Medical expenses are sky high these days, but were never cheap ever. Even a small treatment or an appointment with a doctor might consume a lot of money. Health insurance is a must as it saves money and covers unexpected calamities. Health insurance comes in handy to meet emergencies of severe ailment or accident. Sometimes it is associated with covering disability and custodial needs. Life is unpredictable, insurance can make it safe and secure from bearing huge loss. Health insurance in India is affordable and carries the assurance and freedom from insecurities that threaten life now and then.

**Mediclaim Policies:**

Two types of medical insurance plans are there:

**Individual health insurance policy** - This is the policy where policyholder himself is covered in times of health problems.

**Family floater health insurance** - This is the policy where sponsor owns the policy and the people covered under it are called its members. You can protect your full family under this Mediclaim policy.

**Tax benefits Under Medical Insurance:**

Health insurance helps to save tax under section 80(D) of income tax act. This way you get dual benefit with health insurance as you save on tax as well as save on medical expenses.

**Health Insurance Covers**

Different health insurer covers different features but here are some common features that are mostly covered in a health policy:

- Hospital room and boarding charges is covered in many health policies.
- Ambulance charges are also included in some health policies.
- Doctor’s consultation charges, diagnostic charges, ICU charges & other medical material cost.
- Chemotherapy, Radiotherapy and Dialysis charges are also included;
- Pre and post hospitalization charges.
- Cashless Hospitalization in best hospitals is offered by most of the general Insurers.
HEALTH INSURANCE
(Mediclaim)

What is Mediclaim Insurance?

Mediclaim Insurance consists of the reimbursement of hospitalization and/or domiciliary hospitalization expenses for any illness/diseases or injury sustained by the insured individual. The policy takes care of medical expenses following Hospitalization/Domiciliary Hospitalization of the insured in respect of the following situations:

1. In case of sudden illness
2. In case of an accident
3. In case of any surgery which is required in respect of any disease which has arisen during the policy period.

What is meant by 'Hospitalisation'?

Any instance when and where the insured individual is hospitalised for a minimum period of 24 hours can be termed as 'Hospitalisation'. However, for specific treatment like dialysis, chemotherapy, radiotherapy, laser eye surgery, dental surgery, etc when the patient is discharged on the same day is also considered as 'Hospitalisation'.

What is 'Domiciliary Hospitalisation'?

"Domiciliary Hospitalisation' is any instance when and where the insured individual requires medical treatment for more than three days for an illness / disease / injury that in the normal course would require hospitalisation and is conducted at his or her home within India due to The condition of the patient being such that he cannot be moved to the hospital Lack of hospital accommodation.

Are there any other restrictions on domiciliary hospitalisation benefits under Mediclaim?

Under Mediclaim, the limit of compensation is low and for certain diseases like asthma, bronchitis, diabetes, epilepsy, etc it is not available.

What is meant by Pre-hospitalisation and Post-hospitalisation expenses?

The relevant medical expenses incurred during 30 days prior to hospitalisation are known as 'Pre-hospitalisation expenses'. Medical expenses incurred for 60 days after hospitalisation are known as 'Post-hospitalisation expenses'.

What are the health check-up benefits available under the Mediclaim policy?

The Mediclaim policy provides reimbursement of medical expenses for health check-up at the end of every 4 claim-free years at the rate of 0.1 percent of the Capital Sum Insured.

Are the tests prescribed by the doctor be reimbursed under Mediclaim?

All charges incurred at the hospital or nursing home primarily for diagnostic purposes such as X-rays, blood analysis, ECG, etc will be reimbursed only if they are consistent with or incidental to the diagnosis and treatment of the ailment for which the policyholder has been hospitalised and not otherwise.
HEALTH INSURANCE
(Mediclaim)

What are the different benefits that can be claimed under the Mediclaim insurance policy in event of hospitalization?

- Different heads of benefits under hospitalization
- Room boarding expenses by the hospital nursing home
- Nursing expenses
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist fees
- Anesthesia, blood, oxygen, operation charge, surgical appliances, medicines and drugs, diagnostic material and x-rays, dialysis and chemotherapy, radiotherapy, pacemaker, artificial limbs, and cost of organs and similar expenses.
- All the above benefits are limited to the max sum insured.

The minimum period of hospitalization should be 24 hours. However for certain treatments this limit is not applicable when a package charges are levied for treatment by the hospital.

Are all diseases and injuries are covered by Mediclaim?

There are certain diseases and injuries that are not covered by this policy. These fall under basically 3 categories. The injuries or diseases not covered in the first year of operation of the policy are:

- Cataract
- Benign prostatic hypertrophy
- Hysterectomy for menorrhagia or fibromyoma
- Hernia, Hydrocele
- Congenital internal diseases
- Fistula in anus
- Piles
- Sinusitis and related disorders

Note: The diseases listed above are only excluded from cover only for the first year of the policy and not afterwards.

The injuries and diseases or medical conditions not covered at all under Mediclaim are:

- Cost of spectacles, contact lenses, hearing aids
- Dental treatment, surgery unless it requires hospitalization
- Convalescence or rest cure
- Congenital external diseases
- Sterility
- Venereal diseases
- Condition directly or indirectly related to AIDS
- Pregnancy
- Circumcision, unless it is necessary under certain circumstances alone

Diseases or injuries arising in the first 30 days from the commencement of policy (this does not include the disease excluded in the first year of operation of the insurance policy), however if a medical practitioner named by the insurance company states that the policy holder had no knowledge of the existence of the disease, then it will be covered (this also doesn’t apply if the insured had been covered under this policy or group insurance scheme with any Indian Insurance Company, in the immediately preceding 12 months).
What are the criteria for deciding on the best health cover?

Choosing a health cover for yourself must be done after careful analysis of your needs. In case you need a wide cover as also Income tax benefits the Mediclaim policy with a family package cover could be a suitable option for you.

How do you decide whether a disease was a pre-existing one or not?

While filling up the proposal form for insurance you need to provide details of the illnesses you have suffered during your lifetime. Such disclosures are important else at a later stage if discovered you could end up losing out terribly. At the time of insurance, you should be aware whether you have any disease and whether you are undergoing any treatment. The insurers refer such health issues to their medical panel to differentiate between pre-existing and newly contracted illnesses.

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

Under Mediclaim, the minimum stay within the hospital must be for a minimum of 24 hours. However for dialysis, chemotherapy, eye surgery, etc - the stay can be for less than 24 hours.

Does Mediclaim cover any expenses besides hospitalisation costs?

Mediclaim covers pre-hospitalisation (limited up to 30 days) and post-hospitalisation (limited to 60 days from discharge) expenses also if they are connected with the sickness / accident for which the hospitalisation takes place.

Can my whole family be covered under a single Mediclaim policy? What is family discount under Mediclaim?

Yes. Under Mediclaim, when the husband or the wife and children or dependant parents are covered under same policy. In fact a family package discount is also available.

What are the factors which determine the premium payable under Mediclaim?

Under Mediclaim, the age and the amount of cover are the factors that decide the premium.

Does Mediclaim offer any advantages on renewal?

On renewal of Mediclaim for every claim free year. A bonus of five percent per year (maximum 50 percent) is allowed and after four continuous renewals, the cost of medical check up to the extent of one percent of cumulative insurance for the last four years is allowed.

Who will receive the claim amount under Mediclaim if the policyholder dies during the time of treatment?

Under Mediclaim, the claim amount is paid to the nominee of the policyholder. In case there is no nominee made under the policy, then 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 next legal heirs of the deceased.

What are the documents required for buying a health insurance?

No documents are required for purchasing health insurance. As of now, you do not even need any PAN Card or ID proof. Depending on the norms of the insurer and the TPA, you might need to furnish documents like ID proof at the time of submitting a claim.
My employer provides me with health insurance coverage. Is it advisable to take another policy on my own?

It is strongly advised to have health insurance on your own as well because of reasons of continuity. Firstly, if you change your job, you might not necessarily get health insurance from your new employer. In any case you will be exposed to health costs in the transition period between jobs.

Secondly, the track record that you have built in health insurance at your old employer will not transfer to the new company policy. Covering pre-existing diseases might be a problem. In most policies pre-existing diseases are covered only from the 5th year onwards. Therefore to avoid the above problems, it is advisable to take a private policy in addition to your company provided group health insurance policy.

What are the minimum and maximum policy durations?

Health insurance policies are general insurance policies usually issued for a period of 1 year only. However, some companies also issue a two year policy. At the end of your insurance period you must renew your policy.

If wife and children are residing at Mysore while husband staying in Bangalore. Can they cover in one policy?

Yes, you can cover the entire family under one policy. Your health insurance policy is in force across India. You must check whether there are any network hospitals near to your as well as your family's place of residence. You must check if your insurer has a network hospital close to you or where the rest of your family resides. Network Hospitals are the hospitals that have tied up with the TPA (Third Party Administrator) for cashless settlement for expenses incurred there. If there are no network hospitals at the place of your residence, you could opt for reimbursement mode of settlement.

Who is a Third Party Administrator?

A Third Party Administrator (commonly referred to as TPA) is an IRDA (Insurance Regulatory and Development Authority) approved specialized health care service provider. A TPA provides the insurance company with a variety of services like networking with hospitals, arranging for cashless hospitalization as well as claims processing & timely settlement.

What do you mean by Cashless Hospitalization?

In the event of hospitalization, the patient or their family will have a bill to pay the hospital. Under Cashless Hospitalization the patient does not settle the hospitalization expenses at the time of discharge from hospital. The settlement is done directly by the Third-Party Administrator (TPA) on behalf of the health insurer. This is for your convenience.

However, prior approval is required from the TPA before the patient is admitted into the hospital. In case of emergency hospitalization, approval can be obtained post-admission. Please note that this facility is available only at the network hospitals of the TPA.

What is the maximum number of claims allowed over a year?

Any number of claims is allowed during the policy period. However the sum insured is the maximum limit under the policy.