5

HEALTH INSURANCE

5.0 INTRODUCTION

With the increasing cost of health services and medical bills which a common man can not afford, this class of insurance has a growing market. It is estimated that a family spends an average of 10% of its monthly income on health care. In India where there is no Social Insurance for the public the individual has to take care of himself and his family. A prolonged illness or disability can spell havoc for the family budget and upset all the planning. While the importance of Health Insurance cannot be denied, it is unfortunate that so far in India the Health Insurance policy is being purchased by families and individuals who can afford to pay the medical bills. But the Govt. of India is putting all its efforts to encourage people to buy health insurance and specialized insurance companies are promoted which are exclusively dealing in health insurance. The life insurance companies are also permitted to issue the health insurance policy.

5.1 OBJECTIVES

At the end of this lesson, you will be able to:

- Know the meaning of Personal Accident Insurance.
- Know the meaning of Health Insurance.
- To understand buying methods of Health Insurance Policy.
- Settle the claim under Health Insurance.
- Know the practise of Health Insurance in India.
- Know what is not covered under Health Insurance policy.

Notes

Note: Dear students do not get panic while reading this chapter because medical terminology being used here may be quite difficult for you. But we have no other option rather than to use these terminologies as per the need of this policy.

5.2 FEATURES/COVERAGES OF HEALTH INSURANCE POLICY

Any health insurance policy should cover the following the expenses:

1) The policy should provide for reimbursement of hospitalisation / domiciliary hospitalisation expenses for illness/disease suffered or accidental injury sustained during the policy period.

   Hospital/Nursing Home: It means any institution in India established for indoor care and treatment of sickness and injuries, which

- Has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner.
- Should comply with the minimum criteria as under:

  a) It should be equipped with atleast 15 in-patient beds.

  b) Fully equipped operation theatre of its own where the surgical operations are carried out.

  c) Availbility of fully qualified nursing staff round the clock. Fully qualified doctor(s) should be in charge round the clock.

The term **Hospital / Nursing Home** shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or a similar place.

Domiciliary Hospitalisation Benefit means medical treatment for a period exceeding three days for such illness / injury which in the normal course would require treatment at the hospital / nursing home but actually taken whilst confined at home in India under any of the following circumstances namely:-

(i) The condition of the patient is such that he / she cannot be removed to the hospital / nursing home or

(ii) The patient cannot be removed to hospital / nursing home due to lack of accommodation therein.

2) The policy should pay during the period of insurance maximum up to the sum insured for expenses incurred under the following heads:

   (a) Room, Boarding Expenses in the Hospital / Nursing Home

   (b) Nursing Expenses

   (c) Surgeon, Anesthetist, Medical Practitioner, Consultants. Specialist fees

   (d) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs and Cost of organs and similar expenses

3) Reimbursement is allowed only when treatment is taken in a hospital or nursing home which satisfies the criteria specified in the policy.

4) Expenses on hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatment i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery, Lithography (Kidney stone removal), D&C, Tonsillectomy taken in the hospital / nursing home and the insured is discharged on the same day ; the treatment will be considered to be taken under hospitalisation benefit.

5) Relevant medical expenses incurred prior to up to certain period, say 30 days and after hospitalization up to certain period, say 60 days, are treated as part of the claim.

6) Any one illness means continuous period of illness and it includes relapse within 105 days from the day of last consultation with the Hospital/Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 105 days will be considered as fresh illness for the purpose of this policy.

7) The policy does not cover some disease i.e Asthma, Bronchitis,Chronic Nephritis Diarrhea and all type of Dysenteries including Gastroenteritis, Diabetes Mellitus

Notes

and Insipid us, Epilepsy, Hypertension, Influenza, Cough and cold, All psychiatric or Psychosomatic Disorders Pyrexia of unknown origin for less than 10 days, Tonsillitis and upper respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism

5.3 EXCLUSIONS THAT THE HEALTH INSURANCE POLICY DOES NOT COVER

a) All diseases / injuries which are pre-existing when the cover incepts for the first time.

b) Any disease other than those stated in clause (c) below, contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not, however, apply if in the opinion of Panel of Medical Practitioners constituted by the company for the purpose, the insured person could not have known of the existence of the disease or any symptoms or complaints thereof at the time of making the proposal for insurance to the company. This condition shall not however apply in case of the insured person have been covered under this scheme or group insurance scheme with any of the Indian Insurance Companies for a continuous period of preceding 12 months without any break.

c) During the first or more years of the operation of the policy the expenses on treatment of diseases such as Cataract, Benign Prostates Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus. Piles, Sinusitis and related disorders. If these diseases are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal.

d) Circumcision unless necessary for treatment of 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 a part of any illness.

e) Cost of spectacles and contact lenses, hearing aids. (These may be termed as normal maintenance expenses.)

f) Dental treatment or surgery of any kind unless requiring hospitalisation.

g) 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 / alcohol.

h) Various conditions commonly referred to as AIDS.

i) Charges incurred at hospital or nursing home primarily for diagnostic. X-Ray or laboratory examinations or other diagnostic studies not consistent with the positive existence or presence of any ailment, sickness or injury for which confinement is required at a Hospital / Nursing Home or at Home under Domiciliary Hospitalisation as defined.

j) Expenses on vitamins and tonics unless forming part of treatment.

k) Treatment arising from childbirth including Caesarean section (can be deleted, if maternity benefit is covered).

l) Voluntary medical termination of pregnancy (abortion) during the first 12 weeks from the date of conception.

m) Naturopathy treatment.

5.4 PROCEDURE TO BE FOLLOWED FOR BUYING HEALTH INSURANCE POLICY:

1) **Filling of proposal form**: The proposal form will contain the personal information of the person like name, address, age, occupation, sum insured etc. and two photographs of an individual is to be enclosed.

2) **Declaration of good health/medical questionnaire**: A person should give a declaration of his good health. In case of adverse health then he should submit the certificate from the doctor.

3) **Medical examination report**: It is required from the doctor, who is having the qualification of MD, if the age of person is more than 45 years. It is must even if the person is possessing good health.

4) **Payment**: The premium is paid through cheque to get the tax benefit under Income Tax Act, 1961.

5) **Issue of Policy documents** : The policy document is issued once above mentioned information/documents submitted.

Notes

6) **Issue of Photo Card by Third Party Administrator (TPA)**: After issuing the policy documents, the TPA will issue the photo identity card for each person which will help to get the treatment in the hospital on cashless basis. TPA are licensed by the IRDA who will settle the health insurance claims on behalf of the insurance companies. TPAs have empanelled various hospitals on all India basis who will provide the health treatment on cashless basis meaning thereby, that the policyholder will not pay any amount to the hospital and the hospital will get the payment directly from the TPA up to the sum insured of a person. If some insured is not sufficient to meet the bill of the hospital then the excess amount will be paid by the policyholder.

5.5 MISCELLANEOUS CONDITIONS/BENEFITS

a) **Age Limit**: This insurance is available to persons between the age of 5 years to 80 years. Children between the age of 3 months to 5 years can be covered provided one or both parents are covered concurrently.

b) **Family Discount**: This discount of 10% in the total premium is allowed to a family comprising the insured and any one or more of the following:

i) Spouse

ii) Dependent children (i.e. legitimate or legally adopted)

iii) Dependent parents

c) **Cumulative Bonus**: The sum insured is increased by certain percentage, say 5% for each claim from the year of insurance subject to a maximum accumulation of 10 years. In the event of a claim, the increased percentage will be reduced to a certain percentage, say the double of the bonus rate by 10% of the sum insured at the next renewal but the basic sum insured will remain the same. Some companies do not allow this cumulative bonus but instead of this allow a discount in the premium on the next renewal if no claim is reported during the currency of the previous policy.

d) **Cost of Health Checkup**: The insured shall be entitled to reimbursement of medical check up, generally once in every four underwriting years, subject to no claim preferred during this period. The cost shall not exceed

1% of the average sum insured during the block of four years.

e) **Extension of Cover**: The health cover is available for Indian Territories but it can be extended to Nepal and Bhutan with prior permission.

5.6 CLAIM SETTLEMENT PROCEDURE

If any claim arises in health insurance policy, the same can be settled in any of the following ways:

1. Reimbursement of expenses.
2. Cashless facility for planned hospitalization
3. Cashless facility for emergency hospitalization

1. **Reimbursement of expenses**: If a policyholder falls sick and hospitalized in non-empanelled hospital then he should follow the following procedure:

   - Intimation to the insurer/ Third Party Administrator (TPA) along with the name of the person who has fallen sick
   - Policy number
   - Name of the hospital
   - Name of the doctor

   The above information should be sent within 7 days of the hospitalization.

   Within 30 days final claim form should be furnished along with the following documents:

   - Hospital receipts/ original bills.
   - Cash memos.
   - Various reports and tests.
   - Hospital admission and discharge slip.
   - Case history.
   - Any other documents desired by TPA or hospital.

   Note: Kindly ensure that insured person has been admitted to a hospital/nursing home as defined in the policy.

2. Cashless facility for planned hospitalization:

- The expected expenses to be incurred should be sent to TPA through the agreed list of network hospital
- Policy no. & card number should be shown to the hospital
- On confirmation from the TPA the treatment can be taken in that hospital.
- If expenses increase during the treatment then the hospital will sent revised estimate to the TPA for their approval.
- For any post hospitalization treatment the original bills/cash memos can be sent to the TPA after completing the treatment for the reimbursement.

3. Cashless facility for emergent hospitalization

- A card issued by the insurer should be shown to the hospital.
- The expected expenses may sent to the TPA for their approval.
- For any post hospitalization treatment the original bills/cash memo can be sent to the TPA after completing the treatment for the reimbursement.

Important: Kindly ensure that the Identity-Card is easily available with the policyholder.

INTEXT QUESTIONS 5.1

1. Who settles the Health Insurance Claim?
2. What is the meaning of 'family' for health insurance?

5.7 TYPES OF HEALTH INSURANCE POLICY

a) **Floater Health Insurance Policy**: It means that a single sum insured will be available for all family members. For example, a family consists of self, spouse and two children purchases health insurance of Rs 1.00 lakh. Under the floater policy, any family member can avail the medical claim of Rs 1.00 lakh. The coverage and other terms & conditions are the same as are explained above in para 5.1 to 5.3. The premium will be applicable to the highest aged member of the family.

b) **Critical Illness Insurance Policy:** Critical illness insurance or critical illness cover is an insurance product, where the insurer is contracted to typically make a lump sum cash payment if the policyholder is diagnosed with one of the critical illnesses listed in the insurance policy.

The policy may also be structured to pay out regular income and the payment may also be on the policyholder undergoing a surgical procedure, for example, having a heart bypass operation.

The contract terms contain specific rules that define when a diagnosis of a critical illness is considered valid. It may state that the diagnosis need be made by a physician who specializes in that illness or condition, or it may name specific tests, e.g. EKG changes of a myocardial infarction, that confirm the diagnosis.

c) **Group Health Insurance Policy**: The Group Health Insurance Policy is available to any Group / Association / Institution / Corporate body of more provided it has a central administration point and subject to a minimum number of persons to be covered. The group policy is issued in the name of the Group / Association / Institution / Corporate Body (called insured) with a schedule of names of the members including his/her eligible family members (called insured persons) forming part of the policy.

The details of insured person is required to furnish a complete list of Insured Persons in the prescribed format according to sum insured.

Any additions and deletions during the currency of the policy should be intimated to the company in the same format. However, such additions and deletions will be incorporated in the policy from the first day of the following month subject to pro-rata premium adjustment.

No change of sum insured for any insured person will be permitted during the currency of the policy.

No refund of premium is allowed for deletion of insured person if he or she has recovered a claim under the policy.

The coverage under the policy is the same as under Individual Mediclaim Policy with the following differences:-

a) Cumulative bonus and Health Check up expense are not payable.

b) Group discount in the premium is available

c) Renewal premium is subject to claims made during the previous policy .

d) Maternity benefit extension is available at extra premium. Option for maternity benefits has to be exercised at the inception of the policy period and no refund is allowable in case of insured cancellation of this option during currency of the policy. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery , miscarriage, or abortion induced by accident or other medical emergency. Claim in respect of delivery for only first two children will be considered in respect of any one insured person. Those insured persons who already have two or more living children will not be eligible for this benefit. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.

d) **Overseas Medical Policy:**

This policy was originally introduced in 1984 to provide for payment of medical expenses in respect of illness suffered or accident sustained by Indian residents during their overseas trips for official or holiday purpose.

The insurance scheme, since 1984 has been modified from time to time to provide for additional benefits such as in-flight personal accident, loss of passport etc. In 1991, Employment and Study Policy was introduced. This policy is meant for Indian citizens temporarily working or studying abroad.

Eligibility:

(a) Indian Residents undertaking bonafide trips abroad for:

(i) Business and official purposes.

(ii) Holiday purpose

(iii) Accompanying spouse and children of the person who is going abroad will be treated as going under holiday travel.

(iv) Foreign Nationals working in India for Indian employers of Multi-National Organisation getting their salary in Indian Rupees, covering their official visits abroad provided they are undertaken on behalf of their employers.

Age Limit:

(a) For adults upto 70 years

(b) Cover beyond 70 years is permissible at extra premium.

(c) Children between the age of 6 months to 5 years are covered by excluding certain specific children diseases.

Period of Insurance

The Insurance is valid from the first day of insurance and expires on the last day of the number of days specified in the policy schedule or on return to India whichever is earlier.

Extension of the period of insurance is automatic for the period not exceeding 7 days, and without extra charge, if necessitated by delay of public transport services beyond the control of the insured person.

COVERAGE Section A - Personal Accident

This insurance will pay upto the limit as shown in the Schedule if the insured person sustains accidental bodily injury and such bodily injury within 12 months of the date of the injury is the sole and direct cause of death or loss of eye(s) or limb(s). Not more than US $ 2,000 is payable in respect of death if the insured person's age is under 16.

Section B - Medical Expenses and Repatriation

This insurance will pay up to the limit shown in the Schedule in total for the insured person in respect of covered medical related expenses, incurred outside the Republic of India by the insured person suffering bodily injury, sickness, disease or death during the period of insurance.

Covered Expenses:

(a) Expenses for physician services, hospital and medical services and local emergency medical transportation.

Notes

(b) Upto US $ 225 per occurrence, in case of dental services for the immediate relief of dental pain only. However, dental care necessary as a result of a covered accident shall be subject to the limit of cover and deductible.

(c) Expenses for physician ordered for emergency medical evacuation, including medically appropriate transportation and necessary medical care enroute, to the nearest hospital when the insured person is critically ill or injured and no suitable local care is available.

(d) Expenses for medical evacuation, including transportation and medical care enroute to a hospital in India or the insured person's normal place of residence in India when deemed medically advisable by the Medical Advisors and the attending physician.

(e) If the insured person dies outside India, the expenses for preparing the air transportation of the remains for repatriation to India or up to an equivalent amount for a local burial or cremation in the country where the death occurred.

Specific Conditions

a) No claim will be paid in respect of

(i) expenses for treatment which could reasonably be delayed until the Insured Person's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physician and the Medical Advisors.

(ii) cosmetic surgery unless necessary as a result of a covered accident.

(iii) routine physical examination or any other examination where there is no objective indication of impairment of normal health.

b) The insurance will not cover pregnancy of the Insured Person including resulting childbirth, miscarriage abortion or complication of any of these.

c) **Restricted Cover**: In the event that the proposer is unable to present himself or herself for medical examination where called for by the Insurance Company, the limit of indemnity under this insurance is reduced to US $ 10,000 in respect of and limited to the expenses for physician

services, hospital physician and medical services and local emergency transportation. Such limit applies to medical expenses incurred through illness or disease only.

Section C - Loss of checked baggage

This insurance will pay up to the limit of cover shown in the Schedule of the policy in the event of the Insured Person suffering a total loss of baggage that has been checked by an International Airline for an International flight.

Section D - Delay of checked baggage

This insurance will pay up to the limit of cover shown in the schedule for the necessary emergency purchase of replacement items in the event that the Insured Person suffers a delay of more than 12 hours from the scheduled arrival time at the destination for delivery of baggage that has been checked by an International Airline for an International outbound flight from India.

Section E - Loss of passport

This insurance will pay upto the limit of cover shown in the schedule for the reimbursement of actual expenses necessarily and reasonably incurred by the Insured Person in connection with obtaining a duplicate or fresh passport.

No claim will be paid that is less than the deductible stated in the schedule. The deductible shall apply to each insured event and shall be borne by the Insured Person.

Section F - Personal Liability

This insurance will pay up to the limit of cover shown in the schedule if the Insured Person in his or her private capacity becomes legally liable to pay for accidental bodily injury to Third Parties or accidental damage to Third Party Property, arising from an incident during the covered trip.

General Exclusions: (All Sections) No claim will be paid:

a) In respect of a medical condition that was known by the insured person to exist and/or he had been treated for the condition in the one year immediately preceding the effective date of the policy

Notes

b) Where the insured person:

(i) is traveling against the advice of a physician

(ii) is on waiting list for specified medical treatment; or

(iii) is traveling for the purpose of obtaining medical treatment; or

(iv) has received a terminal prognosis for a medical condition.

c) Suicide, attempted suicide, venereal disease or abuse of drugs or alcoholic drinks.

d) In respect of medical services obtained within India.

e) Arising from the insured taking part in Naval, Military or Air Force operations.

f) Arising from aviation except where the insured flies as a passenger in an aircraft properly licensed to carry passengers.

g) Arising from participation in professional sports events or other hazardous sports.

h) Where there is another insurance covering the same interest e.g. health insurance, any occupational benefit plan, national health insurance scheme or public assistance programmes, except in excess of the benefit under such plan, insurance or scheme.

e) Corporate Frequent Travelers

This is an annual policy granted to officials of companies registered under the Companies Act, who are regularly traveling abroad.

The salient features of the endorsement are :

a) The insurance is valid in respect of trips undertaken during the 12 months following the date of purchase as stated in the schedule - subject to the duration of any one trip not exceeding 30 /45 days.

b) In the event that the insured person is travelling outside India on the last day of insurance the cover shall extend to include duration of trip until his return to India within 30 days of the expiry date.

c) No cover is available for persons over the age of 70.

d) i) A person up to 60 years of age need not undergo medical check-up. However, a person over 60 years of age but within 70 years of age must undergo at the inception of the annual cover a full medical checkup including Blood / Urine Strip Test and E.C.G.

ii) The cover granted is always subject to the insured person advising the Insurance Company any material change in his health condition. Policy to be issued to individuals only.

f) Employment and Study Policy

The policy is designed for Indian citizens temporarily posted abroad in a sedentary non-manual work or students pursuing studies or engaging in research activities abroad.

The salient features of the Scheme are:

- **Age limit**: 18 to 60 years
- **Limit of Liability** : U.S. $ 75,000/- any one insured person and in all any one period of insurance.

Premium : The premium for the policies issued to the executives of corporate clients for employment purposes will be paid in foreign currency and the premium for students going abroad for higher studies will be paid in Indian Rupees.

The premium varies according to the age group 18-40 and 41-60 and the type of plan. The same rate applies to accompanying spouse but a lower rate is charged for child under 18 years. For students premium varies according to the type of plan.

The benefits are divided into 2 sections :

Section I:

Sub—Section A:

Medical Expenses incurred in respect of disease / injury contracted / sustained during the policy period limited to maximum liability

(I) under the policy

(II) 52 weeks after the onset of injury / sickness

(III) 12 weeks after the expiration date of the insurance

Notes

Sub—Section B :

If the insured person is evacuated to India the insurers will pay medical expenses in India, as provided under Sub-section A above in addition but within the overall limit of US $ 75,000.

Sub—Section C:

Repatriation and Alternative Expenses ; In the event of the death of an insured person, the insurers will pay the actual expenses for preparation and transportation to India of the remains of the insured person or funeral expenses incurred in the country of posting, not exceeding US $ 8,000 in total.

Sub–Section D:

Medical Emergency Reunion Expenses upto US $ 5,000/-in all when as a result of a covered injury or covered sickness insured person is hospitalized and it is agreed by all parties that the insured person shall be medically evacuated to India as soon as possible, insurer will pay upon the recommendation and prior approval of the claims administrator the following expenses incurred in respect of travel by the mother or father or guardian or spouse.

a) The cost of an Economy Air Ticket for one person from India to the airport serving the area where the Insured Person is hospitalized and returned to India.

b) Reasonable travel and accommodation expenses incurred in relation to Emergency Reunion.

Section II

Contingency Insurance - (Applicable to sponsored students only)

In the event that it is mutually agreed that the insured person is unable to continue completion of his studies in the country of study (the details of which are declared in the proposal form) due to covered injury or covered sickness first occurring in the country of study resulting in (a) Death or (b) Loss of entire sight of either or both eyes, or (c) Permanent total disablement and is medically evacuated under section I (B) above or a valid claim is payable under section I(C), this insurance will pay by way of recompense a benefit to the nominated sponsor who has provided financial support to the insured person as regard the insured period of study overseas

and is declared in the proposal form at a rate of US $ 750 capital sum for each month of study completed during the period of insurance.

In case the insured cannot continue to complete his course of studies due to mental, nervous or emotional disorder, this benefit is limited to 25% of the amount due. But if the educationalist running the insured person course consider that because his performance on and his attitude to the studies were unsatisfactory, he is unable to complete his course of study no benefit would be payable.

INTEXT QUESTIONS 5.2

1. What is meaning of Floater Health Insurance Policy?
2. How many sections are in Overseas Medical Policy?

5.8 SUMMARY

Health insurance requires attention of all members of society due to factors like

- Medical inflation,
- Increasing life expectancy,
- Increasing load of lifestyle diseases and
- Uncertainties in individual employability and earnings

Living long and dying young are both creating new tensions in the society. We are not having proper health social security system in India and every household is spending major part of its earning on medical expenses. If we, all members of the society (who can afford health insurance) decide to buy health insurance at earliest eligible age, consciously or unconsciously, then a proper health social security system will prevail in the country.

5.9 TERMINAL QUESTIONS

1) Define the features of the Health Insurance Policy.
2) Explain the exclusions of the Health Insurance Policy.
3) Discuss the features of the Overseas Medical Policy.
4) Explain the features of Personal Accident Insurance policy.
5) Discuss the claim procedure to be followed to get the claim in case of death of an insured person.

Notes

6) Write short notes on

i) Permanent total disability ii) Group Personal Accident iii) Procedure to taking the personal accident insurance policy

5.10 OBJECTIVE TYPE QUESTIONS

1. **Which of the following criteria may not be complied with in the definition of hospital/nursing home, if it is not registered**

   a. Fully equipped OT

   b. At least 10/15 in-patients beds

   c. Tie up with TPA

   d. Fully qualified nursing staff

2. **The Standard Medi-claim Policy excludes any disease (other than diseases excluded during the first two years of operation) for how many days from commencement of policy.**

   a. 30 b. 45

   c. 15 d. 60

3. **Which of the following is excluded in the Standard Medi–Claim Policy**

   a. Simple Tooth Extraction b. Cataract Operations

   b. Hysterectomy d. All the above

4. **Select the appropriate options**

   1) Domiciliary Hospitalization benefit is covered under a Individual Medi-claim policy

   2) Cost of health check up is covered and Individual Medi–claim Policy

   a. Both statements are false

   b. Both statements are true

   c. Statement 1 true but statement 2 is false

   d. Statement 1 is false but statement 2 is true

5. **Which of the following is covered under Medi–claim Insurance Policy?**

   a. Dental treatment b. Cost of Spectacles

   c. Cost of Pacemaker d. Cosmetic Surgery

6. **Income tax benefit under Section 80(D) of Income Tax Act is admissible**

   a. If premium is paid in cash

   b. If premium is paid by cheque

   c. (a) and (b)

   d. None of the above

7. **Claims are settled under the Overseas Mediclaim Policy**

   a. By the Policy Issuing Office

   b. Overseas Claim Settlement Agent

   c. Insured pays to the hospital and seek reimbursement

   d. Lloyds of London

8. **Universal Health Insurance Policy for BPL families is issued by**

   a. Private and PSU Insurers b. PSU Insurers only

   c. Central Government d. State Government

9. **In respect of Medi Claim Policy, TPA denote**

   a. Third Party Availability for claims

   b. Third Party Administrator

   c. To Pay Afterwards

   d. None of the above

10. **Medical Benefit under UHIS is restricted to**

    a. Rs. 30,000/- per family

    b. Rs. 30,000/- per member

    c. Rs.50,000/- per family

    d. Rs.12,500/- per member

Notes

5.11 ANSWERS TO INTEXT QUESTIONS

5.1

1. Either Insurance Company or through Third party Administrator (TPA)
2. Self, Spouse, depended children and depended parents

5.2

1. A single sum insured floats among the all family members.
2. There are six sections in the policy.

5.12 ANSWERS TO OBJECTIVE TYPE QUESTIONS

1.c	2. a	3. a	4.a
5 c .	6. b	7. b	8. a
9. b	10. c		