

FAQ ON MEDICAL INSURANCE SCHEME FOR RETIREES

- **What is the policy number?**

Policy No. 500100/48/15/14/00000522

- **What is the Policy Period?**

06/11/2015 to 31/10/2016

- **Who are covered under this policy?**

Employee and Spouse only.

- **How much is the Sum insured in this policy?**

Sum insured for Officers is Rs.400000

For Clerical Staff: Rs.300000

For Sub Staff: Rs 300000

- **Whether domiciliary treatment is payable or not?**

Only hospitalization treatment is payable. No expenses related to domiciliary/OPD treatment is payable.

- **Which are the expenses reimbursed in the policy?**

Room and boarding expenses:

A) Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.

B) Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.

Pre- Post Hospitalization:

Expense incurred during the Pre-hospitalization and Post-hospitalization period will be covered for 30 days prior to hospitalization and 90 days after discharge respectively.

Day Care Treatment:

Expenses on Hospitalization for minimum period of a day are admissible. However this limit will not apply in case of stay in hospital of less than a day for Day Care Surgeries. If the surgery is

undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and which would have otherwise required hospitalization of more than a day.

- **Which types of diseases are covered under this policy?**

Pre-existing diseases / Ailments are covered

All diseases and ailments are covered under the policy without any waiting period

Congenital Anomalies:

Congenital Internal/External diseases, defects and anomalies are covered under the policy.

- **Which are the other charges reimbursed in the policy?**

- ✓ Ambulance Charges :

- Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised.
- Taxi and Auto expenses in actual, maximum up to Rs750/-per trip.
- Accidents Covered
- Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

- ✓ Taxes and other Charges :

- All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable.
- Charges for diapers and sanitary pads are payable if necessary as part of the treatment.
- Charges for hiring a nurse/attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU/ICCU.

- **Which are the therapies and surgeries and other treatments covered in the policy?**

- ✓ Alternative Therapy :

Reimbursement of expenses due to hospitalization under the recognized system of medicines, viz. Ayurveda, Unani, Sidha,

Homeopathy, Naturopathy, if such treatment is taken in a clinic/hospital recognized by the central and state government.

- ✓ Treatment for Genetic disorders and stem cell therapy is covered
- ✓ Rental charges for external and or durable medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, infusion pump etc will be covered.
- ✓ However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.
- ✓ Ambulatory devices i.e. walker, crutches, belts, collars, caps splints, slings, braces, stockings, diabetic footwear, glucometer, Nebulizer thermometer, alpha/water bed are covered under the scheme.
- ✓ Physiotherapy charges:- Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home. All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured.
- **What are the policy exclusions?**
- ✓ **War like Operations :**
Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy and War like operations (whether war be declared or not).
- ✓ **Circumcision** unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- ✓ **Vaccination or inoculation.**
- ✓ **Cosmetic Surgeries :**
Change of life or cosmetic or aesthetic treatment of any description is not covered.
- ✓ **Plastic surgery** other than as may be necessitated due to an accident or as part of any illness.
- ✓ **Cost of spectacles and contact lenses, hearing aids.**
- ✓ **Dental treatment or surgery** of any kind which are done in a dental clinic and those that is cosmetic in nature.
- ✓ **Convalescence, rest cure and General debility.**
- ✓ **Obesity treatment** and its complications including morbid obesity.
- ✓ **Treatment for Venereal disease.**
- ✓ **Intentional self-injury.**
- ✓ **Use of intoxication drugs / alcohol.**

Vitamins and Tonics:

Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

Non-Medical Expenses:

Charges for telephone, television, /barber or beauty services, food charges (other than patient's diet provided by hospital), baby food, cosmetics, tissue paper, toiletry items and similar incidental expenses.

- **What are the services offered by TPA to the insurer?**

As the authorized TPA servicing the policy following services are offered:

- A personalized Identity Card will be issued to each member and dependents to avail of Cashless facilities in all the network hospitals of TPA.
- Cashless service facility at network hospitals up to the authorized limit as per policy terms & conditions.
- Claims processing of reimbursement claims.
- 24 X 7 Call Center service through toll free number 18002667008.
- Website (www.paramounttpa.com/iba) giving online facility for generation of E-card, claim intimation, and tracking of claims and Payment Status.

- **What is Claim Intimation? Do I have to Intimate to United India / United India TPA in case I do not avail cashless facility?**

A. Claim Intimation is to be given prior to the Hospitalization or in case of emergencies immediately upon hospitalization but prior to discharge.

1) Telephonically: 022 66629814

2) E-mail: claim.intimation@paramounttpa.com

3) Online intimation: www.paramounttpa.com/iba

- **What is the time period for claim intimation?**

- **Planned:** Prior to admission to hospital
- **Emergency:** Within 7 days of admission to hospital

- **What is the time period for Submission of Claim Documents?**

Pre- Hospitalization: Pre - Hospitalization means relevant medical expenses incurred like consultations, diagnostic tests, 30 days prior to hospitalization and related to the hospitalization claim.

Post - Hospitalization: Post - Hospitalization means relevant medical expenses incurred up to 90 days from the date of discharge and related to the hospitalization claim.

What is the Claim process?

A) **Cashless:** Cashless Facility is a benefit extended by the Insurance Company through Paramount TPA wherein the insured has the option to get admitted to a Network hospital without the burden of payment of the Hospital Bill. The network hospital list is available on the website (www.paramounttpa.com/iba) The bill is settled directly by the insurance company subject to terms and conditions of the policy.

- **Cashless can be availed by;**

- A) Directly Approaching the Network Hospital

- B) Reimbursement: Intimate TPA of the hospitalization

Get admitted to the hospital, take treatment and pay the bill after collecting all the original documents from the hospital.

- Insured can get admitted in any hospital (Network / Non Network).
- Claim documents to be submitted to Help Desk, Bank Regional Office.
- The claim is processed on the basis of the terms and conditions laid down in the policy, and NEFT will be done directly to the employee.

Q. What is the Procedure to be followed for Cashless directly with the Network Hospital?

A. Cashless can be availed at the network hospital list updated in the web site www.paramounttpa.com/iba. The procedure mentioned below needs to be followed while availing Cashless at hospitals.

- Choose network Hospital from updated network list of hospital on the website (www.paramounttpa.com/iba).
- Show Paramount TPA ID card and collect Pre-Authorization form from the hospital. Fill up personal details and the rest to be filled up by the hospital treating doctor along with contact number.

- Hospital will send cashless request form to Paramount TPA.
- The Paramount TPA shall process the claim as per policy terms and conditions and send an approval letter to the hospital.
- Get admitted, take treatment and get discharged without payment of bill except for non payable items. Please ensure final bill is signed, before discharge.

Payment will be made to the Hospital/Nursing Home directly by United India Assurance Co.

- **Will I Get Cashless facility in a non-network hospital?**
 - No. Cashless facility will only be available in a network hospital.
 - **What are the documents required to avail Cashless facility?**
- A. Cashless facility is available only in network hospitals. The following documents will be required before issuing cashless Authorization Letter.
- Duly filled, signed & stamped Pre Authorization Form from the hospital.
 - Investigation reports & previous consultation papers (if any).
 - Photo ID proof.
 - Health ID number/policy number/employee number (Please mention on the AL form and provide a copy of Health ID card).
- **Does cashless hospitalization mean getting treatment free of cost?**
- A. Cashless hospitalization does not mean that the treatment is free of cost.
Any expenses that are not payable under the insurance policy will not be authorized during hospitalization and the same will have to be borne by the patient.
- **Does cashless hospitalization cover all medical expenses?**
- A. Charges for telephone, television, barber or beauty services, food charges, baby food, cosmetics, tissue paper, toiletry items and similar Non Medical items are not payable. All the other charges related to the treatment are covered as per the terms & conditions of the policy.
- **What documents are needed for processing claims that have to be reimbursed?**

A. Following documents are required for processing reimbursement claims:

- Claim Form duly filled and signed by the claimant.
- Photocopy of ID card
- Cancelled cheque
- Original Final Bill & Discharge Card
- Original Numbered Payment receipt
- Original receipts with Reports of investigation
- Original Medicine bills with prescription
- Lens Sticker / Lens card in case of eye treatment
- In case of road traffic accident copy of First Information Report from policy department / copy of the Medico Legal Certificate.

• **How will I get checklist of documents for claim submission?**

A. You may visit the website www.paramounttpa.com/iba for checklist for claim submission.

• **What is the time limit for submission of documents in case of reimbursement claims?**

A. All the documents need to be submitted within 30 days of discharge. For the post hospitalization - 120 days from date of discharge.

• **If an employee retires during the currency of the policy, will he or she continue to get benefits of serving employee till expiry of policy?**

A. Yes.

• **What is the procedure to generate e-card?**

Step 1: go to www.paramounttpa.com/iba

Step2: then click on instant e-card option

Step3: enter employee no

Step4: select union bank retired from group code drop down list

Step 5: submit

It will generate e-card.

- **What is the procedure to upload the photos on e-card?**

Procedure for uploading photos is given below. -

Step 1: Go to www.paramounttpa.com/iba site.

step2: click on union bank's logo and it will show login page.

Step3: type your PF number in user name and date of birth as a password

Step 4: Put your Pf No in User name and your Date of Birth in Password in proper format.

Step 5: After login it will ask you to change your password, Change accordingly.

Step 6: Then in next step update your Mobile No and Email Id.

Step 7: In next step it will take you upload photos window, just upload yours and your spouse's photo there.

Step 8: Take the printout of E card and keep it with you for reference.

- **The physical card is issued without photograph. What else can be provided as identity proof?**

A. As an identity proof PAN card, Aadhar Card or voter ID card may be carried along with the medicard.

- **Where to contact for modification of personal details viz name, date of birth etc.?**

A. Please put a mail with the required changes to kunal.waghmare@unionbankofindia.com

- **Where I will get hospital network list?**

A. You may visit the website www.paramounttpa.com/iba for hospital network list.

- **Where will the insurer get the claim forms?**

A. Claims forms are available at www.paramounttpa.com, one could download the related forms from this site.

- **Where to contact in case the insurer forgets his password?**

Put a mail from your registered mail id to contact.phs@paramounttpa.com for reset of password.