



**INDIAN INSTITUTE OF SCIENCE MEDICLAIM  
STUDENTS AND PROJECT STAFF BENEFITS  
MANUAL**



# **INDIAN INSTITUTE OF SCIENCE**

**Period of Insurance : 01/08/2022 To 31/07/2023**

**Policy No : H1036532**

## **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.

<b>Insurer</b>	<b>IFFCO-TOKIO GENERAL INSURANCE CO. LTD</b>
<b>Policy No.</b>	<b>H1036532</b>
<b>TPA</b>	<b>HEALTH INDIA INSURANCE TPA SERVICES PVT LTD</b>
<b>Policy Start Date</b>	<b>01/08/2022</b>
<b>Policy End Date</b>	<b>31/07/2023</b>
<b>Coverage Type</b>	<b>Floater</b>
<b>Sum Insured</b>	<b>300000</b>

## Benefits Covered

- Pre- Existing Diseases
- 1<sup>st</sup> & 2<sup>nd</sup> Year Exclusions



- Pre-Post Hospitalization Expenses

- Day care Procedures



- Ayurvedic treatment
- Lasik Surgery

- ✓ Covered from day One
- ✓ Waived
- ✓ ICU : 4% on sum Insured
- ✓ Normal : 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
- ✓ 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**

✓ **Waived off**

✓ **Pre & Post Hospitalization : Within 60 days from the date of discharge.**

✓ **Hospitalization/OPD Claim: Within 60 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**

- ✓ 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 15 staff/students only. Coverage will cease to exist once there have been 15 incurred claims.

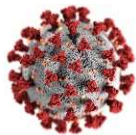
➤ **Pre & Post Natal Expense**

- ✓ Covered upto INR 2,500 within the overall Maternity limit for a period of 30 days

➤ **New Born Baby Cover**

- ✓ New born child covered within Maternity limit

➤ **COVID-19  
Coronavirus**



- ✓ 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





## Exclusions specific to the policy

- **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.**

# 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

Insured may file the claim for reimbursement



# 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 CWISS portal of IFFCO

Required documents received

Required documents not received

Repudiation letter sent to client by IFFCO TOKIO

The payment released to the client through ECS/NEFT by IFFCO TOKIO

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 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 45-60 mins 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

### Note:

Denial of “Cashless Service” is not denial of treatment. You can continue with the treatment, pay for the services to the hospital, and later send the claim to TPA for processing and reimbursement.

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

- Duly Filled & signed Claim Form of IRDA
- 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*

# 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](mailto:iisc@healthindiatpa.com)

Phone : 07400054272

### **1st level Escalation:**

Mr. Navakumar

E-mail Id : [navakumar@healthindiatpa.com](mailto:navakumar@healthindiatpa.com)

Phone : 07710009890

**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](mailto:crm@healthindiatpa.com)





**THANK  
YOU**



**iHEALTHINDIA**  
INSURANCE TPA SERVICES PVT. LTD.