



SNPWA HEALTH INSURANCE SCHEME

(A PIONEER ENDEAVOUR FOR PENSIONERS' WELFARE BY SNPWA)

INSURED: SANCHAR NIGAM PENSIONERS' WELFARE ASSOCIATION (SNPWA)

INSURER: THE NEW INDIA ASSURANCE COMPANY Ltd.

ADMINISTRATION AND SERVICES: SECURUS IBI Private Ltd.

THIRD PARTY ADMINISTRATOR: HEALTH INDIA INSURANCE TPA Pvt. Ltd.

Few queries asked by the ex-employees and our clarifications for those queries:

1. Whether an existing Diabetic / BP patient will be covered for future claims from Day-1 ?

Existing diseases such as Diabetes, Hypertension, Cardiac Disorders, and Cancer etc. are covered from the very first day of the policy period.

2. Whether Dental Procedures (other than accidents) will be covered?

Dental procedures are covered for accidental claims if hospitalisation is required.

3. Are retired employees below 60 years eligible to join the scheme?

Yes, all retired employees of BSNL MTNLDOT are eligible to join the scheme. But below 60 years have to join at the premium of the minimum age band 60-65 years.

4. Is there any specific limit for claims on surgeries like Cataract, Hernia, and Hysterectomy etc?

No sub-limits applied for any diseases or ailments in this scheme. Non-medical items, as per the list approved by IRDAI are not payable.

5. What is meant by Domiciliary Hospitalisation?

It means medical treatment for a period exceeding three days for such an illness/ disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following: (a) the condition of the patient is such that he/she is not in a condition to be moved to a hospital or (b) the patient takes treatment at home on account of non-availability of room in a hospital. However, domiciliary Hospitalisation benefits shall not cover: (a) Expenses incurred for pre and post hospital treatment and (b) Expenses incurred for treatment for any of the following

diseases: Asthma, bronchitis, chronic nephritis and nephritic syndrome, diarrhoea and all types of dysenteries including gastroenteritis, diabetes mellitus and insipidity, epilepsy, hypertension, all psychiatric or psychosomatic disorders, influenza, cough and cold, pyrexia of unknown origin for less than 10 days, tonsillitis and upper respiratory tract infections including laryngitis and pharyngeal, arthritis, gout and rheumatism.

6. What are the differences between a policy we purchase directly from an insurance company and a group insurance policy like this one?

The policies that you can directly purchase from any insurance company are called Standard Policies. These policies are designed by the insurance company, and naturally, the policy coverage, exclusions, terms and conditions and claim procedures will be in favour of the insurance company. The insurance company will fix a premium amount for those policies and sell it. Majority of customers who purchase such policies are not aware of the coverage, exclusions, terms and conditions and claim procedures. An agent can help them to a certain extent. An agent is assigned to work for any one of the insurance companies and any one its branches only. So an agent's limitations are very clear.

Broking Companies are licensed by IRDAI after evaluating the professional Skills and Product Knowledge. A broking company has to depositing 75 Lakh as security deposit without interest to get a licence. Broking Company can place business in any of the insurance companies regulated by IRDAI. Broking companies are assigned by IRDAI to serve the corporates in India without receiving any remuneration from their clients. Broking Companies are even allowed for claim administration. In the case of Group Insurance the Broking Company will design a policy in favour of its client. Coverage will be as per the requirement of the group. Many of the basic exclusions will be waived off for the benefits of the group members. Terms and conditions will be hassle-free. Claim procedures will be discussed in detail with the TPA (Third Party Administrator) and the Insurance Company at the time of Quote request. Violation of agreement from the side of Insurance Company and TPA will be taken to court by the Broking Firm on behalf of the client. In short, all the claims lodged as per the agreed policy conditions would be settled without any hassle and the claimants may not suffer any sort of pressure at the time of discharge.

7. What about Ayurvedic treatment clauses?

Rs. 50000/- will be the limit allowed for AUSH - Ayurveda, Unani, Siddha & Homoeopathy. Treatment shall have to be undergone at : All Govt Hospitals & Medical Colleges or All Private Medical Colleges or All Private Hospital having NABH Certification. (National Accreditation Board for Hospitals & Healthcare Providers)

8. Whether hospitalisation happening due to adipidi / kashapisha etc will be covered?

Injuries incurred due to quarrel or tiff or squabble or assault etc will be covered only for the affected person (Victim) Injuries of assaulter shall not be covered. NB: Police reports are considered to identify Victim and Assaulter.

9. Whether Annual Health Check-ups are covered ?

Annual health check-up shall not be covered. Hospitalisation only for Investigation and Evaluation without any active line of treatment shall be denied. Every year TPA will undergo a Free Medical Camp exclusively for our clients if the client pave way for facilitating such camp.

10. Whether accidents happening due to alcoholic / intoxication state will be covered?

Accidents occurred due to the consumptions of liquor or drugs or due to any kind of intoxication shall not be covered.

11. Can a policy holder pay the premium directly to the concerned Insurance Company?

Premium cannot be paid directly to the Insurance Company without the consent of the client (SNPWA). You can contact the association authorities for knowing premium paying procedures. Association authorities are assigned by the insurance company to collect premium from their members and provide coverage for their members as per the agreed terms and conditions.

12. Will you issue policy norms and documents to each policy holder separately with policy details?

You can visit the site of the association and download all details regarding the policy. Also, you can avail the facilities of our App - SIBRO BUDDY.

13. Please assume that a few members of this scheme may discontinue this policy in future. If so, will the policy remain valid for the remaining members with the same norms?

Yes, the policy will continue without any change in policy conditions. The premium to be paid for renewal shall change in accordance with the volume of the group and claims ratio.

14. Say a person has already taken another health insurance policy from a different company and he has availed this scheme also. If limit is exhausted in one policy, can he use the second policy for the remaining amount? Please explain with an example and explain the procedures

For example: Mr X is having two health insurance policies from two Insurers. (company 1 : Sum Insured - Rs. One lakh and company 2 : Sum Insured - Rs. Two Lakh) and unfortunately, he was admitted to a hospital for a major surgery. He preferred to make use of the policy of company 1 with Sum insured Rs. One Lakh. But, when the final bill was issued the total amount was Rs. One Lakh seventy five thousand. Subsequently, he got approval from the company 1 for Rs. One lakh. For the remaining amount of Rs. Seventy five thousand he had sent a request to the company 2, along with the approval letter received from company 1. On receiving his request, company 2 verified his documents and allowed him Rs. Seventy five thousand from his SI two lakh.

NB: Please note that you are not able to claim same expenses incurred for a treatment from two companies. But, you can claim the remaining amount when the SI of the first company was exhausted.

15. Will Top-up be considered for this year if members are willing to pay additional premium?

So far it is not there. But this year we will consider this case if sufficient demand is there. However, that will be optional on individual choice by the optee.

16. If so, will remaining amount in the top-up be available for claim in the remaining period of that particular year?

17. Say initial 5L was exhausted for various members in the policy, will you add top up for the remaining period of that year?

(15) (16) & (17) Once the policy SI has been exhausted, the top up amount specified in the policy will be activated for you to avail. You can make use of it for the existing claim as well as future claims, if any.

18. Will Cashless transactions always be available for the listed hospitals in this scheme?

Cashless facility is being exercised on the basis of the agreement between the TPA and the hospital. Within the policy period, if there is any disagreement between these two parties, you may not get Cashless facility from that particular hospital. Instead of cashless you can go for reimbursement claim.

19. For treatment in hospitals which are not in the list, can a person claim reimbursement with the same limit and norms as cashless?

In the case of non-network hospitals, you can go for reimbursement claim. There is no difference in claim settlement procedures for cashless claims and reimbursement claims.

20. What is the time taken for reimbursement?

Reimbursement claims will be settled within a period of 30 working days from the date of claim submission, provided, all documents as per the checklist are to be submitted at the time of claim submission, not exceeding 14 days from the date of discharge.

21. Is outdoor treatment covered? If so what are the norms?

OPD expenses incurred during 30 days prior to admission and 60 days after discharge shall be covered and settled as reimbursement claim. Treatments undergone only in OPD are not covered. If you opt for OPD coverage Additional Premium will be loaded which may not be a feasible scenario.

22. Say only employee is subscribed in this scheme and is it possible to add spouse and children in future in this scheme by paying the shared premium of this policy during the policy period?

Only Ex-employee and spouse are eligible. Children cannot be admitted. In the rare case of marriage after the start of the policy, the new spouse can be added on payment of total premium for the family fixed in the policy.

23. While renewing the policy, should we furnish all details just like fresh proposal?

Yes. Even though you are renewing your existing policy, you have to fill all your data in the proposal just like fresh proposal. It is so because there may be following change: Address, Contact numbers, Age, Additions and Deletions of members in the family etc.

We invite all queries from your end, so that each and every members of the scheme shall have a complete awareness of the product. Please feel free to send such queries without any hesitation.

Clarifications by: K.V. Ram, Sr. Manager, Securus IBI Pvt. Ltd.
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