company's term and conditions.
- ✚ If Sum Insured is more, depending on the Insurance Company, there will be a Medical test done.

### Locking period:

- ✚ For the first 30 days after policy issuance, Insurance Company will not pay for any claim accidental hospitalizations are covered & paid immediately
- ✚ This exclusion shall not apply from next renewal onwards provided there is no break in the insurance cover.

### Proposal form

The application form you sign for this insurance and any other information you give to us or which is given to us on your behalf.

### Policy

Policy wording, the Schedule, the Proposal form and any applicable endorsement or memoranda.

### Period of Insurance

The time Period for which the contract of insurance is valid as shown in the schedule of the Policy document

### Insured Person(s)

The person named as Insured person(s) in the Schedule which may include you and your family inclusive of dependent parents.

### Out patient

Insured who undergoes treatment without getting admission/staying in the hospital. The insured is not admitted as a day care or in patient.

### Room rent

Means the amount charged by a hospital for the occupancy of a bed on per day (24hrs) basis and shall include associated medical expense.

### Single Standard A/C room

Individual A/C room with attached washroom. The room may have a television, telephone and a couch.

### Dependent child

Means a child, who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income. In most companies this is up to 25yrs of age.

### Health card

Health card is a card that comes along with the Health Policy. It is similar to an Identity card. This card would entitle you to avail cashless hospitalization facility at any of network hospitals. This is not an ATM card.

### Domiciliary hospitalization

Means treatment at home

- ✓ The condition of the patient is such that he/ she cannot be removed to the hospital / nursing home
- ✓ The patient cannot be removed to hospital/ nursing home for lack of accommodation therein

### Donor Expense:

The policy pays for expenses (within the limit) in case of organ donation

### Ambulance charges:

The policy pays for ambulance cost for shifting patient to hospital.

## Nursing at home:

Medical expense whilst confirm at home (T&C).

## Hospital daily allowance:

Daily cash during hospitalized care given for each completed day of hospitalization (T&C). This varies from insurance company to company

## Sub-limits

It's just a Capping set on your claim. Example in some companies' cataract has a sub-limit of 60K . E.g... Room rent @ 1% of Sum Insured

## Loading

In simple terms it means charging of extra premium.

There are two types of Loading:

- At the time of buying the policy depending on any PED (Pre-existing disease)
- If the medical test are done, then due to any health condition





## Initial waiting period

For the first 30 days of cover no treatment benefits for any disease and surgeries however accidents are covered & paid.

## Types of Policies:

# FAMILY FLOATER OR INDIVIDUAL PLAN

Younger families will find floater policies cheaper but older people should take individual plans

	Recommended plan	How much it costs	Why it works better
 <b>NEWLY MARRIED</b> Husband 27 yrs, wife 25 yrs	<b>FAMILY FLOATER</b>	Insured amount <b>₹5 lakh</b> Annual premium <b>₹9,456</b>	Low chance of medical emergency in young people. Floater plan gives higher cover at lower cost.
 <b>YOUNG FAMILY</b> Husband 32, wife 30, kids 4 yrs and 2 yrs	<b>FAMILY FLOATER</b>	Insured amount <b>₹7 lakh</b> Annual premium <b>₹15,994</b>	Low chance of all members requiring medical treatment at the same time. Floater plan is cheap and effective.
 <b>OLDER FAMILY</b> Husband 40, wife 38, kids 12 yrs and 10 yrs	<b>FAMILY FLOATER</b>	Insured amount <b>₹10 lakh</b> Annual premium <b>₹19,839</b>	Though oldest member is 40, floater plan still works out cheaper because all members share the ₹10 lakh cover.
 <b>GROWN UP FAMILY</b> Husband 50, wife 42, kids 22 yrs and 20 yrs	<b>FAMILY FLOATER</b> for the couple and <b>INDIVIDUAL PLANS</b> for the children	Floater <b>₹15 lakh</b> Annual premium <b>₹26,127</b> Individual plans <b>₹3 lakh each</b> Annual premium <b>₹6,725</b>	Premium is linked to age of the oldest member. Separate plans for children will work out cheaper.

*Note: The above shown illustration cites figures and amounts, for indicative use only. Please refer to policy details for exact T&C.*

*Family floater policy is another version of a health insurance policy. Here, the sum insured floats among the family members. Family floaters usually cover husband, wife and three children (In few companies the family size can vary. For*



example: In Religare insurance customer can add 4kids+husband/wife) . The coverage for the entire family is limited to the sum insured opted for.



## How is Premium Calculated in Health Insurance?

- ✚ Premium is decided on the basis of
  - The highest age of the person Insured in a family.
  - Sum Insured
  - Number of dependents
  - Zone wise ( in some insurance companies)
- ✚ Wife's age can be more than Husband's. While calculating the premium, instead of Husband's age, Wife's age is taken into consideration.

## Documents required for Health Insurance:

Payment can be done online too

Credit card mandate cannot be accepted for the 1<sup>st</sup> year premium

In portability, all previous years policies are required

*Fresh*

1. Application Form duly Signed
2. Cheque/DD/ C Card Mandate
3. Discharge summary(In case of previous hospitalization)
4. Age Proof
5. Photos of Insured people

**Portability**

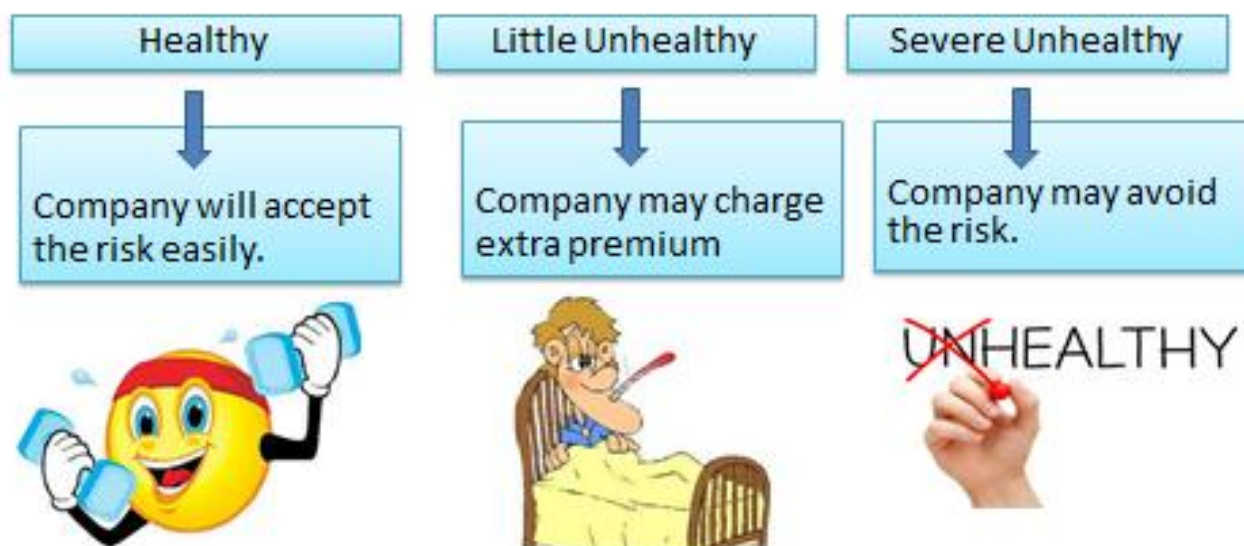
1. Application Form
2. Cheque/DD/Card
3. Age Proof
4. Photos of all Insured persons
5. Portability form
6. Last 3 years policy copies or Renewal notice

## Income Tax Benefit:

Health Insurance gets a Tax rebate U/S 80D. The benefits are as below:

Health Insurance gets tax rebate U/S 80D – Tax benefits for 2016 - 2017			
Policy Description	Self, Spouse, & Dependent children	Parents	Maximum rebate allowed
Proposer & Parents below 60 yrs	Rs. 25000	Rs. 25000	Rs. 50000
Proposer below 60 yrs, parents above 60 yrs	Rs. 25000	Rs. 30000	Rs. 55000
Proposer and Parents above 60 years	Rs. 30000	Rs. 30000	Rs. 60000

## Customer Type:



Insurance is not like a house hold good (cloths, sugar, vegetables, fruits, milk, bread, butter, car, phone etc.) which is easily available to buy through cash in the market. Instead it is something which is only available in the market if customer comes under policies' terms & condition. If customer does not come under this then company will not provide any insurance policy weather customer is ready to give double premium.

## Decline risk

) In most companies, customers suffering from any of the below ailments will be declined



List of illness
Diseases/disorders of Heart such as CABG, PTCA, Myocardial infarction, Ischemic Heart Disease
Disease of brain or nervous system such as Epilepsy, seizure, meningitis, tumor, SOL (Space occupying lesion)
Cancer / Malignancy

Chronic Kidney Disease
Chronic Liver Disease/Cirrhosis of liver
Hypertension + Heart diseases and/or Diabetes
Paralysis/Stroke
Autoimmune disorder
Mental or Psychiatric conditions
Rheumatoid arthritis
AIDS or positive test for HIV
Parkinson and such degenerative disorders treatment
SLE (systemic lupus erythematosus)
Dialysis
Total knee replacement

) This list varies company to company

## Underwriting

- It is a process in which Insurance company filters to understand whether a customer is insurable or not

We filter the customer into three categories:

- ✓ Healthy
- ✓ Little unhealthy (company may charge extra premium)
- ✓ Severe unhealthy (company may avoid the risk)
- ✓ Proper underwriting and disclosure ensure hassle free CLAIM Settlement.



**Note:** U/W is mandatory in all the case we source irrespective of age.

## Practice session:

**Common Questions asked by the Customer:**

### What are the benefits of Health Insurance Policy?

1. In case of any accidents and diseases Health Insurance provides with Cashless Hospitalisation. You don't have to pay anything from the pocket. All medical expenses are taken care by the company.
2. Health insurance will also cover you with the medical expenses incurred before getting admitted to the hospital and after discharge from the hospital like doctor fees, x-rays/scans, medical tests, medicine charges etc..
3. In case you do not make a claim, you became eligible for with No Claims Bonus on your Sum Insured during renewal. E.g. If the Sum Insured is Rs. 500000 and the policy has 10% NCB, then during the next renewal we add another Rs. 50000 to your sum insured.

4. If you are an income tax payer, Health Insurance provides you with Income tax benefit U/S 80D for the premiums paid
5. Most important of all, if in case you exhaust your sum insured before the end of the policy year, Health Insurance offers to restore your Sum Insured 100%. This is given without any extra premium. So you get double Sum Insured for the same premium.
6. In case if customer gets hospitalized for more than 24hrs. he will get claim but if customer gets hospitalized for only 2-4hrs then also he will get claim if his treatment is part of the Day care treatments

*Note: There are some more benefits except above six.*

### **What is covered under Health Insurance?**

7. All kinds of accidents are covered from Day One. The diseases have a initial waiting period of 30 days. After 30 days even they are covered.
8. Some specific diseases like Cataract, Kidney Stone, ENT related, Spine, Knee and Joint related surgeries have a waiting period of 2 years. All this will be covered after 2 years.
9. In case there are any Pre-existing diseases, there is a waiting period of 1 to 4 years depending on the insurance company.
10. Once the waiting period is over all these will be covered.

### **What is not covered under Health Insurance?**

11. Eye/Dental treatments, Cosmetic surgery, HIV/Aids, Mental Illness, Suicidal Injuries etc... Are never covered in a Health Insurance policy.
12. Health Insurance provides with Hospitalization expenses, so in case of any critical illness where the expenses are high, it is beneficial to buy a Critical illness cover which provides with a Lump sum amount which can be utilized as you want.

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