Q.1. **Is Day care treatment payable?**

**Ans.** As per the list day care treatments for medical reasons are covered.

Q.2. **What is the period for pre and post of hospitalization?**

**Ans.** Claims pertaining to 30 days before date of admission and 60 days after date of discharge will be considered under the main hospitalization claim if the treatment is related to the same hospitalization.

Q.3. **Can an member opt out of medical policy?**

**Ans.** All employees are by default covered under the Medical Plan and hence cannot opt out of the medical policy.

Q.4. **How much is the maximum entitlement for hospitalization expenses?**

**Ans.** Your hospitalization expenses can be up to maximum of Sum Insured as mentioned in your compensation plan.

Q.5. **Is there a Limit on room rent in Hospitalization?**

**Ans.** Yes there is a limit for room, board and nursing expenses as provided by the hospital/nursing home, the same is elucidated in the policy.

Q.6. **What will be the process if I choose a room rent beyond my eligibility?**

**Ans.** 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.

Q.7. **I have not covered my wife under medical insurance earlier as she was working and was covered under her employer’s medical insurance scheme. Now she has resigned and is not working anywhere. Can I cover her?**

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

Q.8. **Can I add my dependent, who is in onsite?**

**Ans.** This policy covers only those dependents that are in India and expenses incurred in India alone will be processed.

Q.9. **Is treatment of external congenital covered in the policy?**

**Ans.** Treatment of external congenital is covered in the policy only if it is for non-cosmetic reasons.
Q.10. Who all from my family can be covered as dependents under this policy?

**Ans.** The policy coverage is available to Self+ 7 dependents in the family of the employee. The definition of the dependents is as follows: (1) Spouse (more than 1 spouse can be added only if permissible by law of the land) (2) Children (any) (3) Either set of Parents/parents -in- Law (4) Dependent Brothers (unemployed below 25 Years) and (5) Sisters (Unmarried)

Q.11. Are there any changes to the applicable limits for preventive healthcheck-up?

**Ans.** Employees above the age of 40 are eligible to claim expenses of self Master / Executive /Comprehensive Health check up to a maximum limit of INR 3000. 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 1000 or 50% of the actual cost incurred, whichever is lower.

Q.12. Can I have my father and mother in law as dependent?

**Ans.** No you could only have one set of parents as dependents either your parents or parents in Law, there cannot be any mix and match.

Q.13. Do the dependents get covered automatically in the scheme or do I need to update their details somewhere to be able to avail the benefit under this scheme?

**Ans.** Dependents need to be declared by every employee at the website of the India Insure @ https://myhealth.indiainsure.com/HCL in the beginning of the policy cycle i.e. October of every year or from your joining date, whichever is later. The benefits can be availed after this updation has happened. In case of new joinees, this declaration needs to be done within 14 days of receipt of log in ID and password from India Insure.

Q.14. If I like to change/ add my beneficiaries, how do I go about it?

**Ans.** You cannot make changes/substitute in your dependents data once declared at the beginning of policy period or after you have joined, whichever is later, except for following events: 1.In case you got married after the initial declaration of dependents and want to add your spouse also as your dependent, then you can add your spouse at India Insure site within 30 days from the date of marriage using the login ID and Password sent to you earlier and if there is a vacant slot in the existing dependent list; 2.In case you get blessed with a baby after the initial declaration of dependents and want to add your baby also as your dependent, then you can add your baby at India Insure site within 60 days from the date of birth using the login ID and Password sent to you earlier.

Q.15. I have not named my baby. How to add in Insurance?

**Ans.** If you had not named your baby please update your child in India Insure site as baby girl or baby boy. Once the baby is named; kindly update in India Insure site.

Q.16. Is Pre-Existing Disease covered

**Ans.** Yes, all pre-existing diseases are covered
Q.17. Are the expenses arising out of medical termination, miscarriage covered under medical policy?

Ans. Yes it is covered under hospitalization limit only if done on the advice of a qualified doctor and on account of medical reasons. Expenses arising out of voluntary termination of pregnancy are not covered. However, medical expenses arising out of spontaneous termination of pregnancy are covered.

Q.18. Are pre and post Hospitalization Expenses in Maternity covered?

Ans. Maternity is a special case i.e. put under hospitalization and has a limit of ₹50,000/-. Thus the pre and post of maternity hospitalization would not come under normal pre/post hospitalization.

Q.19. Is Lasik treatment covered under the insurance claim?

Ans. No Lasik surgery is not covered and would not be paid.

Q.20. Is multifocal lens payable?

Ans. No. It is not payable.

Q.21. If the Hospitalization taken by the employee is just for investigation purpose then is that covered?

Ans. If there is no active line of treatment and the hospitalization done is just for investigation/observation it is not payable.

Q.22. What is meant by active line of treatment?

Ans. The line of 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.

Q.23. Is Congenital Internal Diseases covered?

Ans. Yes, covered.

Q.24. Are the genetic disorders payable?

Ans. Genetic disorders are not payable.

Q.25. Is Congenital External Diseases covered?

Ans. Covered but only for non-cosmetic reasons.

Q.26. Is Dental surgery covered?

Ans. No, but surgery due to Road accident is covered. Dental treatment is covered for employees above 40 years of age up to a maximum limit of ₹10000.
Q.27. Is admission less than 24 hours payable?

Ans. No, however the time limit does not apply for day care surgeries

Q.28. Is Cyber-knife surgery payable?

Ans. Yes, but only 50% payable

Q.29. Is Ambulance charges payable?

Ans. Yes, but only in case of emergency hospitalization and maximum limit will be ₹2000/-

Q.30. Is it mandatory to have the time of admission and discharge in the discharge summary and final bill?

Ans. Yes, it is mandatory as it is required to calculate the no of days hospitalized

Q.31. How Can we Avail Cashless Hospitalization?

Ans. If you are planning the treatment in Vidal network hospital, then you may avail this facility through cashless hospitalization. (1) Please get in touch with the Corporate / TPA Desk at the Hospital Lobby with the patient e-card. (2) You will get the cashless request form of Vidal; (3) It needs to be filled in and signed by the treating doctor (4) Same has to be signed by you or any family member who are covered as your dependent in our group medical Insurance policy. (5) Ensure that the form is completely filled in before signing! (6) This form is then to be faxed to Vidal by the hospital for process. (7) If the treatment is planned; kindly get the form filled in at least 3 days in advance and have it faxed to Vidal (8) If you are treated at non network hospital you have to submit claim form and relevant documents for possible reimbursement within 45 days of discharge.
Q.32. Is there any time limit to apply for the reimbursement?

Ans. Bills should be submitted within 45 days from the date of expense for hospitalization. Insurance vendors have all the rights to deny reimbursement if the claims are submitted late. However, this time line is not applicable during policy end as the time line will be reduced further according to the agreement between the Insurance & SNU. Communication will be sent on the same.

Q.33. How transferred employee will be considered under insurance?

Ans. In case of transfer or deputation overseas, the case is treated as akin to cessation of service from the date of departure of the employee. However, for the remaining policy period, dependents in India will be covered as per current year policy.

Q.34. What all hospitals are covered under cashless facility?

Ans. For the Latest list of hospitals in the panel of the insurance please visit the Vidal website: https://vidalhealthtpa.com/home/Network-Services/Network-Hospitals.

Q.35. Can I get my documents back once the claim is processed?

Ans. All claims once processed become the property of the insurance company and will not be returned to the employee in any circumstances. If the whole claim is rejected with reasons other than falsification charges will the claim be returned to the employee. Please touch base with HR in this case.

Q.36. Within how many days I can request for my documents back if its denied with reason other than falsification?

Ans. You should make a request to HR within 30 days from the date of denial for documents return. Insurance will not entertain any request after 30 days.

Q.37. Will I be reimbursed in full for the Medical Claim put by me?

Ans. You will be reimbursed up to your hospitalization limit and based on the documents submitted.

Q.38. What are the Necessary standards that a hospital should have?

Ans. Should comply with minimum criteria as under : ? It should have at least 10 inpatient beds in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places. ? Fully equipped operation theatre of its own wherever surgical operations are carried out. ? Fully qualified Nursing Staff under its employment round the clock. ? Fully qualified Doctor – registered medical practitioner ? Should be in-charge round the clock. ? It should be registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.
Q.39. Can Reports and other documents be photocopy?

**Ans.** All documents should be original, however in case of continuous treatment; prescriptions can be submitted in copy with the same attested by the HR. However discharge summary and reports should be original. Employee may take photo copies of such reports for his/her future reference.

Q.40. Will the TPA/Insurance check with hospital directly if the claim is rejected due to insufficient documents?

**Ans.** No, In member reimbursement case it is the duty of the Insured to get the necessary documents as requested by insurer or TPA. So please furnish the required details as sorted by TPA or else we do not have any option except to close the claim.

Q.41. Will bills issued on letter head be paid?

**Ans.** No, bills will be paid only if it is supported with pre-numbered cash paid receipt.

Q.42. Is main bill without pre-numbered cash paid receipt sufficient for reimbursement?

**Ans.** Cash paid receipt is mandatory to process the claim. If you had paid advance and settled the balance finally, then you need to submit both the receipts. In the absence of these receipts claim will not be processed.

Q.43. I am in notice period. Can I avail medical benefit?

**Ans.** Employees are eligible to claim till the last working day.

Q.44. I forgot the user ID and password for India Insure. How I can get this?

**Ans.** There is an option of Forgot Password given on India Insure, by clicking on this new password can be generated.

Q.45. I have not made any claim for last policy period. Will I get no claim bonus?

**Ans.** We do not have No claim bonus benefit as per our Group Medical claim Policy.

Q.46. I am going treatment other than allopathy is that payable?

**Ans.** Homeopathy & Ayurvedic treatment will be paid basis on the treatment given only in Government Hospital. Hence, kindly get the concurrence form TPA before hospitalization.

Q.47. What is co-payment?

**Ans.** It’s a percentage of total reimbursement amount which employee has to bear in all medical expenses which is 10% in case of self/spouse/children and siblings and 20% in case of other dependents. For planned hospitalization if no intimation to TPA in advance at least 72 hours of hospitalization, additional 5% co-pay, will be imposed.