



HEALTH INSURANCE

HEALTH POLICY

- ▶ All Health Policy is Indemnity Policy
- ▶ If combined with Critical Illness Policy – it is Indemnity-cum-Benefit Policy

Health Policy – Hospitalisation in India

OMP - Hospitalisation outside India

PA - Worldwide

HEALTH POLICY

- ▶ RETAIL - DIRECT CUSTOMERS
- ▶ GROUP -
 - EMPLOYER – EMPLOYEE RELATIONSHIP
 - NON-EMPLOYER-NON-EMPLOYEE RELATIONSHIP
- ▶ GOVERNMENT SCHEMES

COVERS

- ▶ Room, Boarding and Nursing expenses
- ▶ ICU
- ▶ Surgeon, Anesthetist, Consultants, Specialist
- ▶ Medicines, Implants and consumables
- ▶ Hospitalisation expenses of Donors subject to availability of Sum Insured.
- ▶ Whether cost of organ is covered ?
- ▶ Pre-hospitalisation 30 days prior to admission date and Post-hospitalisation 60 days from the date of discharge.

COVERS

- ▶ What is the minimum period for hospitalisation ?
24 hours
- ▶ Day Care Procedures - Whether admission is required ?
No
- ▶ Domiciliary Expenses –

Condition of patient is such that he is not in a condition to be removed to hospital

Non-availability of room in the hospital

- ▶ Home-Care treatment

COVERS

AYUSH - Ayurvedic, Yoga and Naturopathy, Unani, Siddha and Homeopathic

Covered if taken in Government Hospital or in any Institute recognised by the Government and/or accredited by QCI (Quality Council of India)/NABH

(National Accreditation Board on Health)

MODERN TREATMENT METHODS & ADVANCEMENT IN TECHNOLOGIES - with limits



TYPE OF HOSPITALS

Tertiary Care Hospital

Secondary care Hospital

Primary Care Hospital

HOSPITAL

	REGULAR	AYUSH
REGISTRATION	Registered as Hospital with local authorities or	Recognised or registered with local authorities or
TYPE	Registered	Govt/Teaching hospital attached to Ayush Hospital,
MINIMUM BEDS	10 in towns having less than 10 lakhs 15 in all other places	"5"
Medical Prac.	Mandatory	Ayush Medical Practitioner
Qualified Nurse	Mandatory	---
Operation Theatre	Compulsory if performed	Theraphy sections
Daily Records	Mandatory	Mandatory

DEFINITION AND EXCLUSIONS

- ▶ Standard Definition.
- ▶ Specific Definitions – Psychiatric, Epidemic, Age, etc.
- ▶ Waiting Period Exclusions
- ▶ Permanent Exclusions
- ▶ Specific Permanent Exclusions

WAITING PERIOD EXCLUSIONS

- ▶ Pre-existing diseases - 48 months
- ▶ First 30 days - EXCEPT accident
- ▶ Two years/Four years exclusion

PERMANENT EXCLUSIONS

- ▶ Circumcision/Inoculation/Plastic surgery
- ▶ Cost of spectacles, contact lenses and hearing aids
- ▶ Vitamins and tonics - Covered if part of treatment
- ▶ Pregnancy, childbirth except ectopic pregnancy proved by USG report and certificate of Gynae that it is life threatening.
- ▶ Devices – CPAP, Belts, collar, stockings, diabetic footwear, Glucometer/Thermometer, alpha/water bed

PERMANENT EXCLUSIONS

- ▶ Genetic disorders and stem cell implantation
- ▶ Change of treatment from one system of medicine to another – unless recommended by the consultant/hosp.
- ▶ ARMD, RFQMR – Rotational Field Quantum Magnetic Resonance, EECP-Enhanced External Counter Pulsation
- ▶ Non-Medical expenses
- ▶ Admission/Registration, service, surcharges.

ANY ONE ILLNESS AND GRACE PERIOD

Any One illness – Continue period of illness and relapse within
45 days from the date of last consultation

Grace Period - 30 days. Admission during break-in period is
not covered.

NETWORK VS.PPN

- ▶ Network - Empaneled hospitals – where cashless facility is provided - Between TPA and Hospital – Different TPAs have different rates with Hospital for same procedure
- ▶ PPN – Preferred Provider Network – Between TPA, Insurance company and Hospital – effective in 12 cities – Same rate across all Hospitals and across all PSUs.

FACTORS

Age and Sum Insured - Health Policy

Age, No.of days and Sum Insured - OMP

Age, Occupation, No of days and Sum Insured



OPTIONAL COVERS

- ▶ Daily Cash Allowance
- ▶ Critical Illness
- ▶ Overseas Hospitalisation
- ▶ Road and Air Ambulance
- ▶ Reinstatement of Sum Insured
- ▶ List of Excluded Items.

RENEWAL

Can be denied only on

1. Fraud or Suppression of material facts.
2. Moral hazard or Misrepresentation
3. Non-cooperation by the Insured.

Cancellation

Can cancel the policy on

1. Fraud
2. Misrepresentation
3. Non-disclosure of material fact
4. Non-cooperation by the insured

Period of Notice - Fifteen days in writing by Registered A/D

Enhancement of Sum Insured

Can be considered – ? Yes

When ? - Only during renewal

Enhanced Sum Insured – waiting period applicable for enhanced sum insured

MID-TERM ADDITION

- ▶ Newly married spouse
- ▶ New Born Baby

Reinstatement of Sum Insured



- ▶ Some Policies offer
- ▶ SI reinstated as soon as the entire SI is exhausted
- ▶ Premium added at the commencement of risk.
- ▶ Mid-term cannot be included.
- ▶ Reinstated SI can be utilised for illness other than for which the SI is exhausted.

FREE LOOK PERIOD

- ▶ 15 days from the date of receipt of policy
- ▶ Applicable at the inception of first policy
- ▶ Refund of the premium paid less any expenses incurred by the insurer on medical examination provided no claim is made.

- ▶ Whether applicable if moved from One insurer to another ?
Yes.

TIMELINES

Intimation OF claim - Immediate -

Emergency cases - within 24 hours

Submission of documents – 15 days from the date of discharge

Settlement of claims – 30 days from the date of receipt of last documents



PRE-ACCEPTANCE HEALTH CHECK- UP

Test differs from Policy to Policy.

Not less than 50% of the cost involved for the required test to be refunded subject acceptance of risk.

COST OF HEALTH CHECK- UP

1% of the average sum insured for the preceding four claim free years

(Book reference)

Some policy has three years and some have four years

Would not be considered as a claim and will not affect the cumulative bonus or discount accrued during the previous years.

PRE-EXISTING DEFINITION

Pre-existing disease means any condition, ailment or injury or disease:

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer OR
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement

MIGRATION

- ▶ Within the Company.
- ▶ Migration to suitable health product at the time of exit age or at the time of withdrawal of existing product.
- ▶ Allow all suitable credits in the previous policy years provided policy maintained without any break.
- ▶ Not applicable for Travel and PA Policies.

PORTABILITY

Credit gained with previous insurance for PED and time-bound exclusions

To be applied 45 days in advance and response to be made within 7 days

If no response before the expiry of the policy, renewed with same Insurer for short period and renewed with new insurer once reply is replied.

In between claim, the claim is settled and full premium is collected by the existing insurer.

No commission for port-in policy.



MORATORIUM PERIOD

If the insured is with us for eight years continuously, there is no question of look back.

Except fraud or permanent exclusion mentioned in the policy.

MULTIPLE POLICIES

Each insurer deal with the claims independently.

It is the privilege of the Insured to claim under any policy.

Has right to claim the balance amount/deductibles/co-pay from the other insurer subject to the limits and terms of the policy.

The first settler will hold the claim documents and the second settler shall settle the claim based on the certified documents obtained from the first settler.

THIRD PARTY ADMINISTRATOR

ROLE

ID Card issuance / Processing of claims

Whether TPA can approve the claim ? No

Whether TPA settle the claim ? No

Whether TPA can repudiate the claim - No

As soon as the claim is settled, the file to returned to UW office and documents to be digitally transferred.

IRDAI REGULATIONS



IRDA (HEALTH INSURANCE) REGULATIONS 2013 - 01-10-2013

IRDAI (HEALTH INSURANCE) REGULATIONS 2016 - 12-07-2016

INCLUDES HEALTH, PERSONAL ACCIDENT AND TRAVEL POLICIES

IRDAI REGULATIONS

- HEALTH INSURANCE BUSINESS IS DEFINED UNDER – SEC 2(6C) OF THE ACT
- INDIVIDUAL HEALTH POLICY MINIMUM OF ONE YEAR AND MAXIMUM OF THREE YEARS – CAN PREMIUM BE CHANGED DURING THIS TENURE ? NO. PREMIUM CANNOT BE CHANGED
- CAN TRAVEL POLICY AND INDIVIDUAL PA POLICY CAN BE GIVEN FOR A PERIOD LESS THAN A YEAR ? YES.
- SENIOR CITIZEN DEFINITION – 60 OR MORE YEARS AS ON THE DATE OF COMMENCEMENT OR RENEWAL OF POLICY
- NO LOADING OF PREMIUM

IRDAI REGULATIONS

- ALL HEALTH PRODUCTS TO BE APPROVED BY IRDAI
- CAN BE WITHDRAWN WITH PRIOR APPROVAL SUBJECT TO GIVING A PROSPECTIVE DATE OF CLOSURE NOT LATER THAN 3 MONTHS FROM THE DATE OF NOTIFICATION - WHAT ABOUT EXISTING POLICYHOLDERS ? SHALL BE CONTINUED TILL EXPIRY OF THE POLICY, HOWEVER, 3 MONTHS IN ADVANCE TO BE INFORMED TO INSURED AND SIMILAR PRODUCT IS OFFERED.
- REVIEWED BY APPOINTED ACTUARY ONCE IN A YEAR
- BOARD APPROVED UNDERWRITING POLICY IS MANDATORY.
- WHETHER DENIAL OF PROPOSAL CAN BE DONE ? YES. THE REASONS FOR DENIAL TO BE GIVEN IN WRITING.

IRDAI REGULATIONS

- PREMIUM CAN BE REVISED ONLY AFTER THREE YEARS OF APPROVAL. THEREAFTER FOR A FURTHER PERIOD OF ONE YEAR.
- ENTRY AGE TO BE PERMITTED UPTO 65 YEARS
- EXIT AGE ? NO LIMIT
- SHALL NOT BE DENIED RENEWAL – NO AGE LIMIT FOR RENEWAL
- COST OF PRE-ACCEPTANCE HEALTH CHECK-UP – 50% OF THE COST ONCE THE PROPOSAL IS ACCEPTED – REQD.TESTS
- CUMULATIVE BONUS ACCRUED – REDUCE AT THE SAME RATE AT WHICH IT HAS ACCRUED
- CANNOT SEEK MEDICAL EXAMINATION OR FRESH PROPOSAL FORM IF SAME SUM INSURED IS MAINTAINED ON RENEWAL.

IRDAI REGULATIONS

- WHETHER WELLNESS AND PREVENTIVE ELEMENTS, OP CONSULTATIONS, PHARMACEUTICALS, HEALTH CHECK-UPS CAN BE OFFERED AS PART OF THE POLICY ? YES PERMITTED IN 2016 HR
- SHALL ESTABLISH A SPECIAL CHANNEL TO ADDRESS THE SENIOR CITIZEN RELATING TO CLAIMS AND GRIEVANCES.
- CUSTOMER INFORMATION SHEET MANDATORY
- SETTLE OR REJECT – WITHIN 30 DAYS OF RECEIPT OF LAST DOCUMENTS. FAILING WHICH ATTRACT INTEREST AS PER PPI 2017
- ALL REQUIRED TO BE CALLED AT ONE STROKE.

IRDAI REGULATIONS

- DOCUMENTS SUBMITTED BEYOND CERTAIN PERIOD – CAN CLAIM BE DENIED ? NO
- WHETHER TPA CAN BE CHANGED ? YES – 30 DAYS NOTICE
- PORTABILITY – 45 DAYS IN ADVANCE NOT EARLIER THAN 60 DAYS
- NO COMMISSION PAYABLE FOR PORTABILITY POLICY.
- COMBI PRODUCTS – COMBINATION OF WHAT ? HEALTH AND LIFE
- UIN - ? UNIQUE IDENTIFICATION NUMBER
- PMC – ? PRODUCT MANAGEMENT COMMITTEE

IRDAI REGULATIONS

CAN LIFE INSURANCE PROVIDE HEALTH COVER - ? (5>) YES

MINIMUM GROUP SIZE - 7

USE & FILE - PRODUCTS (EG.GOVERNMENT SCHEME) TO BE APPROVED BY PMC AND FILED WITH IRDAI WITHIN 7 DAYS OF APPROVAL BY PMC.

PRODUCTS APPROVED BY IRDAI – TO BE LAUNCHED WITHIN SIX MONTHS OF APPROVAL FAILING WHICH IRDAI TO BE APPROACHED FOR APPROVAL.

IRDAI REGULATIONS

PILOT PRODUCTS – CAN BE DESIGNED AND ISSUED FOR A PERIOD OF ONE YEAR. PILOT PRODUCT CAN BE FOR A MAX. PERIOD OF FIVE YEARS. TO BE REGULARISED LATER. SIMILAR SUCH PRODUCTS TO BE OFFERED IF PILOT PRODUCT IS WITHDRAWN.

PRODUCTS APPROVED BY IRDAI – RATES, TERMS AND CONDITIONS CANNOT BE REVISED FOR NEXT THREE YEARS.

CAN DEVISE MECHANISM TO REWARD POLICYHOLDERS.

RECENT AMENDMENTS

PROVISION FOR INSURANCE OF MENTAL ILLNESS AS GOOD AS PHYSICAL ILLNESS – MENTAL HEALTHCARE ACT 2017 CAME INTO FORCE 29-05-2018

HIV ACT 2017 W.E.F.10-9-2018 – NO PERSON TO BE DISCRIMINATED.

ROHINI MASTER – REGISTRAR OF HOSPITALS IN NETWORK OF INSURANCE. MAINTAINED BY IIB.

OTHER REGULATIONS

- IRDAI (THIRD PARTY ADMINISTRATORS – HEALTH SERVICES) REGULATIONS 2016
- IRDA (PROTECTION OF POLICYHOLDERS' INTEREST) REGULATIONS 2002 – PENAL INTEREST – REGULATION 9(6) – REVISED IN 2017 – 22-06-2017
- 1. 2% OVER THE BANK RATE FROM THE DATE OF LAST RECEIVED DOCUMENTS TILL SETTLEMENT IF CLAIM IS NOT SETTLED WITHIN 30 DAYS OF LAST RECEIVED DOCUMENTS.
- 2. CUSTOMER INFORMATION SHEET IS MUST IN ALL POLICIES.
- 3. PROSPECTUS SHOULD CONTAIN UIN OF THE PRODUCT.

AROGYA SANJEEVANI

- COMMON PRODUCT ACROSS ALL GENERAL INSURERS
- ONLY PREMIUM RATE DIFFERS
- ROOM RENT, NURSING – 2% PER DAY SUBJECT TO MAX. OF RS.5,000/- PER DAY
- ICU – 5% PER DAY SUBJECT TO MAX.OF RS.10,000/- PER DAY
- CATARACT – 25% OF SI OR RS.40,000/- WHICHEVER IS LESS
- PRE-HOSPITALISATION – 30 DAYS
- POST-HOSPITALISATION – 60 DAYS
- MODERN METHODS INTRODUCED WITH 50% LIMIT OF SI.

AROGYA SANJEEVANI

- CUMULATIVE BONUS 5% UPTO 50% AND SHALL REDUCED IN THE SAME MANNER IF CLAIM IS REPORTED
- ALL EXCLUSIONS ARE DEFINED AND COMMON ACROSS ALL INSURERS.
- COPAYMENT OF 5% - IF THE CLAIM AMOUNT EXCEED SI ?
- PAYMENT OF PREMIUM ON INSTALMENT BASIS PERMITTED WITH 15 DAYS GRACE TIME FOR MAKING THE PAYMENT
- NOMINATION MANDATORY.
- NO LOADING TO APPLY IN CASE OF CLAIMS EXPERIENCE.

AROGYA SANJEEVANI

- SUM INSURED RANGING FROM RS.50,000 TO RS.10 LAKHS
- BOTH ON INDIVIDUAL BASIS AND FLOATER BASIS
- FAMILY – SELF, SPOUSE, CHILDREN AND PARENTS/IN-LAWS

CORONA KAVACH

- INDIVIDUAL AND FLOATER BASIS
- HOSPITALISATION, HOME-CARE TREATMENT, PRE AND POST
- SI RANGING FROM RS.50,000 TO RS.5 LACS
- POLICY PERIOD – 3 ½, 6 ½ AND 9 ½ MONTHS - WHY ?
- HOME-CARE WITH CERTAIN CONDITIONS – MAXIMUM UPTO 14 DAYS TREATMENT
- FIRST FIFTEEN DAYS
- HEALTH CARE DISCOUNT (FOR THOSE WHO ARE WORKING IN HEALTH CARE) – 5%
- RURAL – 10%

CORONA KAVACH

- CANCELLATION – 7 DAYS' NOTICE

OVERSEAS MEDICLAIM POLICY

- FOR TRAVELLING ABROAD.
- MEDICAL EXPENSES AND REPATRIATION
- PERSONAL ACCIDENT
- LOSS OF CHECKED IN BAGGAGE (PROPERTY IRREGULARITY REPORT
- DELAY IN CHECKED IN BAGGAGE - ONLY ON OUTBOUND FLIGHTS
- LOSS OF PASSPORT
- PERSONAL LIABILITY – LEGAL LIABILITY ARISING OUT OF INSURED.
- POLICY ISSUED FOR MAX.180 DAYS – ONE EXTENSION UPTO 180
- AGE, NO.OF DAYS AND SUM INSURED

OVERSEAS MEDICLAIM POLICY

- AGAINST MEDICAL ADVICE.
- DEDUCTIBLES
- COSMETIC SURGERY
- PREGNANCY
- TREATMENT IN INDIA

CORPORATE FREQUENT TRAVELLERS

FOR FREQUENTLY TRAVELLING PUBLIC.

SUBJECT TO ANY ONE TRIP NOT EXCEEDING 60 DAYS AND
AGGREGATE 180 DAYS DURING THE POLICY PERIOD.

CRITICAL ILLNESS BENEFIT POLICY

- BENEFIT POLICY FOR COVERING CRITICAL ILLNESS CONTRACTED.
- DESIGNED TO TAKE CARE OF THE FUTURE MEDICAL EXPENSES
- FULL SUM INSURED IS PAYABLE ON CONTRACTING THE CRITICAL ILLNESS FOR THE FIRST TIME.
- WAITING PERIOD IS FIRST 90 DAYS OF THE FIRST POLICY
- SURVIVAL PERIOD IS 30 DAYS FROM THE DATE OF DIAGNOSIS.
- ILLNESSES DIFFERS FROM POLICY TO POLICY.
- POLICY CEASES AS SOON AS THE CLAIM IS PAID.

QUESTIONS

TWO POLICIES

POLICY PERIOD - 1-1-2018 TO 31-12-2018 - RS.2 LAKHS

RENEWED - 1-1-2019 TO 31-12-2019 - RS.2 LAKHS

ADMITTED ON 25-12-2018 AND DISCHARGED ON 06-01-2019

CLAIMED AMOUNT - RS.3.25 LAKHS

NON-MEDICAL EXPENSES - RS.0.54 LAKHS

HOW MUCH CLAIM PAYABLE ?

CLAIMED AMOUNT - RS.3.25 LAKHS

LESS : NON-MEDICAL EXP - RS.0.54 LAKHS

• ADMISSIBLE AMOUNT - RS.2.71 LAKHS

CLAIM PAYABLE IS - RS.2.71 LAKHS / RS.2 LAKHS /
PROPRIONATELY PAID AND SI REDUCED.

COPAY

POLICY PERIOD - 1-1-2018 TO 31-12-2018 - RS.3 LAKHS

POLICY RENEWED ON 20-01-2019-19-01-2020 – RS.3 LAKHS

POLICY CARRY COPAY OF 10% ON ALL CLAIMS

ADMITTED ON 25-12-2018 AND DISCHARGED ON 06-01-2019

CLAIMED AMOUNT - RS.4.20 LAKHS

NON-MEDICAL EXPENSES - RS.0.20 LAKHS

HOW MUCH CLAIM PAYABLE ?

- CLAIMED AMOUNT - RS.4.20 LAKHS
- LESS : NON-MEDICAL EXPENSES RS.0.20 LAKHS RS.4.00 LAKHS
- LESS : 10% COPAY ON ADMISSIBLE CLAIMS RS.0.40 LAKHS
- ADMISSIBLE CLAIM AMOUNT RS.3.60 LAKHS
- CLAIM PAYABLE – RS.4.20 L / RS.2.70 L / RS.3 L / PROP.SHARE ONLY

COPAY

POLICY PERIOD - 1-1-2018 TO 31-12-2018 - RS.3 LAKHS

POLICY CARRY COPAY OF 10% ON ALL CLAIMS

ADMITTED ON 25-12-2018 AND DISCHARGED ON 06-01-2019

CLAIMED AMOUNT - RS.3.50 LAKHS

NON-MEDICAL EXPENSES - RS.0.20 LAKHS

HOW MUCH CLAIM PAYABLE ?

- **CLAIMED AMOUNT - RS.3.50 LAKHS**
- **LESS : NON-MEDICAL EXPENSES RS.0.20 LAKHS RS.3.30 LAKHS**
- **LESS : 10% COPAY ON ADMISSIBLE CLAIMS RS.0.33 LAKHS**
- **ADMISSIBLE CLAIM AMOUNT RS.2.97 LAKHS**
- **CLAIM PAYABLE – RS.2.97 LAKHS**

Single policy

POLICY PERIOD - 1-1-2018 TO 31-12-2018 - RS.3 LAKHS

NOT RENEWED DUE TO CERTAIN REASONS

ADMITTED ON 29-12-2018 AND DISCHARGED ON 06-01-2019

CLAIMED AMOUNT - RS.4.20 LAKHS

NON-MEDICAL EXPENSES - RS.0.20 LAKHS

HOW MUCH CLAIM PAYABLE ? - RS.3 LAKHS

TWO POLICIES

UIIC POLICY PERIOD - 1-1-2019 TO 31-12-2019 - RS.3 LAKHS

NIA POLICY PERIOD – 01-07-2018 TO 30-06-2019 – RS.5 LAKHS

ADMITTED ON 01-02-2019 AND DISCHARGED ON 16-02-2019

CLAIMED AMOUNT - RS.3.80 LAKHS

NON-MEDICAL EXPENSES - RS.0.20 LAKHS

FROM WHERE THE INSURED CAN CLAIM ? WHETHER
PROPORTIONATE ?

PROCEDURE FOR MAKING SECOND CLAIM ?

ROOM RENT LIMIT - POLICIES

UIIC POLICY PERIOD - 1-1-2022 TO 31-12-2022 - RS.5 LAKHS

ADMITTED ON 01-02-2022 AND DISCHARGED ON 16-02-2022

ROOM RENT LIMIT – 1% AND ICU 2% -

CLAIMED AMOUNT - RS.5.80 LAKHS, NON-MEDICAL EXPENSES
- RS.0.20 LAKHS

ROOM USED – RS.10,000/-, SURGEON, ASST.SURGEONS,
ANESTHETIST AND DOCTOR FEES – RS.1,50,000/-,
INVESTIGATIONS – RS.90,000/-, IMPLANT – RS.1 LAKH AND
MEDICINES AND CONSUMABLE INCLUDING NON-MEDICAL EXP
– RS.80,000/-

CALCULATION IN NEXT PAGE

ROOM RENT LIMIT - POLICIES

ROOM RENT -RS.5,000 (1%) * 16 DAYS – RS.80,000/-

SURGEON, ANESTHETIST, ETC. - RS.75,000/-

(PROPORTIONATELY DIVIDED ACCORDING TO
ROOM OCCUPIED VS.ROOM ELIGIBILITY)

INVESTIGATIONS RS.45,000/-

IMPLANT RS. 1 LAKH

MEDICINES – NON-MEDICALS RS.60,000

TOTAL CLAIM PAYABLE - RS.3,60,000/-

BONUS



UIIC POLICY PERIOD - 1-1-2019 TO 31-12-2019 - RS.3 LAKHS

CUMULATIVE BONUS EARNED - 50% TOTALLING TO RS.4.50 LAKHS

POLICY CARRY – 1% ROOM RENT PER DAY AND 2% ICU PER DAY

ADMITTED ON 01-02-2019 AND DISCHARGED ON 16-02-2019

CLAIMED AMOUNT - RS.4.80 LAKHS

NON-MEDICAL EXPENSES - RS.0.20 LAKHS

WHAT IS ROOM RENT ELIGIBLE ? - ????????????????

WHAT IS THE CLAIM AMOUNT ? HOW TO WORK OUT ?

IF THE ADMISSIBLE AMOUNT IS ABOVE RS.3 LAKHS, THEN THE CUMULATIVE BONUS IS ADDED AND PAID.

SUPER TOP UP



YEAR – 11TH RENEWAL - 01-01-2022 TO 31-12-2022 – RS.5 LAKHS

SUPER TOP UP – 5TH RENEWAL – 01-01-22 – 31-12-22 –

SI RS.5 LAKHS WITH THRESHOLD LEVEL – RS.3 LAKHS

CLAIM IN THE MONTH OF JUNE 2022 FOR RS.4.50 LAKHS

BASE POLICY CLAIM PAID – RS.2.90 LAKHS AFTER APPLYING LIMITS

- 1. BALANCE NOT PAYABLE.**
- 2. RS.1.60 LAKHS PAYABLE UNDER SUPER TOP**
- 3. RS.1.50 LAKHS PAYABLE UNDER SUPER TOP**
- 4. NIL CLAIM UNDER STUP AS BASE POLICY NOT EXHAUSTED.**

SUPER TOP UP

YEAR – 9TH RENEWAL - 01-01-2021 TO 31-12-2021 – RS.5 LAKHS

SUPER TOP UP – 3RD RENEWAL – 01-01-21 – 31-12-21 –

SI RS.5 LAKHS WITH THRESHOLD LEVEL – RS.3 LAKHS

TREATED FOR HEART AILMENT IN THE YEAR 2016.

CLAIM IN THE MONTH OF JUNE 2022 FOR HEART AILMENT RS.4.10 LAKHS

BASE POLICY CLAIM PAID – RS.2.60 LAKHS AFTER APPLYING LIMITS

1. RS.1.50 LAKHS PAYABLE UNDER SUPER TOP
2. RS.1.10 LAKHS PAYABLE UNDER SUPER TOP
3. NIL CLAIM UNDER SUPER TOP.
4. NIL CLAIM AS IT NOT EXCEEDED BASE SI.

