

Frequently Asked Questions

I. BASIC CONCEPTS

1. What is a reimbursement/indemnity plan? How a reimbursement/indemnity is based health insurance plan/mediclaim different from fixed benefit plan?

Ans: A reimbursement health insurance plan / medicaid reimburse the actual expenses as incurred during the incident of hospitalization/surgical treatment.

A fixed benefit plan is a kind of health insurance policy which offers fixed benefits. Benefits payable are fixed and are payable irrespective of actual bills.

Reimbursement product	Fixed benefit product
Actual billing amount is reimbursed. Actual expenses incurred are reimbursed	Defined benefit irrespective of actual billing amount
Original bills accepted for claim processing	Photocopies of bills accepted for claim processing
In case customer has multiple indemnity plans, then the Policy holder shall have the right to choose insurer for claim settlement. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.	Benefit payable in addition to medicaid or any other health plan

2. What is renewal for whole life mean?

Ans: Renewal for whole life means that once the customer chooses to buy health insurance from BAGIC, on payment of premium within due timeline , his policy will be renewed and he will be covered under the insurance unless the policy is cancelled by insurer due to misrepresentation or fraud, irrespective of health status and claims made. This policy doesn't have any exit age.

3. What is the difference between a family floater and a family coverage (Individual)?

Ans: A family floater covers the family members under a single sum insured which floats among all the covered insured members. A family coverage with individual Sum Insured plan includes independent sum insured for each family member.

4. Under SHIP, will customer's payout become taxable?

Ans: Payable benefits are not taxable under SHIP.

5. What are the tax benefits available under the plan?

Ans: Tax benefits are available under Section 80D up to Rs. 25,000. Benefit increases up to Rs. 30000 for senior citizens.

6. Is tax benefit available if premium is paid in cash?

Ans: No, there is no tax benefit if premium has been paid in cash.

7. Who receives the tax benefit? The one who pays the premium or the one whose health is insured?

Ans: Tax benefit can be claimed by the one who actually pays the premium i.e. the proposer.

8. What age do we take to calculate premium? Age near birthday or age last birthday?

Ans: For calculation of premium, we take completed age/age on last birthday.

9. Once the child attains maturity age, will he get a fresh coverage without a waiting period?

Ans: Yes. The benefits offered to child/children under a family floater will be carried forward in the fresh policy that he chooses to take with us, provided he continues before the policy expires.

II. POLICY COVERAGE

10. What is the coverage under in-patient hospitalization?

Ans: Coverage under in-patient hospitalization includes

- Room Rent, boarding expenses
- Nursing
- Intensive Care Unit charges
- Medical practitioner
- Anaesthesia, Blood, Oxygen, Operation theatre charges, surgical appliances
- Medicines, drugs and consumables
- Diagnostic procedures
- Cost of prosthetic and other devices or equipment if implanted internally during a surgical procedure

11. Does in-patient hospitalization require a minimum 24 hours of hospitalization?

Ans: Yes, in-patient hospitalization requires a minimum 24 hours of hospitalization

12. What is the minimum and maximum entry age?

Ans: The entry age in SHIP is 91 days to 65 years .

13. What is the cover ceasing age under SHIP?

Ans: There is no cover ceasing age. Cover can be renewed for whole life.

14. Are procedures that require less than 24 hours hospitalization (day care procedures) covered? What are the limits?

Ans: Yes, Around 140 day care procedures are covered. Upto the sum insured

15. What is domiciliary treatment?

Ans: The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable. The condition for which the medical treatment is required should continue for at least 3 days.

16. When are dental expenses covered?

Ans: Dental treatment is covered only in case of an accidental dental injury.

17. Is the insured covered for his whole life?

Ans: Yes, the policy can be renewed every year, for whole life, subject to policy terms and conditions.

18. Can the insured receive benefits from multiple insurance policies?

Ans: In case customer has multiple indemnity plans, then the Policy holder shall have the right to choose insurer for claim settlement. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

19. Is there any benefit payable on death?

Ans: There is no death benefit payable. In case of loss of life resulting from any of the covered benefits and subject to admissible claim under the policy, the benefit amount would be paid to the nominee as mentioned in the policy schedule.

20. Is there any benefit payable on surrender or at maturity?

Ans: There is no surrender benefit or benefit at maturity.

21. Can we offer SHIP to NRIs, foreign nationals / PIOs? Students, minors, all categories of women (housewives, working women, housewives where husband does not have insurance?)

Ans: SHIP can be offered to students, all categories of women who are residents of India. NRIs, foreign nationals/PIOs with a work permit can be offered SHIP. The proposed insured must be a resident of India with valid documentary evidence.

22. Can the insured claim for the medical tests like x-ray, lab tests without hospitalization?

Ans: Medical tests like x-ray, lab tests are payable only if the insured is hospitalized as an inpatient and has incurred those expenses either during actual hospitalization or corresponding pre-post hospitalization period & the subject hospitalization claim is admissible as per the terms & condition of the policy.

23. Is hospitalization due to malaria and dengue form a part of the coverage?

Ans: Yes, hospitalization due to sickness or accident forms a part of the coverage under the Hospitalization Section and/or In-hospital benefit Section of the policy

24. Is there a grace period on renewal?

Ans: There is a grace period of 30 days post which the policy will lapse.

25. Is pregnancy, pregnancy complications or congenital conditions covered?

Ans: Pregnancy, pregnancy complications and congenital conditions are not covered under the policy.

26. Are the expenses that the donor incurs for donating his organ covered?

Ans: Organ donor's treatment for treatment & the harvesting of the organ donated is covered. However, donor's pre & post hospitalization expenses or any other medical treatment for the donor consequent on the harvesting are not covered.
The benefit is payable only if the in-patient hospitalization claim has been accepted.

27. Is any dental treatment like root canal, tooth extraction covered under the plan?

Ans: In case of an accident, reimbursement of necessary dental treatment on being hospitalized is payable according to terms & condition of the policy.

28. What is the daily cash benefit for accompanying child?

Ans: If the Insured Person Hospitalised is a child Aged under 12 years or less, a daily cash amount for 1 accompanying parent for each complete period of 24 hours is payable shall be limited to the amount specified in the Schedule of Benefits

29. Are expenses towards ambulance charges covered? If yes, how much?

Ans. Yes, expenses incurred towards ambulance charges are covered. These are plan specific.

29. Is health check-up benefit for each family member covered under SHIP?

Ans: 1% of the Sum Insured per Policy is payable only once at the end of a block of every continuous four claim free years.

30. Is there a waiting period for accidental hospitalization?

Ans: There is no waiting period for accidental hospitalization.

31. What are the waiting periods for the coverage under this plan?

Ans:

S.N.	Coverage	Waiting period
1.	Accidental hospitalization	No waiting period
2.	Sickness Hospitalization	30 days
3.	Specific listed treatments/procedures	2 years
4.	Pre-existing conditions	4 years

32. When does the policy coverage start?

Ans: Policy coverage starts on the Policy Effective date mentioned in the policy schedule or when the date on which the premium is paid when due, whichever is later

33. What if the age given is misstated?

Ans: If Your Age has been misstated; all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

34. Does hospitalization benefit also carry the pre-existing condition clause?

Ans: Yes, if hospitalized due to a pre-existing condition, then pre existing disease will be covered after waiting period of 48 months.

35. Is there a free-look period available to the customer?

Ans: Free look period of 15 days is available, subject to no claims.

36. Do I have to undergo any medical examination?

Ans: Medical examinations (Pre- policy checkup) are applicable, based on the sum insured and the age of the person. Also there can be additional tests recommended post checking your proposal form declarations & the report of pre- policy check up.

37. Do I have to undergo a medical checkup every year?

Ans: No, if the insured renews policy continuously without a break and there is no change in the policy terms and conditions (sum insured remains the same).

38. What is a Family Floater plan?

Ans: A Family Floater Plan is a policy where all insured's person are covered on floater sum insured basis. A family floater covers the family members under a single sum insured which floats among all the covered insured members.

39. Why should I take a Health Policy if I already have health insurance from my employer, or if my family and I are already covered by my corporate?

Ans: Your employer will cover your medical expenses only as long as you are in his services. Tomorrow, you may change your job, retire, or even start something on your own. In all such cases you and your family will be stranded if a medical emergency arises and you have not arranged for an alternative health insurance policy. It is at this point of time that Health Insurance policy will come to your rescue. 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.

40. I want to increase my sum insured. How do I go about it?

Ans: Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured increases the sum insured one grid up, no fresh medicals shall be required. In cases where the sum insured increase is more than one grid up, the case shall be subject to medicals. In case of increase in the sum insured waiting period will apply afresh in relation to the amount by which the sum insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

41. Would there be any midterm increase in my premium in case company decides to revise the premium the next year?

Ans: No, premiums would not be revised midterm.

42. If I opt for SHIP between age group 61 to 65 years, can I enhance my sum insured at the time of renewal?

Ans: Yes, you can enhance your sum insured however it is limited upto 65 yrs only.

43. 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.
- Special nursing charges not authorized by the attending doctor.
- Service charges not forming a part of the room rent.

- Charges for extra bed for attendant etc.
- Bed retaining charges.
- Charges for TV, Laundry, Telephone/Fax charges etc.
- Food and Beverages for attendants and visitors, toiletries etc.
- Purchase of Medicines not related to the treatment.
- Stationery, xerox or certifying charges.

The above list is only indicative and not exhaustive.

44. What if I also have or intend to buy a medical policy of any other insurance company?

Ans: It's your choice, but you would have to intimate us of the same and the concerned insurance company.

45. What do you mean by pre-existing disease or conditions?

Ans: By Pre-existing Condition we mean any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

III. FAMILY COVERAGE UNDER POLICY

46. Which family members can be covered under the family coverage?

Ans: Self, Spouse and up to 2 dependent children can be covered under family coverage. Up to 2 adults can be covered under the individual plan and family floater option

47. Do all family members have to be added at the inception of the policy itself?

Ans: The existing family members need to be added at the time of inception. New members like a new born child, newly married spouse can be added at the next policy anniversary.

48. By when can the insured add a new member in the policy?

Ans: The insured can add a new member on renewal of the policy, on the next policy anniversary.

49. By when will the coverage of the new member in the policy start?

Ans: Coverage of the new member will start on the next policy anniversary / renewal of the policy subject to receipt of premium.

50. On death of the primary insured, what happens to the coverage for other family members?

Ans: If premium has been continuously paid, the policy will be renewed for the other family members with the next elder most insured becoming the primary insured in the policy.

IV. PRE-EXISTING DISEASES:

51. Will all pre-existing conditions be payable post the waiting period of 4 years? What are the exceptions to pre-existing conditions?

Ans: Pre-existing conditions are payable post a waiting period of 4 years subject to the policy being renewed with us for 4 continuous years without any lapse. However birth defects are a permanent exclusion and do not form a part of the pre-existing diseases covered.

52. Are birth defects also covered as a part of the pre-existing conditions?

Ans: Birth defects are not covered as a part of the pre-existing condition.

V. CLAIMS

53. Are copies of original bills and prescriptions allowed to claim benefit from SHIP?

Ans: SHIP being an indemnity policy, copies of bills & prescription are not accepted to process the claims. Only originals are accepted for SHIP.

54. Can insured make a claim if customer gets treated overseas?

Ans: Treatment outside India is not covered under the plan

55. Recommendations for a hospital to be on the network list?

Ans: Please send us the contact reference and we shall forward it to the TPA.

56. Does the insured need to register the claim within a specified period?

Ans: Yes the insured needs to register the claim at the earliest (within 24 hours from the admission date, in case of emergency hospitalization / 48 hour prior to the planned hospitalization.

57. Where is the list of network hospitals uploaded and is it updated regularly?

Ans: The list of network hospitals is uploaded on the website and is updated on a quarterly basis.

58. Where will the customer find the claims form?

Ans: The claims form is a part of the policy kit sent to the customer post issuance of the policy and is uploaded on the website of the TPA.

59. How does the customer inform us about a claim? Where are the contact numbers mentioned?

Ans: Customer needs to contact our TPA, Family Health Plan Ltd. (FHPL) on the Toll Free No. Contact details of FHPL are provided in the policy kit & cashless cards issued.

60. Where and what docs need to be submitted for Claims under SHIP Policy?

All claim related documents as listed in the Claim Form should be submitted in Originals at Family Health Plan Ltd (FHPL) Office at Ground Floor, Srinalaya Cyber Spazio, Rd. No. 2, Banjara Hills, Hyderabad-500034.

61. What is the time period for Cashless intimation in case of emergency and Planned Hospitalization?

Emergency Cashless claim to be intimated within 24 Hrs and Planned Hospitalization within 48 Hrs to FHPL.

62. What will be the limit of the amount that can be claimed in Policy Period?

The Covered Insured can claim upto the Sum Insured available under the given policy in one Policy Period. Insured cannot carry forward the Balance Sum Insured to the Next Policy Period.

63. Is there any limit in the room charges (Capping) where the Insured should be admitted ?

There is a room rent capping upto 3 lacs SI, Benefits are paid as per the SHIP Policy Terms and Conditions.

64. When should the Insured submit the claim documents to FHPL (TPA)?

Insured should submit the Claim related Documents within 30 days from the date of discharge from the hospital.

65. Can the Insured take benefit from two Medclaim Policies?

No. Insured can take benefit subject to the submission of Originals from one Policy. If the Sum Insured is exhausted from one of the policies then insured can claim remaining unpaid bills from another medclaim policy subject to terms & conditions of the subject policy.

66. What is the process which is required for availing cashless benefit?

For a Cashless Claim -

In case of planned hospitalization - at least 7 days prior to the planned date of admission.

In case of Emergency Hospitalization - within 48 hours of such admission.

Cashless facility is available only at Our Network Hospital. The latest/updated list of network of hospitals will be available on our website. You can avail Cashless facility at the time of admission into any Network Hospital, by presenting the health card as provided Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card /any other identity proof as approved by Us).

67. What are the documents required for reimbursement?

- Claim Form Duly Signed
- Original pre-authorization request
- Copy of pre-authorization approval letter (s)
- Copy of Photo ID of Patient Verified by the Hospital
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original Hospital Main Bill and break up Bill
- Original Investigation Reports, X Ray, MRI, CT Films, HPE
- Doctors Reference Slips for Investigations/Pharmacy/Medicine
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if any)

We may call for any additional documents as required based on the circumstances of the claim.

68. How do I send the claim documents required?

Ans: Send across the claim documents via courier. Email not allowed; Scanned documents not allowed. Only original documents will be accepted & processed further

69. What is FHPL's contact number?

Ans: Toll free Number: **1800 425 4092**; **040-23555353** FHPL Fax **040-23541400**

VI. APPLICATION PROCESS

70. What are the documents required to login a SHIP application?

Ans: Completed and signed SHIP proposal form and a premium cheque are the only documentation formalities at the application stage. Please submit the supporting medical papers in case any adverse declaration is ticked on the proposal form.

71. Is there an age proof required while submitting the SHIP application?

Ans: There is no age proof required at the application stage. However before the claims are settled, the age proof including a photo identification proof has to be submitted.

72. Is there an income proof required for any of the plans / women / housewives taking the SHIP plan?

Ans: No, income proof is not required.

73. Does the customer get a receipt for premium payment on policy logged in the branch?

Ans: Yes, the customer gets a receipt immediately.

74. Can the insured and the person who pays the premium be 2 different people? Does there need to be an insurable interest?

Ans: Yes. Insurable Interest has to be established.

75. What are the different ways for premium payment? Cheque, etc?

Ans: Cheque/Cash/Online Payment. However in case of premium paid by cash, the tax benefits cannot be availed of.

76. Is there a renewal discount/award that the customer gets on renewal of the policy?

Ans: Yes, Discount equivalent to 5% of renewal premium every year as No claim Bonus at the time of renewal, where the Policy which is renewed is claim free in the expiring year. This renewal discount will be allowed upto 25%. In case of renewal of a Policy where there is a loss, the Insured will lose the entire Renewal Discount accumulated.

VII. POLICY ALTERATIONS

77. Can the insured increase his sum insured during the policy term?

Ans: No, the insured cannot increase his sum insured during the policy term. He can increase the sum insured on renewal.

78. Till when can the insured increase his sum insured?

Ans: Only at renewal up to age of 65 years.

79. Will the waiting period be re-applicable on the increased the sum insured?

Ans: Yes, there will a fresh waiting period on the increased sum Insured amount.

80. Can the sum insured be decreased?

Ans: Yes, it can be decreased on renewal.

81. When does any alteration to the policy get effective?

Ans: On renewal when the alteration request has been accepted by the company and premium for the same has been realized.

82. What is break in policy?

A break in policy occurs when the premium due on a given policy is not paid on or before the premium renewal date or within 30 days thereof.