DTT

* NCB – no claim bonus (reward will be in 2 types)
  + 1 – insurance cover will be increased
  + 2 - Premium paying will be reduced
* Taking early stages for a family is useful ( but take only individual for elder persons in a family )
* Restoration benefit – (family floater insurance have an added advantage) will see in upcoming points
* Ideal cases for individual (5 lakhs) and for family (10 lakhs) in a urban areas. But when it comes to a highly developed cities we need to increase the insurance cover (in my pov x2 for both the cases)
* Network hospitals need to check for the insurance company
* No Cash settlement ( insurance company directly will pay to the network hospital if they have a cashless facility with that hospital). [ cashless health insurance claims]
* Restoration benefit [ the insurance cover will be restored to 100% after certain time [ time mentioned by the insurance company to restore], it will be added advantage for a family health insurance policy (as its restoring for every year).
* Room rent should be actuals it should not link with the insurance sum what we are paying for [ in some of the insurance policies it will be 1% or 2% of the total sum insurance for what we are paying]
* Sub – Limit: - sub-limit is the fixed coverage amount on a particular claim for a specific disease or treatment procedure or sub-limit can be a specific amount or percentage of the sum assured
* Waiting Period: - individuals must wait before accessing certain benefits
* Cooling – off period: - for an existing illness we need to wait for certain period of time to claim
* Need to check for less Waiting / cooling period [ then we can use the sum within a less amount of time]
* Slow Growing disease 🡪 need to check again [ waiting period / whether buy-back will cover here or not]
* Waiting period – for pregnancy (need to check)
* Pre and Post hospital expenses need to check [ whether we can claim on this pre and post hospital expenses] [ how many days it will cover ]
* Daycare 🡪 [ some surgeries will take very less time “ex : - if I have tonsils it will take within a day we need to check whether we can claim these kind of things”]
* Co – Pay :- we need to pay some percentage of hospital expenses as mentioned in the agreement/ policy which we took
* Ex for co-pay :- I have opted for 10% co-pay :- if my hospitalization bill is 1 Lakh and 90 thousand will be paid by insurance company and remaining 10% need to be paid by me.
* Yearly medical checkup free – [ we can utilize in any hospital to claim this free medical checkup]
* Ambulance fee need to be covered by the policy
* Allopathy , Homeopathy and ayurvedic this is called ayush and this should be covered.
* Zonal insure or Pan India insurance [ Pan India Insurance is best to cover all the network hospital’s in India ]
* Be transparent to them as it will help while claiming the insurance policy [ existing diseases, alcohol and smoking
* **IRDA rules if we follow we can convert/change it from corporate insurance to the individual insurance**
* 🡪 need to check with peddod on this one to convert from corporate insurance to an individual health insurance.
* If possible we can take for an additional insurance for an individual.
* TOP – UP and SUPER – TOP – UP :- This is important riders [ Super top – up is the best so we can touch/use in any time but not in actual top – up in some conditions]

Money Purse

* 3 imp insurances { life insurance , health insurance and general insurance}
* Why insurance 🡪 to use when we are not in a health condition { due to aging mainly}

## Life insurance :- (term insurance or life insurance)

* Check claim settlement ratio 🡪 should be good (it will be a good company).
* Ask or check with the insurance aggregators/ insurance experts for the good/best one for our purpose
* #need to check with peddod [ insurance aggregators to check claim settlement ratio and insurance calculator give by raise anna]
* To add/pin a first diagnosis for the policy to have clear view on the diseases I have
* Riders for the term insurance/ health insurance [ accidental death and disability benefit rate rider and critical illness rider (which of them are covering and what we need based on that we need to add a life insurance)]
* One time settlement for the term insurance is the best one for claiming ( don’t go for the multiple of settlement)
* **Health insurance 🡪 restoration benefit ( 1 or 10 or 100 times) the one which revoke before exhausting the existing limit of cover. So we can use this coverage for other illness due to that period --🡪 need to check whether we have coverage for same illness or not. ( when this restoration benefit will get triggered or how is the process).**
* Co-Pay is not a good suggestion for the health insurance. [ prefer not to go for co-pay]
* Top up is a good option for future use
* To add a health insurance for the parents or in laws in company itself to cover the existing disease

Ankur Warikoo

* Family floater 🡪 a health insurance policy/plan that extends the coverage to the entire family
* Take health insurance as early as possible
* No claim bonus that keeps getting added in you coverage in coming years
* Should you take same health insurance for yourself and your parents 🡪 it should be different as in a way for parents (it should be individual or combining them is good) and for yourself it will be good to buy a family health insurance
* PED 🡪 pre existing diseases ( we should take the policy which should cover the PED after waiting/cooling period we need to take that policy which is best )
* Room rent actual ( it should not be 1 or 2 % of the insurance cover)
* **TOP-UP question 🡪 there should be unlimited claims allowed on health insurance**
* Network of cashless hospitals around our stay/home
* Health checkup’s and OPD should be there for certain period of time (like once in every 1 )
* **Free online OPD consultation ( Navi Health Insurance)**
* Claim Settlement ratio should be greater than 95%
* **IRDA the website/Organization which monitors/maintains the public profile of all the health insurance companies ( we can check claim settlement ratio**
* If we didn’t pay amount for a certain period of time till when the insurance policy be alive
* **We can convert the health insurance policy into an monthly payment (POV 🡪 which will be good to bear for monthly but small change in terms and conditions need to check the difference between them {means both yearly and monthly}) which will also gives you financial discipline**
* **ICR 🡪 (INCURRED CLAIM RATIO) 🡪 WE NEED TO CHECK THIS ONE ALSO AS IT WILL ALSO DECIDE WHICH IS A GOOD INSURANCE COMPANY 🡪 ( between 55-70 % of ICR indicates a good settlement of that insurance company)**

Recommendations :-

Navi Health Insurance ( Ankur Warikoo)

**Star Health Insurance (As I see)**

Max Bupa health Insurance ( Peddod )

**Govt Health Insurance (As I see)**

Tata Medicare Premier

**Reliance Health gain**

NIVA BUPA REASSURE BRONZE + DIRECT (pre existing any rider available) ?

# Points to be covered while buying insurance :-

* NCB should help in increasing cover
* Should have restoration benefit [ check restore benefit details ( when it will trigger and how many times it will restore and can it be covered for same illness in the same year)] 🡪 it should be lifetime renewal or unlimited restorations
* Need good hospitals in network list (Kurnool, Bengaluru and PAN INDIA {should not be zonal insurance})🡪 for cash less claim
* Room rent should be actual (should not be any restrictions)
* Sub-limit [claim coverage will be limit for certain diseases so we need to check what are all the diseases should have and how much cover for it] 🡪 (sub limit means insurance company saying that we will only pay this amount for this particular health ailment) for the type of diseases based on which we are thinking of taking insurance, if there is a sub limit, then take some time and go to hospital and check what is the amount charge for that disease treatment and how much is insurance aggregator paying for it, if there is a big difference it is better to go for other insurance provider which does have no sub limit option or more sub limit option.
* Check waiting period and cooling period w.r.t the diseases [that parents might be prone to] 🡪 BuyBack which will reduce the waiting period for PED (pre existing disease) 🡪 need to check on pregnancy time also
* PRE and POST hospitalization should be atleast 30-45 days
* DAYCARE should be covered
* Should not have CO-PAY
* Should check for better Aayush plan’s [ should cover allopathy, homeopathy,Unani and ayurvedic]
* SUPER -TOP-UP [RIDER WHICH WE CAN USE IN ANY SITUATION, it will be helpful in extreme situations]
* CLAIM SETTLEMENT RATIO (should be > 95%) , INCURRED CLAIM RATIO (should be 55% - 70%) this ratio’s indicate a good insurance company 🡪 this we can check in IRDA website
* Family Floater 🡪 which will extends the coverage for the entire family
* Till when the policy/plan will be alive if we didn’t pay money or if we forgot to pay
* Go for one time settlement option of amount to be claim ( need to check how the settlement process goes)
* Points lightly to take care: - Ambulance fee (air ambulance), Regular health checkup, Regular OPD, Atlease FREE ONLINE OPD Consultations, Check for the monthly insurance policy as it will be helpful to increase discipline in us ( before taking this we need go thoroughly for the terms and conditions of changes in both of them)

# Points to be keep in mind after buying health insurance:-

report the insurance company immediately after you join, if it is a emergency, or report 4 days before if it is not an emergency  
Save receipts of monthly payments somewhere   
go for free health checkups if they provide  
Opt for monthly premiums as you can get some return if you try to invest them somewhere   
Try to get certificate proof for any ailments (and save them safely) such as diabetes with date so that when insurance company tries to reject claim because of a disease, you can have proofs  
take room strictly based on the insurance obligation you are getting, because because extra room rent will also let us pay similarly for all the treatments, ex: if we are taking room which let us pay 30% out of our pocket, then for all services such as operation and stuff, we need to pay 30% out of our pocket,

# questions to ask

## star comprehensive

10% copayment for age above 60 -> if the patient joined at 58 years and after 3 years if he gets hospitalized, then has he to pay 10% co pay

Rider 🡪 do we need to pay for rider on every renewal for PED ( do we have to pay ped for the next years for buyback policy).

ZONE BASED PRICING IS ALSO THERE FOR PAN INDIA ON ICICI LOMBARD 🡪 WILL IT BE REALLY HELPFUL IF WE USE ZONE BASED INSURANCE PREMIUM PAYING

Till when the policy will be alive even if we didn’t pay premium for certain days cause of any unexpected issue ?

**what happens to no claim bonus 🡪 what happens if we claim after full restoration ?🡪 what happens to 20% guaranteed and upto 100% ncb for 1 year ?**

**Need to check on STAY FIT for discount on renewsl time ?**

**Restoration of cover** - ₹15 lakh unlimited times a year, what does it mean by unlimited times in a year?

**Hospitalization at home** -Covered upto ₹1.5 lakh -> what is the gap between one home hospitalization to other?

Why preventive care ?

## Star Health Assure Insurance Policy

No claim bonus - ₹3.75 lakh per year and upto maximum of additional ₹15 lakh, **in case a claim is made, what happens to no claim bonus 🡪 what happens if we claim after full restoration ?🡪 what happens to 20% guaranteed and upto 100% ncb for 1 year ?**

**Need to check on STAY FIT for discount on renewal time ?**

**Restoration of cover** - ₹15 lakh unlimited times a year, what does it mean by unlimited times in a year?

**Hospitalization at home** -Covered upto ₹1.5 lakh -> what is the gap between one home hospitalization to other?

Super top up have any age limit or BMI Restrictions any other restrictions?

Do we have any port options from one health insurance policy to other health insurance policy after 1 or 2 years with the existing benefits?

What about the increment in premium when age increases (after 5 years)

Approximate rate of increase in premium per yoy

What happens if we shift the policies whether the restoration happens multiple times or not

Can we able to claim for the same treatment again in same year if sum assured is remaining

What is meant by free look period?

# Star health comprehensive

## Eligibility

Entry age between 3 and 65 years

No pre acceptance medical screening

Day care procedures covered

## Coverage

Room- single private AC room

automatic restoration of sum insured- it is said that Restoration is only once during the policy period. What does it mean by policy period- is it one year?

## Co pay

This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons

whose age at the time of entry is above 60 years. This co-payment will not apply for those insured persons who have entered the

policy before attaining 60 years of age and renew the policy continuously without any break. This co-payment is applicable for

Section 1 A to 1 G. 1 1, Section 4, Section 7 and Section 9

## Out patient

Out Patient Dental Ophthal Coverage- Once in a block of every 3 years of continuous renewal

## Hospital cash

What is hospital cash benefit in section 5

Hospital Cash upto 7 days per occurence & upto

120 days per policy period. (1 day time excess)

## Claim procedure

* Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
* Inform the ID number for easy reference
* On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
* Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
* In case of emergency hospitalization, information to be given within 24 hours after hospitalization
* In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

## Doubts

What is hospital cash benefit in section 5

Buyback pre-existing diseases- a one time payment or every year payment

Buyback pre-existing diseases- related add on will require pre-medical screening cost might be borne by the company and condition supply that I might want to pay 50% at companies discretion- what is **pre-medical screening**

**How much hospital cash per day?**

**Does it has pan india coverage? How does it affect? What is meant by zones?**

### Free look period

**I did not understand these**

a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the

stamp duty charges

where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction

towards the proportionate risk premium for period on cover

Or

where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance

coverage during such period.

Free look period shall not be applicable at the time of renewal

# Care- supreme

## pros

Automatic Recharge for Related & Unrelated Illnesses

Up to 100% of Sum Insured on Ambulance Cover - \*100% of SI available only for `15 Lakh and above SI on road ambulance, For SI below `15 lac – up to `10,000

E-consultation with General Physician

AYUSH treatment coverage up to 100% of Sum Insured

Coverage for treatment expenses at home up to 100% of Sum Insured under - Domiciliary Hospitalization

Advance technology methods covered up to 100% of Sum insured

No reduction in Cumulative Bonus even if you claim

Pre-policy Issuance Medical Check up-yes

In-Patient Care Up to SI

Day Care Treatment All Day Care Procedures

Advance Technology Methods Up to SI

ICU Cover Up to SI

AYUSH Treatment Up to SI

Domiciliary Hospitalization Up to SI

Cumulative Bonus 50% of SI per year, max up to 100% of SI; Shall not reduce in case of claim

**Unlimited Automatic Recharge Available for unlimited times for unrelated or same illness.**

Wellness benefit- program?

## Cons

Pre-Existing Diseases -48 Months

## Doubts

What does Tenure Options 1/2/3 Years mean?

Earn up to 30% Discount on Renewal - Through Active days fitness program under Wellness Benefit (Optional Cover). - what does this mean?

Is there any sublimit on advance technology methods?

No reduction in Cumulative Bonus even if you claim, what does this mean?

What is Named Ailment?

# Manipal cigna – Prime Senior

## Pros

No mandatory pre policy medical check up

A plan with provision for coverage without co-payments and sub-limits even for higher ages\*

Mental Illness/modern and advanced treatments/HIV/AIDs and STDs cover **without any sub-limits**.

At the rate of 10% of Sum Insured maximum up to of 100% of Sum Insured

The coverage restores to 100% of Sum Insured, every time, any number of times for related/unrelated illnesses, so your parents are always protected, and you stay blessed with their love.

UNLIMITED TELE-CONSULTATIONS -> Immediate help, is just a call away whenever your parents need it for consultations including specialists

Lifetime RenewabilitY

FULLER COVERAGE WITH UNLIMITED 100% RESTORATION OF SUM INSURED (Available with Elite Plan)-Every time, multiple times for related or unrelated illnesses/injuries, because a coverage should mean full coverage always. Applicable from 2nd claim onwards

Premium Waiver Benefit (Available with Elite Plan) Waiver of next one year renewal policy premium if the Proposer who is also an Insured is diagnosed with any of the listed Critical Illnesses or suffers an Accidental Death

### BETTER OPTIONAL COVERS

Get comfort along with treatment and avail the option to upgrade to ‘Any room’ category during hospitalization with no proportionate deduction

## Cons

Only 36 listed critical illness treated?

## Doubts

ROOM CATEGORY FLEXIBILITY WITH NO PROPORTIONATE DEDUCTION - what does this mean? And how much is room category flexibility

Is there No mandatory pre policy medical check up?

Is rider needed for co-payments?

At the rate of 10% of Sum Insured maximum up to of 100% of Sum Insured- explain how SI increases Year after year

How many days is pre and post hospitalization expenses covered?

Such as capping on the limit of room and option to choose from wide range of deductible options?

A plan that gives you flexibility with lower waiting periods and provides Coverage for Pre-Existing Disease conditions – is it 91 days?

In-patient, pre & post, screening and complications with respect to the donor for an organ transplant?

What are the list of illness covered under this insurance?

A fixed daily cash benefit for each continuous and completed 24 hours of hospitalization in a shared accommodation. Applicable only after 48 hours of hospitalization. The benefit shall be payable from 1st day onwards, **how much is daily cash benefit?**

Ayurveda Yoga & Naturopathy, Unani, Siddha Homeopathy - In-patient medical expenses or hospitalization towards non-allopathic treatments because you should decide the treatment you want and not your coverage

What is Cumulative Bonus?

What is premium management?

What is shield (ManipalCigna Health 360)

### BETTER OPTIONAL COVERS

Limit on room accommodation for our price sensitive customers? -> **is it only available to classic plan?**

Do we need to pay PED rider for 2 years?

Do we need to pay (all)riders every year?

Unlimited 100% restoration of Sum Insured (Available with Classic Plan) Every time, multiple times for related or unrelated illnesses/injuries, because a coverage should mean full coverage always. Applicable from 2nd claim onwards -> **is it only available to classic plan?**

### Better add on covers

Standing Instruction Discount??

Long Term Discount?

Health 360 OPD Option to choose from flexible packages to cover for consultation, prescribed diagnostics and pharmacy?

## Note:

We might have to go with **elite** as classic does not have unlimited restorations, daily cash

Which OPD should we take?

**Is screening required?**

# Important points

What is the rate at which premium (that we pay) increases YOY basis

Check network hospitals again clearly