Frequently Asked Questions- Voluntary Parents Plan

General

Q. When does my parental coverage begin?

A. If you are an existing employee who has enrolled your parents, your coverage will begin on 01st September 2019. If you are a new hire enrolling post 1st September 2019, your parent's coverage will begin from your joining date with DBS provided you have enrolled your parents

Q. What happens if I leave DBS?

A. If you leave DBS during the policy period, your parent's coverage will continue until the end of the policy period with no refund of premium. Only in case of death of covered parent/s during the policy period, there would be pro-rata refund of premium provided there is no claim under the policy

Enrollment

Q. How will I enroll my parents the Voluntary Parents Plan?

A. You have to log on to BenefitsAsia which is an online portal for adding parents under the Voluntary Parents Plan. Once you have made your parental enrollment choices, you must remain within that plan for the rest of the plan year. You can only change your elections during the next enrollment period

Q. What happens if I don't enroll my parents within the deadline?

A. If you do not enroll your parents within the deadline, you will not be allowed to cover your parents for the current policy year. You will only be given the option to cover parents during the next policy renewal

Q. Who do I contact if I have questions about BenefitsAsia or if I misplace my password?

A. You can write to the BenefitsAsia support team at dbsadmin@marsh.com.

Q. What is the 2019 annual enrollment period for Voluntary Parents Plan?

A. The annual enrollment period starts from 6th September 2019 to 20th September 2019

Q. Where do I find my username and password to log in to BenefitsAsia?

A. You will receive two separate emails from the BenefitsAsia system with your login and password details as per official email address available with Marsh team provided by DBS HR team

Coverages

Q. Who is our Insurance Company for Group Medical Policy (GMC)?

A. United India Insurance Company Limited

Q. Who is our Third Party Administrator (TPA)

A. Family Health Plan (TPA) Limited

Q. Who is our Advisor on Employee Benefits?

A. Marsh India Insurance Brokers Private Limited

Q. What is a Voluntary Parents Mediclaim policy?

A. The Voluntary Parents Mediclaim policy provides insurance coverage to dependent parents of DBS Bank employees for expenses relating to hospitalization due to illness, disease or injury subject to a minimum of 24 hours hospitalization

Q. What is the sum insured Option available for covering parents?

A. An employee can chose from the following Sum Insured Options to cover their dependent parents

Pricing (Floater-per set of parents)	Premium without GST (INR)
Sum Insured INR 2 Lac per set of parents	17,400
Sum Insured INR 3 Lac per set of parents	21,100

Sum Insured INR 5 Lac per set of parents	26,500
Sum Insured INR 8 Lac per set of parents	52,763
Sum Insured INR 10 Lac per set of parents	58,157
Pricing * (Individual-per surviving parent)	**Premium without GST (INR)**
Sum Insured INR 2 Lac per parent	12,450
Sum Insured INR 3 Lac per parent	16,500
Sum Insured INR 5 Lac per parent	21,200
Sum Insured INR 8 Lac per parent	43,233
Sum Insured INR 10 Lac per parent	47,379

Q. Are there any age limits for my parents to be eligible for the Voluntary Parents Plan?

A. Maximum entry age limit is 90 years per parent

Q. Is Portability allowed under Voluntary Parents Plan?

A. Portability of Voluntary Parental Plan is allowed only along with the Corporate Medical Plan. Employee has to send a written request to the insurer one month prior to his exit from the organization expressing his intent to port the policy. Post which one month prior to the renewal date, he should avail the quote from the insurer and make the premium payment in advance of the renewal date for policy to start.

Q. What are the requirements to avail the same?

A. The Voluntary Parents policy stipulates that a claim is admissible when the insured (beneficiary) is admitted in a hospital for a minimum of 24 hours for the treatment of a positive illness

Q. Is the 24 hours applicable for all ailments?

A. Yes, the 24 hours hospitalization is a must. However this time limit is not applied to specific treatments (referred as day care hospitalization) i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Tonsillectomy etc. taken in the Hospital/Nursing Home and the Insured is discharged on the same day. The treatment will be considered under hospitalization Benefit. Please note that these treatments will have to be necessarily availed as an inpatient only. Please refer to our day care list provided in the employee portal

Q. What expenses are payable by the policy

A. Expenses such as –

- Room & Boarding and ICU - 1 % of Sum Insured or INR 3000 whichever is higher for Normal Room and 2% for ICU or INR 6000 whichever is higher.

- Doctor Fees, Nursing Expenses, Consultant Specialist Fees

- Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines, Drugs, Diagnostic Materials & X-ray etc

- Ambulance charges (Actuals expenses with a max cap of INR 5,000 per hospitalization) where the patient has to be shifted from residence to hospital in case of admission in Emergency Ward / I.C.U. or from one Hospital / Nursing home to another Hospital / Nursing Home for better medical facilities. These expenses are payable only when registered ambulance is used

Q. Are medical expenses prescribed after discharge (pre & post hospitalization expenses) payable?

A. Relevant medical expenses incurred during period up to 30 days prior to hospitalization, and the relevant medical expenses incurred up to 60 days after hospitalization is payable

Q. Is Pre-diseases covered under the policy?

A. Yes, pre-existing diseases are covered under the policy

Q. Are Dental treatments paid under the Mediclaim Policy?

A. Dental treatment or surgery of any kind is payable if only arising due to accidental bodily injury and which necessitates hospitalization

Q. What are the General Policy Exclusions operating on all policies in the country?

A.

- Injuries or diseases caused by war and war like operations
- Circumcision, Vaccination, Inoculation, Cosmetic treatment, Plastic surgery, Maternity
- Domiciliary Hospitalization
- Cost of Spectacles, Contact Lenses & Hearing Aids
- Dental Treatment without hospitalization unless arising due to an accident
- Convalescence, General weakness, congenital external, Sterility, Venereal disease, Alcohol use, Self-injury
- Any disease caused directly or indirectly due to AIDS Virus
- Hospitalization for diagnostic test only and expenses without any disease
- Vitamins and Tonics unrelated to treatment
- Injuries or diseases caused by nuclear weapons
- Abortion during first three months of pregnancy
- Other types of medical treatment like Homeopathy and Naturopathy treatment
- If there is no active line of treatment during the period of hospitalization
- Any cosmetic treatments, plastic surgery, surgery for change in gender

- These are only indicative list. For details list, you may contact HR team

Q. Which are the other expenses that are excluded apart from those mentioned under general exclusion?

A.

- Registration Fees, Service Charges, File opening fees
- Telephone, Internet charges and other non-medical 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

Q. Will change in names in between policy period matters?

A. Yes, according to the Insurance Company the claim will not be settled (unless prior intimation provided to Insurance company) if there is any alteration in the name. It has to be intimated to your respective Insurance Co. & requisite endorsement for the change in name needs to be passed by Insurance co.
This has to be done first hand and not only if any claim arises. You need to intimate such changes to HR department vide an email, who will in turn intimate the request to the insurance company

Q. What is an e-ID card?

A. It is an identification card, which will entitle you to avail cashless hospitalization and any other negotiated benefits at the network hospitals of TPA on pre - authorization. Please remember that the e-ID card is not a credit card. The card does not entitle you to credit towards outpatient treatment. To avoid any misuse of your card, the hospitals may ask you to furnish some identification card (like Voter ID, Credit card etc)

Q. How do I get an e-ID Card?

A. A login and password will be provided to the employee. Print e-ID Card directly for self and dependents enrolled in the program. You may also contact FHPL Relationship Manager for any assistance that you may require

Q. How long will it take to get an e-ID card?

A. E-ID cards would be available on the FHPL portal within 45 days of you joining the Bank. You may contact FHPL Relationship Manager for any assistance that you may require in case of emergency

Q. What do I do if I lose my login ID & password?

A. Your six digit employee id is your user ID. Password can be retrieved through ‘forget password’ option available on FHPL website. The new password will be provided to you within 2 days from request sent.

Q. Suppose the hospital does not accept my e-ID card?

A. This should not be case, however under such scenario you are requested to please contact FHPL immediately for assistance

Q. What if I don't remember my e- ID Number or carry my e-ID Card whilst hospitalization?

A. In the event you do not remember your e-ID number or do not carry your e-ID Card, you may provide the name of your employer and your employee ID to the TPA desk at hospital to avail cashless hospitalization or contact FHPL Relationship Manager

Q. What are network hospitals?

A. These are hospitals where FHPL (TPA) has a tie up for the cashless hospitalization. For more details and hospital list kindly visit FHPL website

Q. What is cashless hospitalization?

A. The cashless hospitalization is the benefit given to the insured, where you need not pay the expenses incurred due to hospitalization, and the bill will be paid by FHPL to the hospital directly after deducting the non- medical/non-payable expenses. For the list of hospitals in the network you can visit FHPL website

Q. What should I do when I reach the network hospital?

A. Please show your e-ID card for identification or provide your employer name and employee number along with your government approved photo ID proof. The pre-authorization form is also available at the Hospital TPA Desk needs to be sent to FHPL through fax 022 66314781/email mumbaipreauth@fhpl.net on the same day of admission through the hospital authorities. Upon receipt of duly completed pre-authorization form, FHPL will send a letter of authorization to the hospital to make sure that they extend the cashless benefit. You may be required to pay security deposit with the hospital. All non-medical/non-payable expenses and non-admissible expenses will be deducted from the security deposit by the hospital

If the cashless is denied, you can submit all relevant document, reports, admission & discharge card and bills for reimbursement. You can submit the claim along with claim form and all the necessary supporting documents to FHPL

Q. Is pre authorization necessary?

A. Yes. This will help you in the following ways:

- ✓ You will be able to avail cashless facility for hospitalization
- ✓ You will be informed in advance regarding the coverage for your treatment so that your claim does not get rejected at a later stage and you do not end up paying out of pocket
- ✓ It will help you ensure that the treatment cost is appropriate and not inflated

- ✓ This will also help in planning your hospitalization expenditure such that you do not run out of the cover that you are entitled to

Q. What is the procedure for availing cashless facility?

A. In case of **planned hospitalization**, insurers require the first prescription with the details of the case history indicating following details:
   - Provisional diagnosis or reason for getting admitted in hospital
   - Proposed date of admission
   - Approximate expenses
   - Name of the hospital and consultants
   - Approximate duration of stay at the hospital
   - Attached doctor's prescription with admission note

   The above documents along with pre-authorization form need to be delivered to the FHPL (TPA) at least 48 hours before admission
   In case of **emergency hospitalization**, member will get admitted to the network hospital and avail the treatment. Pre-authorization form need to be faxed /emailed by the family to the FHPL (TPA) as soon as possible (within 24 hours) and get cashless approval

Q. If I avail of the cashless facility, will the insurance company pay the entire bill at the hospital?

A. No, a part of the bill will have to be borne by the insured if it consists of the non-admissible amounts that are listed by the insurer and non-medical/non-payable expenses

Q. What are claim reimbursements?

A. In the event where you are hospitalized in a non-network hospital or where cashless hospitalization is not availed, you will pay the claim amount to the hospital post verifying the bills and charges and then claim through reimbursement. You need to submit all the original bills along with the claim form to FHPL (TPA) and the hospitalization expenses will be reimbursed to you. Please fill the claim form and submit the same along with claim documents to FHPL (TPA) or handover the same to TPA Helpdesk

Q. How can I claim my pre & post hospitalization expenses?

A. The policy covers pre-hospitalization expenses incurred prior to 30 days of hospitalization and incurred towards the same illness/ disease due to which hospitalization happens. It also covers all medical expenses for up to 60 days post discharge as advised by the Medical Practitioner. All the bills with summary along with a filled in claim form stating PRE-POST to be sent to FHPL (TPA) for reimbursement

Q. What are the documents required to be submitted to FHPL (TPA) to claim under reimbursement procedure?

A. Documents that you need to submit for a hospitalization reimbursement claim are:
   - Original completely filled in Claim form
   - Covering letter stating your complete address, contact numbers and email address (if available), along with schedule of expenses
   - Copy of the E-ID card or ID Card Number
   - Original Discharge Card/ Summary
   - Original hospital final bill
   - Original numbered receipts for payments made to the hospital
   - Complete breakup of the hospital bill
   - All original bills for investigations
   - All original bills for medicines supported by relevant prescriptions
   - Cancelled cheque for NEFT transfer **(mandatory)**

   You are advised to keep Photo Copy of the entire set of claim documents submitted to FHPL (TPA)

Q. How to send reimbursement claims to FHPL (TPA)?

A. Reimbursement claims can be submitted to FHPL (TPA) through registered post / courier to FHPL (TPA) Office. Where FHPL (TPA) Helpdesk is available, you may handover the documents directly to the Helpdesk

Q. Are there limits to the number of claims on a Health Insurance Plan?

A. There is no limit to the number of claims per annum but there is a limit to the amount that you can claim in a year. The maximum amount that you can claim in a year is limited to the floater sum insured applicable as per your chosen plan

Q. If I have a health insurance policy for parents in Mumbai, can I make a claim if I am transferred to any other location?

A. Yes, your parent health insurance policy is valid in all locations within India. Policy is not applicable outside India

Q. Will my claims be reimbursed even if I do not get my parents treated at a network hospital?

A. Yes, claims will be reimbursed even if insured is not treated in network hospital

Q. Are there any special criteria for seeking admission/ treatment in the hospitals/ nursing home?

A. Yes, Should comply with minimum criteria as under -
   a) Hospital should have at least 15 inpatient beds. In class "C" towns condition of number of beds may be reduced to 10
   b) Fully equipped Operation of its own (wherever surgical operations are carried out)

c) Fully qualified nursing staff under its employment round the clock
d) Fully qualified doctor(s) should be in charge round the clock

Q. Is there a minimum time limit for stay within the hospital under the health insurance plan?

A. Typically, the insured can make a claim if her/his hospitalized stay is for over 24 hours. However, for certain treatments, such as dialysis, chemotherapy, eye surgery, etc, the stay could be less than 24 hours

Q. What happens when the limit of insurance is exhausted under a Health Insurance Policy?

A. If the insurance limit i.e. the sum insured is exhausted in a particular year due to large medical expenses, the insurer is not liable to bear/reimburse the insured for any further expenses

Q. Will location of dependent family matter in availing services under FHPL (TPA) network hospitals?

A. No, Location does not affect the operational activities, the dependant member can avail same and equal benefits irrespective of their location. FHPL (TPA) Network of Healthcare Service Providers is across the country

Q. Who will receive the claim amount if the insured dies at the time of treatment?

A. The claim amount is paid to the nominee of the insured. If no nominee has been assigned under the policy, the insurance company will insist upon a succession certificate from a court of law for disbursing the claim amount. Alternatively, the insurers can deposit the claim amount in the court for disbursement to the legal heirs of the deceased

Q. What is time frame for the submission of Reimbursement Claims?

A. The claim needs to be submitted within 30 days from the date of discharge

Q. Where do employees / dependents contact for any assistance?

A. Please contact your TPA Relationship Mangers as mentioned in our Contact List or FHPL (TPA) Toll Free Number for all your queries

Still have questions?

If you still have questions regarding your benefits after reading this brochure and the other information in Enrollment guide, contact your HR. (HRHelpDeskIndia@dbs.com)

For any queries on BenefitsAsia, please write to dbsadmin@marsh.com. Our operating hours are from 10:00a.m to 5:30p.m (Monday to Friday), except on public holidays.