LTI

Let's Solve

FAQs on Mediclaim Insurance LTI

A Larsen & Toubro Group Company

1. **What is Medical Insurance?**

Medical Insurance Policy is a health insurance taken by LTI on behalf of the employees under a group insurance program that covers in-patient hospitalization expenses but subject to certain exclusions and limits. To avail this insurance the hospital stay should be for a minimum period of 24 hours. However, there are some ailments that are covered under the policy even without 24 hours hospitalization. Please refer to policy documents or contact the TPA help desk/ customer care numbers given below for further clarification.

2. **Why do I need medical insurance?**

Health Insurance has become a necessity in today's world due to increase in the cost of medical treatment, advent of multispecialty hospitals with state-of-the-art facilities, equipment and availability of specialist doctors. Health insurance protects us from the sudden, unexpected costs of hospitalization (or other covered health events, like critical illnesses) which would otherwise make a major dent into household savings or even lead to indebtedness. Each of us is exposed to various health hazards and medical emergency that can strike any one of us without any prior warning. Healthcare is increasingly expensive, with technological advances, new procedures and more effective medicines that have also driven up the costs of healthcare. While these high treatment expenses may be beyond the reach of many, taking the security of health insurance is much more affordable.

3. **Is there any other condition for hospitalization other than the mandatory 24 hours stay?**

Yes, the hospitalization should have occurred from an ailment mandating hospital stay for a minimum period of 24 hours. Any hospitalization for investigation, observation or oral medication is not covered under the hospitalization policy.

Certain day care procedures like Dialysis, Chemotherapy, Radiotherapy etc. is taken in the hospital / nursing home and the insured is discharged on the same day, the treatment will be considered to be taken under Medical Benefit section and will be applicable for settlement under cashless or re-imbursement mode.

4. **Who is covered under the Mediclaim (Base) insurance Policy?**

- For Band B and below - Self, spouse and two dependent children
- For Band 3 and Above - Self plus 5 dependents which could include spouse, two dependent children and parents up to 90 years of age) per annum

The Mediclaim base policy does not cover brothers, sisters or parent's in-law. Each person covered under this policy is treated as a member of the policy. This policy is restricted to employees of India payroll only

5. **Do I have to pay premium amount to cover myself, spouse and children for Mediclaim (Base) policy?**

There is no amount which the employees have to pay to cover self, spouse and children under the Mediclaim (base) policy. The base policy is fully funded by LTI.

6. **Will my dependents be eligible for Mediclaim (base) coverage if I don't register them in the policy?**

You are required to register your dependents under the Mediclaim (base) policy for them to be covered under Mediclaim (base) policy.

7. **What is the registration process?**

You can enroll your dependents through MediBuddy portal. There would be an invitation for registration sent to you from Medi-Assist with details of how to login into the site for enrolling your dependents during enrollment period. In case you need to make any changes to the dependent information, please login to the website with the login ID and password provided and complete the registration process online. In case you have any queries on registration you can contact Medi Assist SPOC at lti@mediassist.in.com.

8. **I am LTI India employee, what will happen to my Mediclaim (base) insurance coverage if I get transferred onsite?**

If your payroll is moved to a country other than India (non-India grade employee), then you would not be considered by LTI in India to be provided with Mediclaim (base) policy cover funded by the employer.

9. **What happens if I avail room rent that is higher than my eligibility limit? How does the settlement of claims happen in such case?**

Proportionate clause is applicable under Mediclaim (base) policy. In the event of eligible member occupying a room higher than the limit set in policy, then all related expenses like doctor fees, surgery charges, nursing charges etc. will be scaled down in proportion to the eligible room charges. Please refer the below example:

Assume your room eligibility is INR 4,500/- and you have utilized a room priced at INR 7,000/-. Your total hospitalization cost amounting to INR 70,000/-. In this scenario, payable amount shall be calculated as below:

Calculation of Proportionate % = Difference in room cost (availed room cost - eligibility) / availed room X 100 = 2,500 (7,000 – 4,500) / 7000 X 100 = 35.71%

10. **How will I register if I happen to be on sick / maternity / long leave during the registration window? What if I am traveling on business?**

BP HR of employees who are on sick / maternity /long leave are expected to contact the concerned employees for the requisite registration information and send the information to lti@mediassist.in.com for updating with the TPA and the insurance company. If you are traveling on business, you must register yourself as you will have access to the internet and the intranet during this period.

11. **What are my responsibilities to ensure that the registration is complete?**

Once the employee completes the online registration, within 24 hours employee will receive auto generated e-mail from Medi Assist. This e-mail will have the registration details as per the details employee has entered on the tool, in case there are any discrepancies, employee can write to lti@mediassist.in.com to re-set the login id again and make necessary changes to the data. This edit however should be made within the stipulated registration window. In case you encounter any issues during registration process, please contact Medi Assist SPOC.

12. **Does the Cashless Benefit apply to this Policy?**

Mediclaim (base) policy will be operated under a cashless facility offered through the Third-Party Administrator (TPA)

13. **Do I have to inform anyone about non-cashless hospitalization?**

Yes, for non-cashless / reimbursement claims, prior intimation of the hospitalization has to be provided to the TPA. It is a mandatory requirement for processing your claims post submission. The intimation has to be provided to the TPA at least 24 hours prior to admission into the hospital. In case of emergency hospitalization, the TPA can be intimated within 24 hours of hospitalization. You will have to intimate TPA (Medi Assist) by either calling their call centre at 080 4685 5355 or by sending an email to lti@mediassist.in along with the necessary details like company name, PS ID, hospital where the employee / dependent is getting admitted along with the type of treatment. In case the same is not provided, the claim will stand rejected.

Also please note that all the documents, bills for hospitalization reimbursement claims need to be submitted on portal within 07 days from the discharge date and physical copies of the same should reach within 30 days to SSC

14. **In case of a non-cashless hospitalization claim, what will be the mode of payment for the claim settlement?**

The final settlement amount will be credited directly into the bank account (as per the details provided in the claim form and the cancelled cheque submitted along with the claim documents). The claim settlement amount will not be given in the form of cheque.

15. **What needs to be done to get a cashless treatment?**

Ensure hospital is a part of the network hospitals list that TPA has tied up with. If not, please see if an alternate hospital in the same city would work for you. In case of a planned hospital admission, please ensure pre-authorization is taken from TPA through the hospital prior to the patient getting admitted. You could do this with the help of hospital Public Relations department or insurance help desk at the hospital. Authorization would go directly from TPA to the hospital. In case of an emergency, authorization can be taken at the time of admission. Please carry your insurance ID card for faster processing.

16. **Can treatment be taken at any hospital or only at particular hospital?**

Treatment can be taken at any hospital, preferably a network hospital. Treatment at all the hospitals/ nursing home registered with local authorities is allowed. In case there is no registration with the local authority the hospital should have at least 15 in-patient beds, fully operated theatre, fully qualified nursing staff and fully qualified doctor as in-charge. If these conditions are satisfied, then the person can go to the hospital of own choice

17. **What are the details that need to be included in the discharge summary?**

This is a very important document, it will mention the date of admission and date of discharge, past history, details of treatment given and requirement of medication post hospitalization if any and doctors sign. This will be on the letter head of the hospital.

18. **What to do in case of an emergency hospitalization?**

In an accidental case or in medical emergency you are advised to approach nearest Network / Non-Network Hospital with your ID Card. If the admittance is in network hospital you or your relatives or the hospital will call up TPA (Helpdesk is open 24 Hrs a day). TPA will verify the coverage and if covered, issue the authority letter to network hospital. If you are in non-network hospital you may pay the expenses and claim reimbursement based on the coverage.

19. **Is this policy applicable all over India?**

Yes, It is. You could utilize Mediclaim base policy at any hospital anywhere in India (Applicable only for India grade employees). But cashless treatment would be restricted to the TPA network hospitals only.

20. **Is this policy applicable for treatments abroad?**

No. This policy is restricted to usage in India only. Any expense incurred abroad cannot be reimbursed under this policy.

21. **What is the timeline for enrollment of the new joinees, Onsite returnees?**

The coverage will be from day one of joining or day of return from onsite. Employees will be required to fill the Medical insurance details online enrollment portal within 30 days of joining or day of returning from onsite. Please contact the Medi Assist SPOC for any queries. The detail of SPOC and escalation given at the bottom of FAQs.

22. **How to enroll Mid Term addition in the family?**

Employees should enroll new born child / new wedded spouse within 30 days from the event occurring. Employee should declare the dependent on Medi Buddy portal. In case of marriage or birth of child the details of date of birth, gender and name of dependent needs to be provided.

23. **What documents do I have to submit to the TPA if I have availed the services of a hospital not in the network list?**

Employee will need to submit scan copy on Medi Buddy Portal within 07 days from the date of discharge from the hospital, However physical dockets to reach to SSC within 30 days from date of discharge detailed statement {of pre hospitalization expenses if applicable and hospitalization} in writing as per the claim form together with the final hospital bill, discharge summary, medical reports, prescriptions, all bills, vouchers and any other document particular relevant to the making of such claims. All bills and documents need to be in original. Insurance may ask for additional documents if required.

24. **Who is my Medical Insurer?**

Oriental Insurance Company Limited will be providing the medical insurance coverage to you (employees) and your dependents (if enrolled).

25. Who is Medi Assist India TPA Pvt Ltd.?

Medi Assist India TPA Pvt Ltd is your service provider Third Party Administrator (TPA). The TPA facilitates administration of LTI Mediclaim Policy (Medical Insurance) and assists you by providing quality health care. It is not an insurance company; it acts as a liaison between LTI and the insurance company.

26. What is Family Floater Policy?

Family Floater is one single policy that takes care of the hospitalization expenses of your entire family. The policy has one single sum insured, which can be utilized by any/all insured persons in any proportion or amount subject to maximum of overall limit of the policy sum insured

27. What is meant by Base policy & Top-Up policy?

Base policy- Is policy which is company sponsored with certain coverage limits
Top-up - Is extra coverage that employee wants to opt, on the top of base sum Insured (SI). This is voluntary & premium will be borne by employees.

28. How many polices does LTI offer to their employees

- Base policy
- Voluntary Parental cum Top-up Policy

29. What is the policy period of Base & Voluntary Parental/Top-up policy?

- Base Policy: 01st October 2019 to 30th September 2020
- Voluntary Parental/Top up Policy: 01st January 2019 till 31st December 2019

30. Do I have to pay any premium for Mediclaim (base) policy?

No, it is company sponsored

31. Can I cover my child who is above 25 years?

Child is cover up to 25 years of age only, dependent with 25 + years cannot be covered under the Mediclaim (Base) policy.

32. What are the timelines for declaring my dependents?

You need to declare your dependents during enrollment window only. Dependents not enrolled will not be covered under the Mediclaim (base) policy. Mid term enrollment will be allowed only in case of life events (Marriage, birth/Adoption)

33. Can I add my dependents in between of the policy period?

Mid-term policy inclusion is applicable only for life events (Newly wedded spouse & New born children/Adoption) within 30 days of the event.

34. Where can I get the e- card for my dependents

E-cards will be available post enrolment on Medi buddy portal under e-card option. This can be also be downloaded from Medi Assist website. It takes around two months after your enrollment to generate your e-card. Please speak to your Medi Assist SPOC for more information.

35. Can I add my Twins in Policy?

Twins can be added on the portal in case of first birth only. If you have twins in second pregnancy, please reach out to Medi-Assist on lti@mediassist.in.com. Medi assist will help you enroll your twins in the policy.

36. What is my room rent Eligibility?

For junior employees (Band B and below)

Tier I Cities	Tier II Cities	Tier III Cities
Delhi, Mumbai, Kolkata, Chennai	Pune, Bangalore, Hyderabad, Surat, Baroda, Kochi, Ahmedabad	Ahmednagar,Jamshedpur, Mysore, Vizag, Coimbatore
3500	3000	2500

For senior employees (Band 3 and above)

Grade	Type of Room	Tier I Cities	Tier II Cities	Tier III Cities
		Delhi, Mumbai, Kolkata, Chennai	Pune, Bangalore, Hyderabad, Surat, Baroda, Kochi, Ahmedabad	Ahmednagar, Jamshedpur, Mysore, Vizag, Coimbatore
31,32	Twin Sharing	4000	3500	3000
33,21,22, 23	Single Occupancy	6500	5000	4500
11,12,13	Deluxe Room	Actual	Actual	Actual

37. What is pre-existing condition in health insurance policy? Is pre-existing condition covered under this policy

Pre-existing condition is a medical condition/disease that existed before you obtained health insurance policy. Generally, the insurance companies do not cover such pre-existing conditions, within 48 months of prior to the 1st policy. However, in case of your policy, pre-existing condition/disease is covered.

38. Is non-medical expense paid by the insurer?

Your health insurance policy pays for reasonable and necessary medical expenditure. There are several items billed during hospitalization by some hospitals but not admissible under an insurance contract. These items will not be payable and expenditure towards such items will have to be borne by you. We request you to go through the below link for some common examples of Non-Admissible expenses:

https://www.mediassistindia.com/pdf/Non%20Admissible%20Expences.pdf

39. What is a Day Care Procedure?

Day Care Procedure means the course of medical treatment / surgical procedure in specialized Day Care Centre which enables the insured person to be discharged on the same day. The requirement of minimum number of beds will be waived, provided other conditions of a Hospital are met.

24 hours admission is waived in such cases. Please refer to the list of Day Care Procedures for which 24 hours

hospitalization condition is waived.

40. What are the ailments covered in day care?

Only expenses on hospitalization for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments defined under day care list i.e., dialysis, chemotherapy, radio therapy, eye surgery, lithotripsy (kidney stone removal), tonsillectomy etc. taken in the hospital/nursing home and the insured is discharged on the same day. In these cases the treatment will be considered as taken under Hospitalization benefit.

41. I have to get some investigations done as advised by my Doctor! How do I claim them?

Any investigation is covered as apart of pre-hospitalization (Pre- Hospitalization expenses are the medical expenses incurred 30 days prior date of admission of the insured person/patient). This implies that investigations followed by hospitalization >24 hours with active line of treatment is payable.

Post hospitalization (Post Hospitalization expenses are the medical expenses incurred immediately after the insured person/patient is discharged from the hospital. Such medical expenses are incurred for the same condition for which the insured person's\patient's hospitalization was required and the inpatient hospitalization claim for such hospitalization is only admissible by the insurance company till 60 days from Date of discharge). However, Investigations are not covered under Policy terms and conditions.

42. What expenses are payable as a part of pre-hospitalization and post hospitalization expenses?

Consultation charges, prescribed medicines, prescribed investigations, physiotherapy (associated with hospitalization only) etc.

43. What is cashless facility?

Under a health insurance policy offering cashless facility, a policyholder can take treatment in any of the network hospitals without having to pay the hospital bills as the payment is made to the hospital directly by the Third Party Administrator, on behalf of the insurance company. However, expenses beyond the limits or sub-limits allowed by the insurance policy or expenses not covered under the policy have to be settled by you directly with the hospital. Cashless facility, however, is not available if you take treatment in a hospital that is not in the network.

44. What is a Network hospital and how do we identify them?

Based on Medi Assist (TPA) experience and expertise, they have tied up with hospitals across the country so that employees (members) can avail of cashless hospitalization facility.

Network hospitals have entered into an agreement with Medi Assist to provide cashless facility to an insured period carrying necessary Medi Assist ID proof. Network hospitals will provide treatment to such members on cashless basis charging costs as per the agreement signed with them. Please visit www.medibuddy.in to find the list of network hospitals.

45. How do I get update on the cashless claim status?

You will receive an SMS alert on the mobile number mentioned by you in cashless claim form. SMS alert will update your Claim Reference number and give link to check the status of your claim.

46. How do I get reimbursement of my hospital expenses If cashless is not availed?

When you have availed treatment in a Network hospital by paying full bill amount or accessed a hospital which is not in Medi Assist network, you can submit bills for such expenses to Medi Assist for processing the payment on reimbursement basis as per policy terms and conditions.

47. How do I intimate reimbursement claim?

You can register the reimbursement claim by accessing Medi Assist website www.medibuddy.in

48. I have paid the hospital bills, what should I do now to get back the money? Will I get back all the money that I paid?

The process of claiming expenses occurred during your hospitalization after patient is discharged from hospital (once you have paid the bill) is called the reimbursement process. The entire billed amount may not be payable as the non-payable or NME (Non-Medical Expenses)

Please refer and follow the process elucidated below to claim your hospitalization expenses: - Fill in the reimbursement form. Submit the filled form along with the hard copy of the documents. The documents that you need to submit for a hospitalization reimbursement claim are listed below. Note that in few cases Insurer may ask for more documents before claim is settled.

- Original hospital final bill
- Pre-Numbered/ Printed Receipts for payments made to the hospital
- Complete break-up of the hospital bill
- Original Detailed Discharge Summary
- All Investigation reports
- All medicine bills with relevant prescriptions
- Operation Theatre Notes in the event of a surgery performed
- Sticker for the Implant, if any, used during surgery
- A copy of the Invoice for the implant, if any, used during surgery performed
- Original duly completed and signed claim form
- Duly completed and signed Medical Practitioner's Form
- Copy of our ID card or current policy copy and previous years' policy copies if any
- Company Employee ID card if you and your family are insured through your employer
- Soft copy of cancel cheque
- Indoor case paper (Day to day Progress sheet)

49. Do I submit originals or photocopies of the documents?

All original documents are required to be submitted.

50. How do I get update on the status of reimbursement claim?

As soon as the claim documents are received in our application and acknowledgment letter will provide the details of claim reference number, which can used for further reference. Alternately, you can also check the status of claims by accessing www.medibuddy.in.

51. Where can I check my reimbursement claim status?

- Use your Medi Buddy app and click the 'Claims' tile. Enter your claim number and other details to track your claim. Alternately, you can use your mobile browser or go online to track your claim on medibuddy.in.
- You can also go and track at medibuddy.in and enter your details to search for your claim.

52. Can I take reimbursement in network hospital?

When you have availed treatment in a Network hospital by paying full bill amount, you can submit bills for such expenses to Medi Assist for processing the payment on reimbursement basis as per policy terms and conditions. **Hospital discount will be applicable only if cashless facility is availed, in case of reimbursement availed in the network hospital, the hospital discount applicable will be deducted from your total payable amount. Hence encourage employee to avail Cashless in case of Network hospital utilization to avoid the deduction of Hospital discount from payable amount**

53. What are the timelines to submit the claim post discharge from hospital

- Employees have to submit Hospitalization claim on Medi Buddy portal within 07 days from the date of discharge and the physical copies of the same to be submitted to SSC within 30 days
- In case of post hospitalization expenses, you have to submit within 60 days from the date of discharge; otherwise due to late submission claim will be rejected by the Insurance Company. Claim form should be completely filled (mandatory to fill the fields with *) and signed by the claimant.