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FAQS HEALTH

# FAQs Health

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**1. Why should we buy a Health Insurance Policy?**

- ✓ In case of any accidents or diseases Health Insurance provides with cashless hospitalization across more than 4000 hospitals in India.

**2. Are there any other benefits apart from covering hospitalization expenses?**

- ✓ Apart from that you also get Pre-Hospitalization and Post Hospitalization expenses, Restore option, No Claims Bonus, Tax Benefits among other benefits.

**3. What are Pre-Hospitalization and Post Hospitalization expenses?**

- ✓ Medical expenses related to the disease incurred before getting admitted to the hospital and after getting discharged from the hospitalization is called as Pre & Post hospitalization expenses. The number of for both depends on the Plan and Company.

**4. How do I get reimbursement for Pre and Post Hospitalization expenses under Health Insurance?**

- ✓ You are required to send all invoices in original with supporting documents/prescriptions along with a copy of the discharge summary to the respective TPA/Insurance Company. TPA/Insurance Company will scrutinize the claim and settle the invoices subject to the overall limit of the policy. The invoices must be sent to TPA/Insurance Company within 15 days from the date of completion of treatment.

**5. What is No Claims Bonus?**

- ✓ It's a reward given for no claims in a year. It is given on the sum insured. If you do not make any claims in a year, the Insurance Company gives a bonus on your sum insured. For E.g. the sum insured is Rs. 3 lacs and the NCB on the policy is 10%, then for every claim free year the Sum Insured increases by Rs. 30,000 subject to a maximum of 100%.

**6. What is Sum Insured?**

- ✓ Sum Insured is the value of the policy. It's an amount the Health Insurance Company promises to reimburse you of your medical expenses. For e.g. if you have taken a policy with a sum insured of Rs.300000, then you can claim upto that amount in one year for your hospitalization expenses.

**7. What will happen if the Sum insured is exhausted?**

- ✓ If in a year the sum insured gets exhausted, then there is another benefit called as Restore/Recharge benefit. It means that once Sum Insured becomes Zero, the Insurance Company will give a 100% restoration of the sum insured. For e.g. If the sum insured was Rs. 3 Lacs and due to any accident or disease it is utilised, the Insurance Company will add another Rs. 3 Lacs to the policy without any extra cost. This benefit is also known as Double Sum Insured.

**8. Are there any Tax benefits for Health Insurance?**

- ✓ Yes. The tax benefit is available for Health Insurance U/S 80d. The benefit is available only for proposer policy and parent's policy. The details are as below:

Age	Proposer Policy	Parent's Policy	Total
If proposer is <60yrs of age and parents are <60yrs	Rs. 25000	Rs. 25000	Rs. 50000
If proposer is <60yrs of age and parents are >60yrs	Rs. 25000	Rs. 30000	Rs. 55000
If proposer is >60yrs of age and parents are >60yrs	Rs. 30000	Rs. 30000	Rs. 60000

**9. Can I get treatment in any hospital or the Insurance Company has any tie-ups?**

- ✓ The Health Insurance Company has tie-ups with a lot of major hospitals across India. We call them as Networking Hospitals. There are more than 4000 networking hospitals across India.

**10. What is the benefit of going to a Networking Hospital?**

- ✓ There are a lot of benefits. Most importantly the customer gets cashless claim wherein the customer does not have to pay any charges except the non-medical expenses. All the medical expenses are taken care by the Insurance Company and are paid directly to the hospital. To avail this customer has to go to a Networking Hospital only. Apart from this the quality of treatment and a hassle free claim settlement are other benefits.

**11. What will happen if a customer goes to a Non-Network hospital?**

- ✓ In that case customer has to pay all the hospital expenses and claim it from the Health Insurance Company. This is called as a reimbursement claim. The time taken to settle these types of claim depends on the type of claim and Insurance company rules and regulations.

**12. Will I get Cashless facility in Government hospitals and army referral hospitals?**

- ✓ No. This facility does not extend to government hospitals.

**13. What is the procedure of availing cashless benefit?**

- ✓ When you are admitted to the network hospital, you need to show the Cashless Card to the Hospital. The Network Hospital would contact the responsible TPA (Third Party Administrator, mentioned on the card) or the Insurance company and fill up the pre-authorization form. Then it would send the same to TPA/Insurance Company with estimation of expenses. The TPA/Insurance Company will check the policy conditions and the sum insured and approves the estimate.

**14. Is there any medical test before buying the health insurance policy?**

- ✓ Medical examination will be required based on the Sum Insured and the age of the person. The age limit for medical check up depends on the Insurance Company.

**15. Is there any waiting period for making a claim after buying the policy?**

- ✓ Yes. For all kinds of diseases there is a waiting period of 30 days. You can claim after 30 days. Accidents are covered from day one. If there are any pre-existing diseases then those can be claimed after a waiting period which depends on the plan and company. Diseases like Cataract, Kidney stone, ENT related or any kind of joint related surgeries, there is a waiting period of two years.

**16. What do you mean by Pre-existing diseases?**

- ✓ Any disease that a customer has before taking the policy is called as Pre-existing disease. For e.g. Diabetes or Blood pressure. There is a waiting for the same which depends on the plan and company.

**17. Why should I take a Health Policy if I already have health insurance from my employer?**

- ✓ Your employer will cover your medical expenses only as long as you are in the service. Tomorrow, you may change your job, retire, or even start something on your own. In all such cases you and your family will be stranded if a medical emergency arises and you have not arranged for an alternative health insurance policy. It is at this point of time that Health Insurance policy will come to your rescue.

**18. Can I take a Health Insurance policy for my entire family?**

- ✓ Yes. We call it as a Family Floater policy.

**19. How will I get the Network hospital list for the Insurance Company?**

- ✓ The list is available in all Health Insurance Companies website and will also be provided to you after taking the policy.

**20. Are cosmetic treatments or medical attention for cosmetic purposes covered?**

- ✓ Plastic surgery or any cosmetic treatment is excluded unless it's necessary as part of any accidents or burns or as suggested by the medical practitioner.

**21. What is Co-payment?**

- ✓ Sharing of losses between Insurance Company and the customer is called as Co-Payment. It's usually there in case of senior citizens or sometimes in case of any Pre-existing diseases. The percentage of Co-Payment depends on the Insurance Company and the plan.

**22. What are Sub-Limits?**

- ✓ It's a capping set on some coverage's by the insurance company. E.g. for Cataract treatments there may be a sub-limit of Rs. 12000/eye wherein the insurance company will pay only that amount to the hospital and anything extra has to be borne by the customer. There are a lot of policies without Sub-limits too.

**23. What is Room Rent Capping?**

- ✓ It's a condition of company on the eligibility of room rent based on Sum Insured. For e.g. 1% of Sum Insured. There are many Health insurance policies with no Room rent capping.

**24. What are Out Patient Department expenses?**

- ✓ Out Patient Department expenses include doctor's consultation fees, health check-ups, pharmacy bills, dental treatment, diagnostic tests, etc. Many Insurance companies offer a cover for these expenses. These expenses are over and above the hospitalization & pre & post hospitalization expenses.

**25. What are Day care treatments?**

- ✓ The treatments which can be completed within 24hrs are called as Day care treatments. There are more than 400 types of Day care treatments available in India. The number of treatments covered in the policy depends on the Insurance Company and plans.

**26. Does health insurance policy cover maternity expenses?**

- ✓ There are policies which cover the maternity expenses with a waiting period. There is a fixed payout for child delivery expenses depending on if it's a Normal or Caesarean delivery.

**27. If a child is born after taking the policy, can we add the child in the policy?**

- ✓ We call it as a 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 10% of SI that the mother is covered directly without any addition in the premium. The child should be 91 days old to add in the policy. Some Insurance companies like adds the baby into the policy by passing an endorsement in between the policy year.

**28. What is Donor expense?**

- ✓ If the customer has to undergo a organ donation (he/she being the recipient), the health insurance policy covers the charges of the organ donor as well subject to the limits in the policy.

**29. Who is called as a proposer?**

- ✓ The one who purchases the policy and pays the premium is called as a Proposer.

**30. Does health insurance policy cover ambulance charges?**

- ✓ Yes. The policy pays for ambulance charges for shifting the patient to the hospital.

**31. If I do not like my present health insurance policy, can I change the company?**

- ✓ Yes. You have an option of changing your Insurance Company at the time of renewal. It's called as Portability. Portability can happen only within 45 days of policy expiry day. Continuity benefit will be applicable only on exclusion part ( for example: 30 days waiting period, two year exclusion & for Pre- existing disease). The previous company policy should be maintained without a break.

**32. What are Permanent exclusions?**

- ✓ Diseases which are never covered in a health insurance policy are called as permanent exclusions. Below are some of the examples:

- a. HIV/ Aids
- b. Eye/Dental (Covered in case of accidents )
- c. No cosmetic treatments
- d. Congenital diseases (Internal)
- e. Injury due to war/riots
- f. Drug, Tobacco or Alcohol usage
- g. Treatment of mental illness
- h. Attempted Suicidal injuries

**33. What are the different premium payment modes available?**

- ✓ The premium can be paid by Cheque, DD, Credit card mandate and even online payment.

**34. Do I need to provide any documents for buying the policy?**

- ✓ Yes. Government issued age proof, ID proof and the photos of all insured persons.

**35. How many types of policies are available in health insurance?**

- ✓ We have two types. Individual and Family floater policy. In that you can opt for different plans.

**36. How is the premium decided?**

- ✓ The premium is decided based on Age, Sum Insured and number of dependents in the policy.

**37. What is covered under Health Insurance?**

- ✓ 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.
- ✓ Some 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.
- ✓ In case there are any Pre-existing diseases, there is a waiting period of 1 to 4 years depending on the insurance company.
- ✓ Once the waiting period is over all these will be covered.
- ✓ For some treatments you don't need to get hospitalised and the treatment gets done within 24hrs like Cataract or Kidney stone. Health Insurance covers that too.

**38. What is not covered under Health Insurance?**

- ✓ Eye/Dental treatments, Cosmetic surgery, HIV/Aids, Mental Illness, Suicidal Injuries etc are never covered in a Health Insurance policy.
- ✓ 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 Lumpsum amount which can be utilised as you want.

**39. Do you provide cover for critical illness?**

- ✓ Yes. Any critical illness which is diagnosed after taking the policy is covered. However we cover only the hospitalization expenses. For this purpose we have a special critical illness policy available which gives a Lumpsum amount to the customer. This amount is helpful in mitigating various direct and indirect financial consequences of a critical illness. Note: min 30 days survival period is must from the date of diagnose for claim payment. The number of critical illness covered depends on the Insurance Company.

**40. Is there any such Lumpsum payment available in case of accidental death?**

- ✓ Yes. We also have a personal accident policy which provides cover in case of accidental death or permanent disability.