GENERAL INFORMATION AND BENEFITS OF THE POLICY

Following are the main features of the Group Mediclaim Insurance Policy of Modern School.

1. Floater coverage
2. Dependent children up to age of 25 years are covered.
3. Members above the age of 65 years are also covered.
4. Sum insured Rs. 2,00,000/- (Per family member comprising of husband, wife and two children)
5. Cashless hospitalisation at all network hospitals. Visit the link to check the hospitals nearby. [https://www.rakshatpa.com/log_main.jsp?id=hosp](https://www.rakshatpa.com/log_main.jsp?id=hosp)
6. Pre & post hospitalisation for 30 & 60 days respectively covered.
7. Pre-existing exclusion waiver (Pre-existing disease is covered from first day)
8. Cap on room rent & associated charges are 1% of sum insured.
9. First 30 days exclusion waiver (Stands covered)
10. First year exclusion waiver (Stand covered)

(Please read the policy details for coverage and terms and conditions, the information provided here is only a summary)

(Click Here to read the Policy details)
FREQUENTLY ASKED QUESTIONS (FAQs)

Ques. What is Hospitalisation?

Ans. Hospitalisation means treatment in a hospital for any disease / illness / injury undertaken by the Insured person in a Hospital as an in-patient.

The Insured should have been hospitalized as an In-patient for a minimum period of 24 hours.

However, in respect of the Daycare treatment undertaken in a Hospital / Nursing Home, 24 hours hospitalisation is not necessary.

Ques. What is Day Care Treatment?

Ans. Treatment undertaken in a Hospital / Nursing Home in respect of the following where 24 hours of hospitalisation is not required.

- Dialysis
- Chemotherapy
- Radiotherapy
- Eye surgery
- Lithotripsy (kidney stone removal)
- D & C
- Tonsillectomy

Ques. What is a Hospital or Nursing Home?

Ans. Any institution in India established for indoor care and treatment of disease, illness and injury

- Registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered Medical Practitioner, or
- Complies with minimum criteria of
  - at least 15 in-patient beds
  - fully equipped operation theatre of its own where surgical operations are carried out
  - fully qualified nursing staff under employment round the clock
  - qualified doctor(s) in-charge round the clock

(In case of small towns (classified as 3rd class towns), condition of number of beds shall stand reduced to 10)
Hospital / Nursing Home shall not include
- any establishment which is a place of rest
- a place for the aged
- a place for drug-addicts
- a place for alcoholics
- a hotel or similar place

**Ques. What is coverage amount?**

**Ans.** Coverage amount is sum assured which is Rs. 2,00,000/- per family. This is the maximum amount which the insurance company will pay in the form of claim. The company may put sub-limits on the sum assured in the form of room rent etc. Please see the policy language carefully.

**Ques. Are naturopathy and homeopathy treatments covered under a health policy?**

**Ans.** In all policies naturopathy and Homeopathy are not covered.

**Ques. Does health insurance cover diagnostic charges like X-ray, MRI or ultrasound?**

**Ans.** If you are hospitalised, then charges for X-ray, MRI or ultrasound are payable provided these are required for the treatment for which you are admitted. If these tests are conducted within 30 days prior to Hospitalisation and lead to diagnosis for which you are admitted for curative treatment then this is also payable. If any of these tests are conducted and are not relevant to the treatment then these are not payable.

**Ques. What do you mean by Cashless Hospitalisation?**

**Ans.** The Insurance Company or the TPA (Third Party Administrator) working on behalf of Insurance Company gives instruction to the hospital to treat the insured person and not to collect the payment from the insured/patient but to send the bills to them (Insurance Company or the TPA) for payment. This is what is called Cashless Hospitalisation.

**Ques. Pre and Post hospitalisation?**

**Ans.**
1.) Expenses towards medical treatment for 30 days prior to hospitalisation in respect of disease / illness / injury for which hospitalisation was undertaken
2.) Expenses towards follow up medical treatment for 60 days after discharge from hospitalisation in respect of disease / illness / injury for which hospitalisation was undertaken
Ques. Is Health Insurance the same as Life Insurance?
Ans. No, health insurance and life insurance are two different types of insurance. In life insurance you get the maturity amount in case of death or maturity and in health insurance your hospitalisation expenses get paid by the insurance company.

Ques. What happens to the policy coverage after a claim is filed?
Ans. The coverage is reduced by the sum claimed by you. Total sum payable during a year is sum assured which is Rs. 2 lacs per family.

Ques. What is the maximum number of claims allowed over a year?
Ans. There is no limit on number of claims allowed during the year.

Ques. Who is entitled to an overseas mediclaim policy?
Ans. It can be purchased by anyone who is planning to undertake overseas trip (foreign trip) by road/sea/air. Your Mediclaim policy is valid only in India and is not valid outside India.

Ques. A patient is treated at home for fever. Is the fever treatment bills payable by the Insurance Company?
Ans. If family doctor or consultant doctor does the treatment of the fever at home then it is not to be paid by the Insurance Company. If due to critical state of the patient or due to epidemic the patient is admitted in a hospital then the claim is payable provided 24 hours hospitalisation condition is met.

Ques. What is day surgery? Is it payable?
Ans. Day Surgery is the surgery where patient need not spend the night in hospital and is discharged after few hours. List of the day surgeries covered under Mediclaim policy of Day surgery such as dialysis, chemotherapy, eye surgery etc.

Ques. What is a network?
Ans. This term is used whether the hospital is empanelled with insurance company/TPA or not. If it is then it is called as network hospital of the insurance company.

Ques. What types of expenditures are commonly excluded under health insurance policy?
Ans. Expenditure commonly excluded is:

- Costs which are not associated with treatments.
- Diagnostic Tests not associated with treatments.
- Medicines which you might be taking every day but are not part of this treatment.

Ques. Is there a minimum time limit for stay within the hospital under Mediclaim?

Ans. Yes – 24 hours is the limit. This is waived off in case of Day surgery such as dialysis, chemotherapy, eye surgery etc.

Ques. What happens when the limit of insurance is exhausted under Mediclaim?

Ans. Nothing is payable beyond this limit so you have to pay for treatment out of your own pocket. You will have to wait for year to end, pay renewal premium again you start with same limit as mentioned in new policy.

Ques. What happens in the event of an injury or illness that demands immediate medical attention?

Ans. Life is important. Injured / patient should be taken to doctor / nearest nursing home/hospital and emergency treatment should be provided and within 24 hrs of such hospitalisation the intimation should be sent to TPA or Insurance Company (visit https://www.rakshatpa.com/ClaimIntimation.jsp ). At appropriate time if necessary the patient can be moved to an empanelled hospital in consultation with the insurance company/TPA.

Ques. What is a Health Card?

Ans. A health card is a card that comes along with the Policy. It is similar to an Identity card. This card would entitle you to availing cashless hospitalisation facility at any of our network hospitals.

Ques. What are the benefits of a health card?

Ans. A health card mentions the contact details and the contact numbers of the TPA. In case of a medical emergency, you can call on these numbers for queries, clarifications and for seeking any kind of assistance. Moreover, you need to display your health card at the time of admission into the hospital

Ques. Why should I take Family Floater Health Insurance plan if I already have another health insurance?

Ans. Family Floater Health Insurance policy can also act as a supplement to your existing medical cover in case the cost of medical treatment is higher than your existing cover level. Thus you have an additional insurance.
HEALTH INSURANCE CLAIMS

To provide prompt claims servicing to Reliance General Insurance have appointed Third party administrator duly licensed by IRDA.

Our TPA will be happy to provide you with services in a hassle free manner within the terms and conditions of your Health policy. They will provide you the following claims services:

- "Cashless Service" at all our Network Providers for all eligible ailments/conditions.
- Processing and settlement of claims under the MEDICLAIM policy with a time bound approach.
- 24 hours Call Centre Service.

As soon as a claim occurs, please intimate within 24 hrs. to the TPA Help line/Toll free number as mentioned in your Health Card. Alternatively, please click at the following link https://www.rakshatpa.com/ClaimIntimation.jsp

Following information needs to be furnished by you while intimating a claim:

Enter Member id Number.
Select Policy Number.
Patient Name
Claim Type
Admission Date: Day | Month | Year
Disease
Requested Amount:
Enter Hospital Name
State Name
City Name
Enter Hospital Address
Submit
CLAIM PROCEDURE

Claims are broadly of two types:

- Cashless claims.
- Reimbursement Claims

To avail inpatient hospitalisation services, you can go to any hospital of your choice, either a hospital on our network or a hospital outside the network. The difference between the two being that TPA can authorize for "Cashless Service" in the hospital on our network whereas you will have to settle all the bills in the hospital which is outside our network.

However you have to follow the procedures listed below to get the services in different situations.

PROCEDURE FOR REIMBURSEMENT CLAIMS

Step 1. Take admission into the hospital.

Step 2. As soon as possible, inform TPA about the hospitalisation within 24 hrs.

Step 3. At the time of discharge, settle the hospital bills in full and collect all the bills, documents and reports.

Step 4. Lodge your claim with TPA for processing and reimbursement.
Ques. Are there any charges by the hospital, which are not reimbursable and hence have to be paid by me even after "Cashless Service" has been authorized for treatment in the network hospitals?

Ans. Yes. There are quite a few charges, which are not reimbursable and have to be paid by you even though you have been authorized for "Cashless Service" at the Network Hospitals. Some of those charges are enumerated below:

- Registration/Admission Charges.
- Attendant/Visitor pass charges.
- Service charges not forming a part of the room rent.
- Charges for TV, Laundry etc.
- Telephone/Fax charges.
- Food and Beverages for attendants and visitors.
- Toiletries etc.
- Stationery, Xerox or certifying charges

Ques. Does denial of cashless facility mean final denial of the claim?

Ans. "Cashless Service" may be denied in some of the situations as listed below.

- In case of any doubt in the policy terms with respect to the present ailment.
- If the information sent to TPA is insufficient to confirm coverage.
- The ailment/condition etc. not being covered under the policy.

If the request for preauthorization is not received by TPA in time.

However, denial does not mean denial of treatment and does not prevent you in any way prevent you from seeking necessary medical attention or hospitalisation. Hence, you may please submit the claim documents on reimbursement basis after the completion of treatment. Upon receipt of the complete documents we shall let you know the final decision based on terms and condition of the Policy.

Ques. Can Reliance facilitate me with cashless in Non-network hospital, in case I cannot take admission in Network hospital due to some reason?

Ans. In such case, we would request you to please notify as soon as possible with full details of the hospital where you will be admitted along with disease, estimate cost, tentative date of hospitalisation, and tentative duration of hospitalisation. We shall try to facilitate you with cashless, if the non-network hospital accepts the authorization from us or else our services will be restricted to claim processing on reimbursement basis only.

Ques. What are the documents required to be submitted to TPA to claim under reimbursement procedure?

Ans. Documents that you need to submit for a hospitalisation reimbursement claim are:

1. Original Completely filled in Claim form
2. Covering letter stating your complete address, contact numbers and email address (if available), along with Schedule of Expenses.
3. Copy of the Health Insurance card
4. Original Discharge Card/ Summary
5. Original hospital final bill
6. Original numbered receipts for payments made to the hospital
7. Complete breakup of the hospital bill
8. All bills for investigations done with the respective bills for medicines supported by relevant prescriptions
9. You are advised to keep Photo Copy of the entire set of claim documents submitted to us.

Ques. Can I claim my dentist's bills?

Ans. You cannot get the routine dental claim unless it is related to the injuries.
Ques. If I have a health insurance policy in Mumbai, can I make a claim if I am transferred to Delhi?

Ans. Yes, your health insurance policy is valid all over the country.

Ques. What at the Exclusions under the Policy?

Ans

- Vaccination, inoculation, circumcision or change of life or cosmetic or aesthetic treatment, plastic surgery unless necessitated due to accident or as a part of any illness.
- Dental treatment or surgery of any kind unless requiring hospitalisation.
- Cost of spectacles, contact lenses and hearing aids.
- Convalescence, general debility, "run-down" condition, sterility, venereal disease, intentional self-injury, use of drugs and intoxicants.
- Any variation of deficiency syndrome or AIDS.
- Expenses not consistent with or incidental to the diagnosis and treatment vitamins, tonics not forming part of any treatment.
- Voluntary medical termination of pregnancy within first 12 weeks of confinement.
- Maternity benefits.
- Nuclear perils and war group of perils.
- Naturopathy treatment.
In any Emergency contact on any of the following helpline numbers:-

✓ Raksha TPA

TOLL FREE : 1800-180-1444
           1800-425-8910

EMAIL ID : https://www.rakshatpa.com

Person directly dedicated for Modern School Servicing

Mr. Raju Saha

- 0172 – 5008725 (Direct No.)
- 09779906295 (Mobile No.)
- EMAIL ID : raju.saha@rakshatpa.com
- Claims Intimation Online : https://www.rakshatpa.com/ClaimIntimation.jsp
- Network Hospital : https://www.rakshatpa.com/log_main.jsp?id=hosp
- Delhi Office : 011-26828035
               011-26830883

✓ Goldkey Insurance Brokers (P) Ltd.

1. Mr. Kamal Rai (Claims Manager)

   Office No : 0172-3062929
   Mobile No : 09216955127
   Email Id : goldkeykamal@yahoo.com

2. Mr. Rohit Kapur (Corporate Manager)

   Contact No : 09872330820
               09216358163
   Email Id : goldkeyrohit@yahoo.com