Benefit Presentation (Students Policy)
Group Mediclaim Policy
&
Group Personal Accident Policy

Tata Institute of Social Sciences

Policy Period: 22\textsuperscript{nd} June 2013 to 21\textsuperscript{st} June 2014

This Presentation has been prepared exclusively for Tata Institute of Social Sciences. It is not to be more widely distributed without the prior written permission of Vantage Insurance Brokers & Risk Advisors Pvt. Ltd.
This presentation is a summary of the benefit insurance policies offered to the students of Tata Institute of Social Sciences. It contains the necessary details related to your insurance policies like benefits available, claims procedures, as well as contact details of Vantage Representatives.

If you have any questions or need any additional information, Vantage team will be happy to assist in all matters concerning to your Insurance Benefits.

Disclaimer:

This document has been prepared exclusively for Tata Institute of Social Sciences and is only for reference of benefits under the Student Benefit Program. The detailed policy terms & benefits will be always as per the contract between the Insurer & Insured. The contents herein should not be copied or distributed without the prior permission of Vantage Insurance Brokers & Risk Advisors Pvt. Ltd. Any breach of these conditions will be constituted as unlawful and may invite legal action.
Know your Health Insurance Program

Providing you the ease of understanding your benefits in detail, you can choose to click on the icons below to know more:

- Your Policy at a Glance
  - Benefits Offered
  - Claims - Cashless
  - Claims - Non - Cashless/ Re-imbursement
  - FAQ’s
  - Exclusions

Exit
Contact Vantage
The Group Health Insurance Program provides pre-defined insurance coverage to all students for expenses related to hospitalization due to illness, disease or injury.

In the event of a hospitalization claim (more than 24 hours), the insurance company will pay the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured person, but not exceeding the sum insured in aggregate mentioned in the policy:

- Room Rent & Nursing charges (1% of the Sum Insured for Normal Rooms and 2% of the Sum Insured for ICU).

  **Note: In case a student opts for higher category of room other than his/her eligibility then proportionate deduction due to increase in Room & Nursing CHARGES will be made in the total claimed amount (For further clarification refer Slide No 11, Room Rent restriction clause).**

- Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialists Fees.
- Anesthesia, Blood, Oxygen, Operation Theatre Charges Surgical Appliances, Medicines & Drugs & similar expenses.

Tata Institute of Social Sciences offers the following Benefit Insurance Policies to Students. **Click on the icon below** to know more details of the policy including Benefits, Claims Procedure, Exclusions of the following Insurance Policies.
## Your Health Insurance policy at a Glance

<table>
<thead>
<tr>
<th>Sum Insured Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Uniform Sum Insured of INR 1,00,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Hospitalization Benefits</th>
<th>Policy Benefits</th>
<th>Details</th>
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<tbody>
<tr>
<td>Pre - Existing Ailments</td>
<td>Covered from Day One</td>
<td></td>
</tr>
<tr>
<td>30 days waiting period for non-accidental claims</td>
<td>Waived Off</td>
<td></td>
</tr>
<tr>
<td>1/2 /4 years Waiting Period for specified ailments</td>
<td>Waived Off</td>
<td></td>
</tr>
<tr>
<td>Pre &amp; Post Hospitalization</td>
<td>Pre 30 days and post 60 days respectively</td>
<td></td>
</tr>
<tr>
<td>Ambulance Charges</td>
<td>INR 1,000 per person in a Policy</td>
<td></td>
</tr>
<tr>
<td>Internal Congenital disease</td>
<td>Covered</td>
<td></td>
</tr>
<tr>
<td>Terrorism Related Hospitalization</td>
<td>Covered</td>
<td></td>
</tr>
<tr>
<td>Day Care Surgeries</td>
<td>Payable as per the List of Insurer</td>
<td></td>
</tr>
</tbody>
</table>
Your Health Insurance policy at a Glance

**Restrictions**

| Per Day Limit for Room Rent & Nursing Charges | Yes. Limited to 1% of Sum Insured per day for normal rooms and 2% of Sum Insured per day for ICU rooms. In case members opt for higher room then the eligibility proportionate deduction will be made during claim settlement. |

**OPD Coverage**

| OPD Extension | Maximum of INR 2,500/- per Student (Dental cover will not be given, no root canal & tooth extraction cover under OPD) |
**Your Health Insurance policy at a Glance**

<table>
<thead>
<tr>
<th><strong>Commencement Date</strong></th>
<th>22\textsuperscript{nd} June 2013 or the Program Start Date which ever is Later</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Termination Date</strong></td>
<td>Date of Leaving or Policy End Date which ever is Earlier</td>
</tr>
</tbody>
</table>

**Insuranc e Partners**

- National Insurance Company Limited
- Medi Assist India TPA Pvt. Ltd

**Insurance Company**

**Third Party Administrator (TPA)**
Pre-existing diseases refers to conditions or ailments that may have been contracted before the start of the policy. There is usually a waiting period of 4 years for covering such ailments.

**Covered from Day 1**

Any hospitalization expenses during the first 30 days from the commencement date of the Policy is not covered for the new joiners.

**Covered from Day 1**

Medical insurance policies have a waiting period of 1/2/4 years for reimbursement of medical expenses for treatment of certain specified ailments. The specified ailments mainly include Cataract, Benign Prostatic Hypertrophy, Hysterectomy or prolapsed of uterus, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis, Joint Replacement due to Degenerative condition, Age related osteoarthritis and Osteoporosis, among others.

**Covered from Day 1**
General Hospitalization Benefits

**Day Care**

Day care procedures refer to such treatment which does not necessarily require 24 hr hospitalization due to medical technological advancement. Such list of ailments are available with insurance companies and are referred to as Day care ailments.

**Ambulance Charges**

Ambulance charges INR 1,000 in a policy year will be reimbursed provided registered ambulance is used. This benefit is available only for shifting patient from residence to hospital & only if patient is admitted to ICU or emergency ward or from one hospital to another & subject to availability of Sum Insured.
Pre & Post Hospitalization Expenses

Pre Hospitalization Expenses

If the Insured member is diagnosed with an Illness which results in his / her Hospitalization and the claim is admissible, the Insurer will also reimburse the Insured Member’s Pre-hospitalization Expenses.

Post Hospitalization Expenses

Relevant expenses for 60 days post discharge from hospital for an admissible hospitalization claim will be reimbursed in the policy.

In case of post hospitalization Claim, the timeline for submission of claims is 7 days from the date of treatment completion or completion of 67 days of post hospitalization, whichever is earlier.
Deduction - Incremental Room Rent Charges

### Incremental charges calculation sheet

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Sub Amount</th>
<th>Final Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Rent Capping as per policy Per day (for normal rooms)</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>Room Rent Charges as per bill per day</td>
<td>1,200</td>
<td></td>
</tr>
<tr>
<td>Proportionate Increase in Room Charges as per Policy Terms &amp; Conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1,200 - 1,000 = 200)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INR 200/- is 20.00% of INR 1,000/-</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incremental Deduction @ 20.00% on Room Rent &amp; other charges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room Rent &amp; Nursing Charges</td>
<td></td>
<td></td>
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<tr>
<td>Surgeon Charges</td>
<td></td>
<td></td>
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<tr>
<td>Operation theatre charges</td>
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<td></td>
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<tr>
<td>Anaesthesia &amp; Anaesthetist Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor Visit Charges</td>
<td></td>
<td>20.00%</td>
</tr>
<tr>
<td>Investigation charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Charges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Payable Amount in the above illustration is Claimed Amount minus Proportionate Deduction due to Increase in Room Rent Charges</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Claims – Intimation Timelines (Important)

Claim Intimation:
Intimation of any emergency hospitalization (Cashless or Reimbursement) has to be given to Medi Assist India (TPA) Pvt Ltd within 48 hours of admission.

For Planned hospitalization the intimation must be given to the TPA 48 hours prior to hospitalization.

Intimation has to be done on Medi Assist India TPA Pvt. Ltd toll free no 1800-425-9449 and a reference number to be obtained. Students can also send an intimation mail to intimationmumbai@mediassistindia.com with CC to anand.ghanti@vantageindia.co.in with the following details.

- Name of Student
- Name of Institute
- College ID/TPA ID
- Name of Hospital / Provider
- Address of the Hospital for verification purpose.
- Date of Admission
- Probable Cost of Hospitalization
- Probable Diagnosis
- Contact No of the Student
Cashless service ensures that the students get treatment at the hospital empanelled in the TPA Network without having to pay any money. This is however, subject to approval from the TPA based on the benefits covered under the policy.

For Updated List of hospitals please visit:

https://www.mediassistindia.com/Index.html
And select NIC network Hospitals to download the Hospital List

24 X 7 Customer Care Center of HAT Toll Free Nos.
Call Center Toll: 1800-425-9449
You may also contact Vantage representative on the following number:

Mr. Anand Ghanti
Mobile :- +91-9833806362
E mail ID - anand.ghanti@vantageindia.co.in
Cashless - Planned Hospitalization

Member intimates TPA / Vantage of the planned hospitalization in a specified pre-authorization form 48 hours prior to hospitalization.

Claim Registered by the TPA

TPA issues letter of Approval within 24 hours for planned hospitalization to the hospital.

Pre-Authorization Completed

Member produces ID card at the network hospital and gets admitted.

Follow non cashless process

Member gets treated and discharged after paying for all non-entitled expenses like the deductions based on the policy terms, the cost of non payable items etc. to the hospital.
In case of a sudden requirement of Hospitalization, the cashless process is as follows:

1. Member gets admitted in the hospital in case of emergency by showing his health card and ID Card. Treatment starts.

2. Member / Hospital applies for pre-authorization to the TPA within 24 hrs of admission.

3. TPA verifies applicability of the claim to be registered and issue pre-authorization.

- **Pre-authorization given by the TPA**
  - **Yes**
    - Member gets treated and discharged after paying all non-entitled benefits like refreshments, etc.
  - **No**
    - Follow non cashless process

4. Follow non cashless process
Claims - Reimbursement Benefit

**Admission procedure**
In case of a non-network hospital, the patient will need to be admitted to the hospital and take the treatment.

**Discharge procedure**
In case of non-network hospital, member will be required to clear the bills and submit the claim to Vantage for reimbursement. Please ensure that all necessary documents such as Claim form, discharge summary, final hospital bill with break up, investigation reports, payment receipts, reports etc. are collected in original for submitting your claim.

**Submission of hospitalization claims**
1. After the hospitalization is complete and the patient has been discharged from the hospital, the claim must be submitted within 15 days from the date of discharge to Vantage.
2. In case of post hospitalization Claim, the timeline would be 7 days from treatment completion or completion of 67 days of post hospitalization, whichever is earlier.
3. Deficiency documents should be submitted within 15 days of receipt of the deficiency intimation.
Claims - Reimbursement Process

- Member intimates TPA as per intimation timelines before or as soon as hospitalization occurs.
- Claim registered by TPA after receipt of claim intimation.
- Insured admitted as per hospital norms. All payments made by member.
- Documents received by Vantage within 15 days from discharge.
  - Yes: TPA checks document sufficiency.
  - No: Claim Closed/Rejected.
  - TPA performs medical scrutiny of the documents for admissibility of the claim.
    - Yes: Claims amount will be transferred into TISS bank account.
    - No: Claims processing done within 21 working days.
    - Document completeness as required.

*Sends mail about deficiency and document requirement for re-submission.*

*Note: If deficiency is not submitted within the given timelines, the same will be considered as closed.*
Claims - Reimbursement Documents

- Claim form duly filled and signed by the claimant with the copy of Health Card of Claimant.
- Original Discharge Summary
- Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Attending doctors’ bills and receipts (if separate from hospital bill) and certificate regarding diagnosis.
- Original reports of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original
- All original payment receipts must be taken from the hospital including invoices for implants and stickers in case of lenses
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
- Break up details of Pharmacy items, Materials, Investigations even though it is there in the main bill
- In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.
- In non-network hospitalization, please get the hospital and doctor’s registration number in Hospital letterhead and get the same signed and stamped by the hospital.
- In case member is claiming from 2 Policies he has to submit the Settlement Letter & Attested documents from the earlier TPA.

Note: There may be additional documents other than the above mentioned list depending on the line of treatment & requirement raised by the TPA/Insurer.
Submission of Pre-hospitalization and Hospitalization claims in case of reimbursement:

Pre and hospitalization claim papers have to be submitted together with main hospitalization claim to Vantage within 15 days of discharge. Any claim submitted after 15 days will be rejected by the insurer. In case of cashless, pre and post expense can be claimed as detailed in the topic ‘submission of post hospitalization claims’

Submission of Post Hospitalization claims:

Post hospitalization claims are payable for expenses relevant to the ailment for which hospitalization happened but incurred within 60 days from the date of discharge. Submission of post hospitalization claims has to happen within 67 days from the date of discharge or within 7 days from the date of treatment completion, whichever is earlier.

Submission of Deficiency:

Deficiency documents should be submitted within 15 days of receipt of the deficiency intimation. In case the deficiency documents are not submitted within 15 days of receipt of the intimation, the claim will be closed by the insurer. Reopening will be at the discretion of the insurer.

- In case the Intimation and submission timelines are not met, then claim will be rejected by insurer.
Important Points to Remember

• Claim has to be intimated within 24 Hours from time of Hospitalization to intimationmumbai@mediassistindia.com with cc to anand.ghanti@vantageindia.co.in

• Claim has to be submitted within 15 days from date of discharge, post hospitalization claim must be submitted within 7 days from the date of treatment completion or 67 days from the date of discharge, whichever is earlier.

• In case of breach in intimation & submission timeline the claim will be denied by the Insurer.

• In case a student opts for higher category of room other than his/her eligibility then proportionate deduction due to increase in Room & Nursing CHARGES will be made in the total claimed amount ( For further clarification refer Slide No 11 , Room Rent restriction clause).
General Exclusions

- Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Acts of foreign enemies, War Like Operations (whether war be declared or not) and Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.

- Circumcision unless necessary for treatment or a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as part of any illness.

- Surgery of correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.

- Dental Treatment or surgery - corrective, cosmetic or aesthetic procedure, filling of cavity, root canal, wear & tear arising due to an accident and requiring Hospitalization.

- Convalescence, General debility “Run-down” condition or test cure, congenital external disease or defects or anomalies, sterility, infertility/sub infertility or assisted conception procedures, venereal disease, intentional self-injury, suicide, all psychiatric & psychosomatic disorders/diseases, accident’s due to misuse or abuse of drugs/alcohol or use of intoxicating substances.

- All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotrophic, Virus Type III (HTLB - III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition or a similar kind commonly referred to as AIDS, complications of AIDS and other sexually transmitted disease (STD)
General Exclusions

- Expenses incurred primarily for evaluation/diagnostic purposes not followed by active treatment during hospitalization.

- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

- Treatment arising from or traceable to pregnancy/Childbirth including caesarean section, miscarriage abortion or complications thereof including changes in chronic conditions arising out of pregnancy.

- Naturopathy, unproven procedure/treatment, experimental or alternative medicine/treatment including acupuncture, acupressure, magneto-therapy etc.

- Expenses on irrelevant investigations/treatment, private nursing charges, referral fee to family planning, outstation doctor/Surgeon/Consultant’s Fee etc.

- Genetical disorder/stem cell implantation/surgery

- External/durable medical/Non-Medical equipment's of any kind used for diagnosis/treatment including CPAP, CAPD, Infusion Pump etc, ambulatory devices like walker/crutches/belts/collars/caps/splints/slings/braces/stockings/diabetic foot-wear/glucometer/thermometer & similar related items & any medical equipment which could be used at home subsequently.
General Exclusions

- Non medical expenses including personal comfort / convenience items / services such as telephone / television / aya / barber / beauty services / diet charges / baby food / cosmetics / napkins / toiletries / guest services etc.

- Change of treatment from one pathy to another unless being agreed / allowed & commended by the consultant under whom treatment is taken.

- Treatment for obesity or condition arising therefrom (including morbid obesity) and any other weight control program / services / supplies.

- Arising from any hazardous activity including scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing etc. unless agreed by Insurer.

- Treatment received in convalescent home/hospital, health hydro/nature care clinic & similar establishments.

- Stay in Hospital for domestic reason where no active regular treatment is given by specialist.

- Out-patient diagnostic/medical/surgical procedures / treatments, non-prescribed drugs / medical supplies/ hormone replacement therapy, sex change or any treatment related to this.

General Exclusions

- Any Kind of service charges / surcharges, admission fees / registration charges etc levied by the Hospital.
- Doctor’s home visit charges / attendant, nursing charges during pre-post hospitalization period.
- Treatment which the Insured was on before hospitalization and required to be on after discharge for the ailment / disease / injury different from the one for which hospitalization was necessary.

Disclaimer: Above mentioned is an illustrative list of exclusions & is for reference purpose only, detailed policy exclusion will be as per the policy agreement between Tata Institute of Health Sciences & National Insurance Company Ltd.
Frequently Asked Questions (FAQ’s)

➢ **Is the 24 hours rule applicable for all ailments?**

Yes, the 24 hours hospitalization is a must. However, this time limit is not applied to specific treatments which do not necessarily require 24 hours due to technological advancement in treatment. Some of these treatments include Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Tonsillectomy taken in the Hospital/Nursing Home.

➢ **Are there any special criteria for seeking admission/ treatment in the hospitals/ nursing homes?**

It is generally recommended that you choose a Hospital on the TPA Network. However, you do have the right to choose any other hospital also, subject to the Hospital meeting one of the following minimum criteria as under:

- It should have at least 15 inpatient beds.
- Fully qualified doctor(s) should be in charge round the clock.
- Should be registered with the relevant governmental and regulatory authorities. The registration number should be printed on discharge summary and / or receipt of the Hospital.

Further, it necessarily should not be blacklisted with the TPA.

➢ **Does pre-existing disease cover mean that all diseases and medical procedures are covered?**

Pre-existing disease benefit helps the member get a complete coverage for all medical emergencies, including ailments that may have been there before the start of this policy. However, it does not cover congenital external disease / illness / defect.
Frequently Asked Questions (FAQ’s)

What expenditures will generally be covered under the Pre Hospitalization Clause?

Medical expenses incurred for Laboratory Test, Pathological Test and such similar overheads are usually incurred prior to hospitalization and will be covered under the pre hospitalization clause. Pre Hospitalization expenses are payable only if it is followed by at least 24 hrs hospitalization within 30 days of expense and there should be an active line of treatment given based on the investigation.

What expenditures will generally be covered under the Post Hospitalization Clause?

Medical expenses incurred for the treatment subsequent to release from hospitalization and other such similar overheads will be covered under the post hospitalization clause. Post Hospitalization expenses are covered up to 60 days from the date of discharge.

Is there any limit for reimbursement of expenses incurred in a laboratory or a diagnostic center as part of hospitalization?

No. If the expenses form part of the hospitalization process and if the amount is approved and payable as per the terms and conditions of the policy, then they are reimbursable up to the sum insured amount.

Will I get my claim papers back?

No, you will not get the claim papers back even after settlement of the claim. You are expected, to keep a photocopy of the same for your future reference, before submitting the papers.
Will my hospitalization be covered under Health Insurance, if I have been admitted under doctor’s instructions but no treatment is given?

No. Hospitalization not accompanied with active line of treatment and if the hospitalization is not justified the same will not be covered under Health Insurance.

Is it possible to have cashless approval for Pre and Post Hospitalization?

Cashless Facility will not be given for Pre & Post Hospitalization Expenses. Reimbursement of these expenses is possible on submitting complete, detailed bills and documents relating to the same.

Is there a time limit within which I am expected to submit the pre and post hospitalization bills?

Yes, you are advised to submit bills with respect to Pre Hospitalization and post Hospitalization, within 15 days of discharge from hospital. Post Hospitalization bills must be submitted within 7 days of completion of the treatment or completion of 67 days post discharge, whichever is earlier.

Is Dental Treatment covered?

Dental treatment or surgery of any kind is not covered under this policy unless specific cover has been taken for the same.
Frequently Asked Questions (FAQ’s)

Are Naturopathy and Ayurvedic expenses covered?

Naturopathy and Ayurvedic expenses are not covered under the policy, irrespective of whether they were incurred in a network hospital or otherwise.

What is an Authorization Letter?

Authorization Letter is the communication authorizing extension of cashless hospitalization to the Insured. The same is issued by the TPA subject to admissibility of the claim and availability of balance sum insured for the member.

How do I know whether my Claim has been admitted for Cashless Reimbursement or not?

Authorization Letter or Denial Letter shall be faxed directly to the Hospital and the Hospital will intimate you about the same.

Do I need to carry my cashless card when I go to the hospital?

Ideally, you should always carry the cashless card with yourself, when getting admitted to the hospital. But, in the event that you do not have the cashless E card, you should get in touch with the Vantage representative who will help you to provide card no and policy no.

However, it is advisable to carry a valid photo identity proof (College ID Card, Driving license, Election card or any card which is approved by Government of India), irrespective of whether you are carrying the card or not.
Frequently Asked Questions (FAQ’s)

➢ What if I have not got your cashless E-card yet? Am I covered? What do I need to do to get cashless treatment?

The claims would be settled without the E-cards provided the claimant is endorsed in the policy. You would be entitled to cashless treatment but in such case you are requested to get in touch with Vantage, before the hospitalization.

➢ If I avail cashless facility, will the Insurer pay the entire amount or will I be required to bear part of the bill at the hospital?

All expenses that are covered under the Insurance Policy will be paid for by the Insurer. However, you will be required to pay for non admissible expenses, if any, such as Registration charges, charges incurred on account of person accompanying you, etc.

➢ Can I file more than one claim in a year?

You can claim as many times you are hospitalized during the period of Insurance but the insurance company's liability in respect of all claims put together shall not exceed the Sum Insured.
Frequently Asked Questions (FAQ’s)

- Will my coverage be treated as continuous if I take an individual policy?

  No, the coverage will not be treated as continuous, once you leave the institute. If you take an individual policy, it will start as a new policy.

- What if I undergo major hospitalization in 2 different hospitals? Will the policy reimburse expenses incurred?

  Yes. The expenses are reimbursed up to the limit of sum insured and if they satisfy the terms and conditions of the policy and proper documents required for both the hospitalization (Discharge Summary from both the hospital is must)

- What is meant by a Networked / Empanelled Hospital?

  The hospitals which have a tie up with the TPA servicing the health policy is called a network / empanelled hospital.
What if the cost exceeds the sum insured?

In such a situation you will be liable to pay the incremental amount, over and above the Sum Insured limit. The TPA will inform the hospital about your balance Sum Insured and the hospital will recover the amount over and above the balance sum insured from you.

Will my claim get rejected if claim intimation and claim submission are not followed?

Current policy mandates the member to intimate any claim whether it be Cashless or Reimbursement within 48 hours of hospitalization. Members would need to send an intimation mail to intimationmumbai@mediassistindia.com and cc to anand.ghanti@vantageindia.co.in with the required details. Intimation for all planned hospitalization should happen two days prior to admission (or within 48 hours of hospitalization in case of emergency)
The Group Personal Accident Program will ensure an accident results in the death of the Insured, the policy will compensate 100% of the Sum Insured.

<table>
<thead>
<tr>
<th>Insurer</th>
<th>National Insurance Company Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Start Date</td>
<td>22-June-2013</td>
</tr>
<tr>
<td>Policy End Date</td>
<td>21-June-2014</td>
</tr>
<tr>
<td>Sum Insured</td>
<td>Uniform Sum Insured of INR 100,000</td>
</tr>
</tbody>
</table>
Group Personal Accident

Providing you the ease of understanding your benefits in detail, you can choose to click on the icons below to know more:
Claim Intimation

Claim Intimation:
The intimation for such incidence has to be done within 48 hours from the date of incidence occurred.
The intimation has to be done on the email id anand.ghanti@vantageindia.co.in or call on 09833806362 for further assistance.

Please have the following information ready for Claims Intimation:
1. Policy Number
2. Name of Injured
3. Date & Time of Loss
4. Location of accident
5. Nature of accident
6. Nature of injury
7. Place & contact details where insured person may be visited (home/hospital)

Claim Submission:
The claim submission has to be done within 30 days from the date of accident.
Claims Document:

- Claim form duly completed and signed.
- Report of treating Doctor as regards to cause of accident and nature of injuries.
- Investigation reports like laboratory test, X-rays and reports essential for confirmation of the injury.
- Police reports (wherever necessary)
- Viscera Report/Chemical Analysis Report
- Medical bill corresponding to doctor’s prescription where medical extension is granted.
- Certificate of fitness from the treating doctor
- Employer Certificate
- Any other document as may be requested by the Insurer.
- The following is a general checklist of documents required for processing your claim

Claim Submission: The claim submission has to be done within 30 days from date of accident.
General Exclusions

1. Treatment of any disease, sickness or illness

2. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician

3. Routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician

4. Elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force

5. Dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect

6. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails

7. The diagnosis and treatment of acne

8. Deviated septum, including sub mucous resection and/or other surgical correction thereof
General Exclusions

9. Organ transplants that are considered experimental in nature

10. Well child care including exams and immunizations

11. Expenses which are not exclusively medical in nature

12. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing

13. Treatment provided in a government Hospital or services for which no charge is normally made

14. Mental, nervous, or emotional disorders or rest cures

15. Pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices

16. Medical expenses covered under any workers compensation or similar policy; or

17. Medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose
18. Therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

19. Compensation under more than one clause for same period of disability.

20. Any payment after admission of a claim for 50% / 100% of Capital Sum Insured.

21. Any claim in the same period of insurance exceeding the Capital Sum Insured.

22. Suicide, attempted suicide, self injuries, HIV / AID’s / VD, breach of law, influence of liquor / drugs.

23. Any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies). War and nuclear perils.

24. Loss caused directly or indirectly, wholly or partly by:
(a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
(b) medical or surgical treatment except as may be necessary solely as a result of Injury;
(c) any Injury which shall result in hernia.

Note: This is an illustrative list of exclusion, detailed policy exclusion will be always as per contract between Insurer & Insured.
For further information, please contact:

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