

Medical Insurance FAQs

Q1. Who all from my family can be covered as dependents under this policy?

A1. The policy coverage is available for a maximum of 7 dependents in the family of an employee. The definition of the dependents covers following; Spouse, Children/ Adopted children + 2 Parents / In laws (cross combination not allowed). Siblings - brother below 21 years of age & unemployed & sister should be dependent, unmarried, divorcee or widow.

Q2. Can I cover my parents -in-law, if I am getting married during the policy period?

A2. Yes, enrollment can be done within 45 days of marriage by providing the relationship proof e.g. passport copy subject to availability of empty parent slot & 7 dependents count is not completed.

Q3. Can I have my father and mother-in-law as dependent?

A3. No, you can only have one set of parents as dependents, either your parents or parents-in-law, cross combination is not allowed.

Q4. I have not covered my father/ mother as he/she was working and was covered under government scheme. Can I cover him/her now in the mid-term/ mid of the lock-in period?

A4. Yes, within 30 days of retirement by providing retirement proof as supporting documents.

Q5. Are there any changes to the applicable limits for preventive health check-up?

A5. Employees equal and above the age of 40 are eligible to claim expenses of self (Master / Executive / Comprehensive Health check-up) up to a maximum limit of INR 3500/-

Employees below the age of 40 are eligible to claim expenses of self; Master/Executive/Comprehensive Health check up to a maximum limit of INR 2000/-

Health check-up can be availed only for the employees/ self, not applicable for dependents.

Q6. Can I nominate my parents-in-law instead of my own parents or vice versa?

A6. Yes, you can cover either parents-in-law or parents at the inception of the policy only, cross combination not allowed.

Q7. Do the dependents get covered automatically in this policy or do I need to update their details somewhere to avail the benefit under this policy?

A7. Dependents need to be declared by every employee on the URL provided in the Welcome Mailer at the beginning of the policy cycle. A Welcome Mailer will be sent to all employees asking them to declare the dependents for the policy period. The benefits can be availed only post updation of dependents. In case of new joiners, the declaration needs to be completed within the stipulated number of days mentioned in the Welcome Mailer.

Q8. If I would want to change/ add beneficiaries, how do I go about it?

A8. You cannot make changes/ substitute your dependents once declared at the beginning of policy period or after you have joined, whichever is later, till the next 3 years. So any changes in the dependent declaration can be done only on the renewal of policy in Oct 2020. However, there are a few exceptions to this:

(1) In case you got married after the initial declaration of dependents and want to add your spouse as your dependent, you can add your spouse by logging onto the India Insure portal within 45 days from the date of marriage using the login ID and Password sent to you earlier. You will need to upload a scanned copy of proof of marriage (marriage certificate/ wedding card) for addition of spouse.

(2) In case you are blessed with a baby after the initial declaration of dependents, you can add your baby by logging onto the India Insure portal within 60 days from the date of birth using the login ID and Password sent to you earlier. You will need to upload a scanned copy of proof of birth (baby's birth certificate or equivalent) for addition of the new born's details.

(3) In case of death, dependents can be deleted within 30 days by providing the death certificate; In case of divorce, spouse's name can be deleted within 30 days of getting the decree from family court.

Q9. I did not declare by spouse as dependent as he/she was working and covered under his/her company medical insurance policy. Now my spouse has resigned and is not working anywhere. Can I cover my spouse in middle of the policy period?

A9. Sorry, interim addition is not possible except for newborn and newly wedded spouse.

Q10. Can I add a dependent who is not in India?

A10. This policy covers only those dependents who are in India and expenses incurred in India alone will be processed.

Q11. I do not have father and mother. Can I add my guardians /grandparents under Medical Insurance?

A11. Employee cannot cover anyone apart from the following member as their dependent under Medical Insurance. Spouse, Children/ Adopted children + 2 Parents / In laws + Siblings (Brother below 21 years of age & unemployed, Sister should be dependent and unmarried or divorcee or widow);

Q12. I have not decided the name of my new born baby. How to add in Insurance?

A12. If you have not named your baby, please update detail on India Insure Portal as 'baby girl' or 'baby boy'. Once the baby is named, kindly update on India Insure Portal

Q13. I want to declare my newly wedded spouse. When can I declare the same?

A13. The declaration of newly wedded spouse should be incorporated within 45 days from date of marriage on India Insure Portal, otherwise dependents will not be covered in current policy and employee cannot claim bills for his/her spouse if not declared in time.

Q14. What will be the process if I chose a room rent beyond my eligibility?

A14. In case the employee or his/her dependents get admitted in higher category, the difference in room rent & related charges calculated pro-rata will be borne by the employee.

Q15. I am not able to update my newborn / spouse name on India Insure Portal?

A15. Please write to hclservie@indiainsure.com with specific details.

Q16. What is meant by active line of treatment?

A16. The active line of treatment means the treatment which is aimed at immediate cure of an ailment/disease/illness or injury. However, if the treatment though aimed at immediate cure of an ailment/injury but normally done on OPD basis will fall under exclusion in Health Insurance Policies.

Q17. Will the Top Up Policy be valid even if I quit the organization during the Policy Period?

A17. No. Top-up policy is not portable.

Q18. What is a PPN network? Where will I find the list of PPN network?

A18. PPN Hospitals refers to Insurer & TPA's preferred network of hospitals where we will get specially negotiated rates for hospitalization, thus allowing us to conserve our sum assured limits for future needs. There are 800+ leading hospitals spread across 7 cities in India which are covered under PPN network. The list is available on Vidal Health TPA website

Q19. If I am undergoing a treatment which is other than allopathic, can I claim the expenses?

A19. Homeopathy & Ayurveda treatment will be paid basis on the treatment given only in Government Hospital, NABH & QCI Accredited Hospital. Hence, kindly get the concurrence form TPA before hospitalization.

Q20. My spouse underwent hospitalization and we informed for cashless within 4 hours of hospitalization. As it was an emergency hence we were unable to inform the TPA 72 hours prior to the hospitalization. In spite of an emergency situation, additional 5% co-pay was charged?

A20. Whether the hospitalization was done in an emergency or could have been planned will be specified by the treating doctor. While cashless request goes to the TPA, the TPA will liaison with treating doctor to confirm if it is emergency or could have been a planned hospitalization. Based on the inputs, the TPA will ascertain if additional 5% co-pay will be applicable.

Q21. My father underwent a cataract operation, the cost of which was INR 38,000 out of which only INR 25,000 was approved. My Sum Insured remaining during his hospitalization was INR 25,000. As cataract is a capped ailment; the limit of which is INR 30,000, why was INR 30,000 not approved?

A21. Ailment Caps are subject to a condition that the amount payable will be the available/remaining Sum Insured or the limit of the capped ailment. As your remaining SI during hospitalization was lower than the limit of the capped ailment, hence the approval was made basis your SI.

Q22. What is the last date to update the payment details of OPD and Top Up plans?

A22. The payment details should be updated on or before last date of the specific enrollment period the member had enrolled his / her dependents.

Q23. Is dental treatment covered in the policy?

A23. Dental treatment is covered for employees, spouse and children as below a. Employee <40 years' age, employee, spouse and children covered, limited to INR 5,000/- b. Employee =>40 years' age, employee, spouse and children covered, limited to INR 10,000/-

Q24. Is the 5% extra co-pay on account of not having pre-intimated Vidal for Planned Hospitalization restricted to 'Cashless Claims' or would it be applicable in 'reimbursement cases' as well?

A24. 5% co-pay is applicable for all 'Planned Hospitalization' cases; irrespective of whether it is a Cashless or Reimbursement claim.

Q25. Is multifocal lens payable?

A25. No, it is not payable.

Q26. Are congenital external diseases covered?

A26. Yes, congenital external diseases are covered but only for non-cosmetic reasons.

Q27. If I enrol for Top-up/ OPD Plans in the year 2018-2019, will I be allowed to discontinue in Top-up/ OPD/Domiciliary Plans 2019-20? Is continue in Top-up/ OPD/Domiciliary Plans 2019-20?

A27. No. the Top-up/OPD/Domiciliary Plans once opted, will be locked for 2 years i.e. for 2018 – 19 & 2019 – 20. Hence no changes allowed till 2019-20 policy period.

Q28. By how much can Top-up be increased? Q. By how much can Top-up be increased?

A28. The top-up coverage can be enhanced up to 5 times of the Base Sum Insured

Q29. Can I port my Base, Top-up and OPD policies?

A29. Base and Top-up policies can be ported, but the OPD policy cannot be ported.

Q30. What will be the procedure for portability?

A30. The employee should contact us at hclservice@indiainsure.com, 30 day prior to the LWD. The quotations will be shared with the employee along with the payment details

Q31. Will there be a single plan of OPD policy for Parents and non-parents?

A31. There are two different plans for parents and non-parents. As per the requirement, you can choose accordingly.

Q32. Whether home consultation or home visit charges are payable or not?

A32. No, same is not payable.