



INDIAN INSTITUTE OF SCIENCE MEDICLAIM STUDENTS AND PROJECT STAFF BENEFITS MANUAL



INDIAN INSTITUTE OF SCIENCE

Period of Insurance : 01/08/2023 To 31/07/2024

Policy No : 5004002823P104736298

Disclaimer:

This benefit summary will serve as a guide to the benefits provided by INDIAN INSTITUTE OF SCIENCE to their Students and Project Staff. The information contained here is only a summary of the policy documents which are kept by the company. For complete information refer the policy copy.

Benefit Details

Objective

This insurance scheme is to provide adequate insurance coverage to the Students of **INDIAN INSTITUTE OF SCIENCE** for expenses related to hospitalization due to illness, disease or accidental injury.

Insurer	UNITED INDIA INSURANCE COMPANY LIMITED
Policy No.	5004002823P104736298
TPA	HEALTH INDIA INSURANCE TPA SERVICES PVT LTD
Policy Start Date	01/08/2023
Policy End Date	31/07/2024
Coverage Type	Floater
Sum Insured	300000



Benefits Covered

- Pre- Existing Diseases
- 1st & 2nd Year Exclusions



- Pre-Post Hospitalization Expenses
- Day care Procedures



- Ayurvedic treatment
- Lasik Surgery

- ✓ Covered from day One
- ✓ Waived
- ✓ ICU : 4% on sum Insured
- ✓ Room Rent : 2% on sum insured
- ✓ Proportionate clause waived off
- ✓ Pre- Hospitalization up to 30 days covered
- ✓ Post- Hospitalization up to 60 days covered
- ✓ Any day care procedure with less than 24 hours hospitalization listed by IRDA day care List is covered
- ✓ Emergency Ambulance Charges - 1% of the SI
- ✓ Covered upto 25% of SI in any Govt. Regd. Hospital
- ✓ Covered if the Power of eye is above +/- 7.5

Benefits Covered

- Limits for common ailments
- Congenital Internal Diseases



Claim
Intimation



- Additional coverages

- Domiciliary Hospitalization

- ✓ Not Applicable
- ✓ Internal Congenital covered and external congenital covered in case of life threatening condition
- ✓ Claim intimation should be given to TPA or insurance company within 24 hours from the date of emergency hospitalization
For Claim intimation : 022-61035260/022- 61035268
frd@healthindiatpa.com,sandeepyadav@uiic.co.in
- ✓ Claim Documents must be submitted with 15 days from the Date of Discharge
- ✓ Dog bite/Snake bite/OPD : covered upto Rs.1000/
- ✓ Reimbursement for out-patient treatment : covered upto Rs.1000/-
- ✓ Psychiatric and wellness reimbursement : Covered upto Rs.40000 for IPD
- ✓ Not Covered



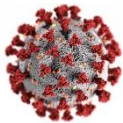
➤ **Maternity**

➤ **Pre & Post Natal Expense**

➤ **New Born Baby Cover**



➤ **COVID-19
Coronavirus**



- ✓ **INR 50,000 for both Normal & C-Section upto first 2 children only. Nine Months waiting period for Maternity is waived off. Maternity Benefit to be granted to the limited no of 10 staff/students only. Coverage will cease to exist once there have been 10 incurred claims.**
- ✓ **Covered upto INR 2,500 within the overall Maternity limit for a period of 30 days**
- ✓ **New born child covered within Maternity limit**
- ✓ **The Covid-19 treatment and all medical consumables including PPE gloves and masks shall be covered. The hospital service charge like insurance processing charges should be covered. The Covid-19 related expense, like testing expenses (covering both Positive and Negative report) and the home isolation like Medicines, Teleconsultation, Oxygen diagnostic tests for the Covid-19 expenses are to be covered. All expenses for COVID treatment in Hospital as well as in isolation shall be fully covered including consumables except the expenses for food. All current as well future treatments for COVID-19 treatment shall be covered, subject to minimum 24hrs Hospitalization.**

- **Infertility & related ailment inclusive Male sterility.**
- **Treatment on trial/experimental basis.**
- **Expenses on fitting of Prosthesis: Any device/ instrument/ machine contribution/replacing the function of an organ: Holter Monitoring are outside the scope of the policy.**
- **Circumcision except for disease not excluded here or Injury.**
- **Change of life or cosmetic or aesthetic treatment of any description, plastic surgery except for relating to treatment of injury or illness.**
- **Cost of Spectacles and contact lens, hearing aids.**
- **Convalescence, General Debility, Run down condition or rest cure, congenital External Disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of Intoxicating drugs /alcohols.**
- **Lasik Any Expense of any treatment related to Human T. Cell Lymphotropic viruses Types III (11TLB-III) or Lymphadenopathy Associated viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any syndrome or a Condition of a similar kind referred to as AIDS.**
- **Non - Medical expenses not covered.**

CASHLESS CLAIMS PROCESS

CASHLESS CLAIMS PROCESS

Customer approaches Insurance company Network Hospital for Cashless treatment

Hospital verifies customer details and sends the Pre-Authorization form duly completed by Email

Health India verifies preauthorization request details with policy benefits & conveys decision to the provider

QUERY

APPROVED

Authorization letter is sent to the provider

Provider treats the patient

Provider collects NMEs from Insured

Query letter is sent to the provider asking for additional information.

Required additional information received from the provider

DENIAL

Denial letter is sent to the provider

REIMBURSEMENT CLAIMS PROCESS

Policy holder has to primarily ensure to notify the TPA within 48 hours of admission.

Customer collects hospitalization documents in original on discharge and submits the same to Health India

Preliminary scrutiny of claim documents verification of Policy Benefits / Date of Loss / Requisite documents

Deficient (Additional documents required to decide upon the claim admissibility)

Repudiated (Claim not admissible-not within the purview the policy)

Approved (Claim admissible under the purview the policy)

Intimation of the deficiency is sent to the insured

Claim document with our observation is sent to Insurer for concurrence

Claim uploaded in GC Core portal of United India Insurance company limited

Required documents received

Required documents not received

Repudiation letter sent to client by United India Insurance company limited

Payment released to the client through ECS/NEFT by United India Insurance company limited

A Reminder for deficiency in documents (2 successive) on every seventh day

Required documents not received after 3 reminders

Claim is treated as NO claim and closed after 30 days for Non-submission of documents. Claim Closure letter is sent to the Insured.

Planned/Unplanned cashless request

- **Cashless facility is only applicable if the member goes to a network hospital.**
- **Students / Project staff should carry their medi-claim cards or medi-claim ids along with a photo id proof to the hospital**
- **Go to the Help desk/ TPA Desk/ Reception, and inform that you are covered under Group Mediclaim Insurance serviced by Health India TPA and get the pre authorization form filled by the doctor/hospital.**
- **Get the filled form mails to the TPA;**
 - ❖ **If everything is ok, within stipulated the TPA will sanction the amount.**
 - ❖ **If TPA requires more clarification, it will email the letter of requirement/clarification. The query needs to be answered satisfactorily via email. If the query is resolved then TPA will sanction the cashless.**
 - ❖ **The cashless may be rejected if TPA is of the view that ailment/ hospitalization is not covered under the policy.**
- **If the final bill is more than initial sanctioned amount then at the time of discharge follow the above process again. Additional limit will be granted if things are in order**
- **There are few hospitals which may ask for certain deposit amount at the time of admission which will be refunded to you once the hospital gets it payment from the TPA**

All the documents mentioned below should be submitted to avoid any delay in claim or repudiation of claim

- **Duly Filled & signed Claim Form**
- **Original Discharge Card / Summary/Transfer Summary**
- **Original Final Bill of the Hospital with breakup of all charges**
- **Original Bill Paid Receipt (Deposit/Final payment receipt) with revenue stamp**
- **Original Investigation Reports (ECG, USG, CT Scan, X-ray, Blood report, A scan etc)**
- **All Imaging Films, ECG Strips, Doppler / Angiogram CD etc**
- **Original Pharmacy bill with supporting prescriptions**
- **Hospital Registration Certificate (in case of a unknown small hospital)**
- **Aadhar Card of patient is mandatory. as per IRDA Circular**
- **Intimation mail copy/ Claim Registration no.**
- **Paginated copy of Indoor Case papers**
- **All FIR/MLC copy incase of Road accidents. If MLC is not applicable then written confirmation from Doctor/Hospital that the patient was not under influence of alcohol or drugs.**
- **Original Cancel cheque with name of beneficiary & IFSC code/ Bank statement/ bank passbook.**

❖ *All the bills/reports/prescription are to be submitted in original*

DECLARATION BY THE INSURED:

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/insurance company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Signature of the employee

Date:

Place:

Signature of the Insured

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the insurance company
b) SI No/ Certificate No.	Enter the social insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No	License number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin Code
SECTION B - DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Mediclaim/ Health Insurance?	Indicate whether currently covered by another Mediclaim/ Health Insurance	Tick Yes or No
b) Date of Commencement of first Insurance without break	Enter the date of commencement of first insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the insurance company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the insurance company
Sum Insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously Covered by any other Mediclaim/ Health Insurance?	Indicate whether previously covered by another Mediclaim/ Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the insurance company	Name of the organization in full
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option. If others, please specify.
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin Code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of Injury/Date Disease first detected/ Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh:mm format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh:mm format
i) If Injury give cause	Indicate cause of injury	Tick the right option
If Medico legal Reported to Police	Indicate whether injury is medico legal	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ cash benefit claimed	Enter the amount claimed as lump sum/ cash benefit	In rupees (Do not enter paise values)
d) Claim Documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amounts in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax department
b) Account Number	Enter the bank account number	As allotted by the bank
c) Bank Name and Branch	Enter the bank name along with the branch	Name of the Bank in full
d) Cheque / DD payable details	Enter the name of the beneficiary the cheque/ DD should be made out to	Name of the individual/ organization in full
e) IFSC Code	Enter the IFSC code of the bank branch	IFSC code of the bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		

CORPORATE EMPLOYEE MANAGEMENT

Sr. No.	Features
1.	Single Sign On
2.	Password Management with OTP features
3.	Self Policy & Parents Policy View
4.	Add Dependent from same login
5.	Policy Terms & Condition View
6.	Claim Tracking with Status View
7.	E-Card Print & Get Card on Email as PDF
8.	Download Claim & Pre Auth Forms
9.	Claim Submission Process
10.	Emergency Services Detail (Blood Bank, National Emergency Numbers etc.)
11.	Health Tools & Health Tips



FEATURE AVAILABLE INSIDE ALL LOGINS

- View active Policy Information with covered beneficiaries
- View & Print E-Card online
- Email E-Card on beneficiary email id in pdf format
- Get the real time information on claims & Cashless authorization
- Print Deficiency Letter, Reminders, Discharge Voucher
- View Claim Payment Details with Bill Breakup with Deductions details
- Various MIS to Corporate Policy Holders like ICR Report, Disease Wise Analysis, and Age band wise analysis, and Gender Wise Claim consumption report etc.

TPA Login



Insurance Company



Policy Holder



Corporate HR



Corporate Employee



Provider



Yeshasvini

Web Portal Logins



RSBY



Broker



Agent



Reliance RSBY



MSBY UTTARAKHAND



Insurance Company Auditor

Contact Details of Service Relationship Managers

Health India Insurance TPA

The following can be contacted in case of policy coverage clarification, claim status inquiry

SPOC:

Mr. Karthik

E-mail Id: iisc@healthindiatpa.com / karthik.a@healthindiatpa.com

Phone : 07400054272

For Cashless Hospital: Contact Call center at 24 X 7 Customer Service Center -

Toll Free No 24/7 : 1800 2201 02 / 022-40881000

Email – crm@healthindiatpa.com

**THANK
YOU**

iHEALTHINDIA
INSURANCE TPA SERVICES PVT. LTD.