

Mediclaim Policy for Ex-Employees of RITES



Frequently Asked Questions (FAQs)

1. What is Mediclaim policy?

A mediclaim insurance policy ensures that your and your family's medical expenses are borne, or reimbursed by the insurance company during the coverage period.

2. What is the name of the Insurance Company?

UNITED INDIA INSURANCE Company. Ltd. (Henceforth UIIC)

3. What is Third Party Administrator(TPA)

A Third Party Administrator (TPA) is an organization/agency which services insurance claims of beneficiaries for an insurance company

4. What is the name of the TPA (Third Party Administrator)?

Medsave Healthcare (TPA) Ltd.

Head Office: F-701 A, Lado Sarai, Mehrauli, New Delhi-110030, Phone no- 011-39001234

FAX-011-29521067, 011-29521071

5. What is the duration of the current Mediclaim Policy coverage?

From 00:00 Hrs. on Jan 1, 2016 to mid-night of December 31, 2016.

It is renewed on an annual basis.

6. Who are covered under the policy?

- i) Ex-employee
- ii) Spouse of employee
- iii) Differently abled dependant children

7. What is the sum insured for each employee and his/her family?

As per gradation and in the policy schedule

Class of Entitlement	Category of Ex-Employee	Annual Medical Ceiling per family unit
A	Ex-MD/Directors	Rs 5,00,000/-
B	Executives Clusters IV	Rs 4,00,000/-
C	Executives Clusters I,II and III	RS 3,00,000/-
D	Non-executive(All Clusters)	Rs 2,00,000/-

8. What is ceiling limit for reimbursement of room rent, ICU etc.

- a) The room, boarding and nursing expenses per day in any hospital/nursing home shall not exceed 2% of the sum insured. For Ex. MD/Directors the limit would be 3% per day of the sum insured.
- b) I.C. Unit expenses will be limited to 3% per day of the sum insured.

9. How to get Individual Health e-Card?

You can access your Medisave Health e-Card through the Corporate Portal link <http://medisave.in/Portal/MemberProfile.aspx>. You can also download the health card by putting the card no. in the “Medisave **Search-by Card**” option available in the Medisave portal (www.medisave.in) and clicking on the same. Print, record and keep it always for your reference

10. What is Cashless Hospitalization- when you get hospitalized with a network hospital(a hospital with whom the TPA has tied up after negotiating their rates and checking their specialties and qualities on behalf of the IC) , you do not have to settle the bill with the hospital. The Insurance Company represented by the TPA, co-ordinates with the hospital and settles the bill.

Cashless Hospital can be i) Planned ii) Emergency

11. What should I do if hospitalization is required and I want Cash less treatment?

There can be two scenarios i) Planned Hospitalization and ii) Emergency Hospitalization

- **In a planned hospitalization**, you have prior information of hospitalization for a planned treatment by your doctor and have time to decide which hospital to go to. You have to complete the formalities prior hospitalization
- Select from the list of network hospitals from the corporate portal (http://medisave.in/Portal/Frm_HospitalSearch.aspx) or call the toll free number given on the health insurance card and select the network hospital nearest and most convenient to you. You can also search for the required hospital in the guide book provided with health card while taking the policy.
- Please visit the hospital with your Medisave health card (in case of non –availability of health card please carry E-card at admission time). Hospital helpdesk will give Pre-Authorization forms to the insured’s family for providing the insured details like Card no, Policy number, contact details etc. The other part of the form will be filled by the attending physician of the hospital.

- Provide the filled form on the insurance desk of the hospital, the person at the insurance desk will verify the form and then fax it to Medsave. The Pre-Authorization form is sent by the hospital to the Medsave office providing details like, Date of admission, illness details, treatment planned, estimate of expenses, contact details etc.
- Medsave claims teams assess claim admissibility as per policy terms & conditions and send back the request confirmation. In case of approval we will send the authorization letter with an approved amount for the treatment.
- For enhancement please contact insurance help desk at the hospital who will coordinate with Medsave for the confirmation.
- Please follow up with our 24*7*365 helpline number in case of any assistance. You will also receive a SMS alert in case of cashless Pre-Auth approval/ rejection if you have provided your phone number in the Pre-Authorization form.
- ***In emergency Hospitalization*** immediate treatment is the priority.
- Please start the procedure to avail cashless facility within stipulated hours during hospitalization
- Show your Medsave health card and get a completely filled up pre-authorization form sent to the TPA
- The Pre-authorization request will be assessed by the Medsave team and request confirmation will be send back to the hospital
- SMS alert will also follow in case of cashless Pre-Auth approval/ rejection if you have provided your phone number in the Pre-Authorization form.

12. What should I do if hospitalization is not required? Will I still be covered?

Expenses on hospitalization for a minimum period of 24 hours are admissible. However, this limit is not applied to specific treatments taken in the hospital / nursing home and if the insured is discharged on the same day, the treatment will be considered to be taken under hospitalization benefit.

13. How to claim my hospitalization reimbursement claim if I go to non-empanelled hospital, where the cash-less facility is not available?

- To avail inpatient hospitalization services, you can go to any hospital of your choice, outside our network.
- Intimation to TPA during hospitalization within 24 hours of admission to the hospital.
- Intimation regarding the hospitalization can be provided through phone (to the call centre 24*7*365), intimation to RITES HR or e-mail, fax (mail id /fax no provided at point no4. Also at the backside of Medsave health card) or visit to Local Branch office.
- Intimation to TPA can be provided by RITES point of contact on behalf of the employee (the employee having no access to fax /e-mail)
- Please pay your bill at time of discharge. Ensure to collect relevant medical documents, reports, discharge summary, invoices from hospital, receipts. All documents to be obtained in originals

- Send all the documents along with X- Ray/CT scan films(if applicable)with duly filled and signed claim form, age **proof and ID proof to Medsave Delhi office directly (address as given above)**. The claim form is available on medsave website www.medsave.in Or in the customer portalhttp://medsave.in/Portal/Frm_downloads.aspx
- Submission of documents within stipulated time from **___ days** from the date of discharge
- Claim processed and accordingly recommend for approval, rejection or query as per policy terms and condition. The claims are finally approved/rejected by the insurance company
- **The settled amount will be transferred to _____ (ex-employee bank account or corporate account) only through NEFT/cheque.**
- Query Claims-In case of a query a letter seeking the required information/documents is sent to process the claim. Two reminders at stipulated intervals are sent in case of non-compliance to query.
- Further non-compliance to reminders will invoke closure of claim

14. What are the relevant documents necessary for getting benefit under reimbursement claim?

- a. Hospitalization Claim form duly filled & stamped by treating hospital (claim form can be down loaded from www.medsave.in)
- b. Hospital Registration number
- c. All original papers related with hospitalization viz. detailed admission, discharge summary, prescription etc., should be in date sequence
- d. All original tests reports/ films (if any) – **the films will be duly returned by Medsave after verification to the senders' address only.**
- e. Original doctor consultation documents (prescriptions)
- f. GPLA History (applicable only for Maternity Case)
- g. Date wise summary of the bills with amounts
- h. All original bills with detailed break up and **payment receipts** (consultations, medicines, tests)
- i. Investigation reports like –pathological report, ECG, X-ray reports. Etc.
- j. **Photocopy of Identity proof like – PAN card, Passport Copy, AADHAR card, Voter Id proof etc. (any standard ID proof) - ID proof id mandatory for claim amount above Rs 1 lac.**
- k. **In case of accidental claims-**
 - a) **Accidental injury-at least Medico Legal Certificate(MLC) or Accidental Report of Hospitals is must**
 - b) **Accidental fatal injury-First Information Report (FIR) registered with police is must**
- l. In case of natural death- Death certificate
- m. Cancelled cheque along with IFSC details or a copy of the passbook and NEFT form

15. What are the proofs of identity required in case of babies and children?

In case of new born babies – the identity proof of the mother and the hospital authorization letter/Discharge Card/Municipal Birth Certificate (if available)

In case of children- School Identity Card along with Guardian's ID proof(a confirmation of IC final decision supersedes in this respect)

16. What documents should we obtain before discharge from the hospital in case of cash less facility availed?

All bills in original and a discharge certificate are to be left with the hospital providing cashless treatment. The patient has to countersign all bills and fill the claim form and also leave the same with the hospital at the time of discharge.

A copy of the bills & Discharge Summary can be carried by the patient for his records and for submission along with Pre & Post Hospitalization bills and other future references.

17. During the course of my treatment, can I change the hospitals?

Yes it is possible to shift to another hospital for reasons of requirement of better medical procedure. However, this will be evaluated on the merits of the case and as per policy terms and conditions.

18. What are the Pre-hospitalization and Post-hospitalization benefits?

More than one claim for the same disease

Your mediclaim policy covers **30 days Pre-hospitalization** expense reimbursement related to treatment and **60 days Post-hospitalization** expenses. You may lodge your Pre-hospitalization claim along with main hospitalization claim or separately. The Post-hospitalization claim may be lodged after 60 days of the hospitalization. The post hospitalization expenses till 60th day from the date of discharge from the hospital may be claimed through a separate claim. This needs to be submitted on or before 7th day from the expiry of the post hospitalization cap period of 60 days.

The Pre hospitalization period lies maximum up to 30 days prior to the Date of Admission in the hospital related to the same incidence/disease/illness/surgery – the post hospitalization period lies maximum up to 60 days from the Date of Discharge from the hospital for the same incidence/disease/illness/surgery. For the period specified – consultation charges, any investigations recommended by physician related to the incidence/disease/illness/surgery, and related prescribed medicines are liable to be paid under the policy terms and conditions for the same incidence/disease/illness/surgery. In case of cashless facility availed the pre and post hospitalization benefits are to be availed by the insured claiming through reimbursement facility. The insured to claim to the TPA with relevant documents viz.

- ✓ Copy of the Discharge Card pertaining to the incidence/disease/illness/surgery in original
- ✓ All related prescriptions and consultation documents pertaining to the incidence/disease/illness/surgery in original
- ✓ All related bills, cash memos, payment receipts pertaining to consultation and/or pharmacy in original
- ✓ Copy of investigation reports if any undertaken during the period pertaining to the incidence/disease/surgery

19. I am not keen to avail of Cash-Less facility. Can I go in for reimbursement?

Yes. Under the Medclaim Policy, you can opt for Cash Less as well as Reimbursement.

We would advise that in case you are taking treatment from a network hospital, then you should avail the Cash-less facility.

This will give you the financial advantage of not paying for your hospital treatment and also gives you more cushions to meet your post-hospitalization expenses.

20. Who do I contact in case of emergency?

Please contact **Medsave** representative at Toll Free No. 1800 111 142 OR refer the website www.medsave.in to access the list of empanelled hospitals.

1. What are the relevant documents necessary for getting OPD reimbursement?

Claims for reimbursement of OPD expenses should be submitted in prescribed proforma along with documents in original viz. doctors' prescriptions, bills of medicines, tests etc. in last week of March/September to Medsave Healthcare (TPA) Ltd.

Dos and Don'ts

1. Check if you have enrolled yourself and family under the scheme.
2. **Check whether you have the Mediclaim Health Card / Health e-card in Medsave website and keep a copy at all times. If records are not found for the same please check with your HR immediately.**
3. Check for the hospitals through website www.medsave.in or through the link http://medsave.in/Portal/Frm_HospitalSearch.aspx which are empanelled under this scheme.
4. Please check for the Date of Admission and Date of Discharge in the discharge card/summary provided by the hospital
5. In case of hospitalization in non-empanelled hospital:
 - Please inform Medsave within stipulated timeframe of hospitalization through either Fax or Email with details of the patient, your name, employee number and contact number.
Fax: +91 – 11 – 29521067 / 71(HO-New Delhi)
Email: callcenter@medsave.in (HO-New Delhi), with a copy to poornima@medsave.in; nandinee@medsave.in; gunjan@medsave.in
 - Also, please submit all original documents (including test reports / films) in Medsave Delhi office for such hospitalization within 15 days from the discharge date otherwise your claim will not be entertained.
 - Please provide your full address and details in the claim form for further/relevant communication