

Frequently Asked Questions:

- **Why should I have a medical insurance for myself or my family?**

- ✚ Illnesses, accidents, terror strikes and calamities can occur anytime without warning irrespective of age or gender.

The average cost of hospitalization for a minor procedure requiring 1 to 2 days hospital stay can vary from Rs.10,000 to Rs25,000. For any major surgery, emergency or any critical illnesses like cancer, stroke etc. medical costs can be very high and require support from a health insurance policy.

Increase in medical costs per year (i.e medical inflation) far outpaces overall inflation in India. The off-quoted figure for healthcare inflation in India is 15% compared to overall inflation of 6-7%.

Earning members of a family need to protect their savings, which can suffer a severe setback due to high expenses incurred on medical treatment. This can be catastrophic if the members are retired or temporarily unemployed.

- **But I am already insured. Do I need another policy?**

- ✚ The advantage of this policy is irrespective of your job or license status, you can remain insured up to the age of 90 years as long as you are a member of FIP.
- ✚ In the unfortunate event of untimely demise of the primary member, the spouse and family members can continue to remain covered under GMC or any other welfare scheme of the F.I.P provided the spouse becomes an FIP member.
- ✚ Your existing policy may not be including all the members of your family (especially parents upto 90 years)
- ✚ The Sum Insured may be lower (here the sum insured per family is INR 25 lacs). The coverage in this policy is much wider (no Ailment capping, no waiting period for pre-existing illness except for planned treatments).
- ✚ It is much more comprehensive and customized for FIP members and their family. It also covers Maternity upto INR 90000 per child for maximum 2 children, Air Ambulance or Air Carrier charges up to Rs 1.5 Lacs apart from regular ambulance charges up to Rs10000, Organ donor expenses also covered.

- **Why Marsh?**

- ✚ They are the largest Broker worldwide and in India with a strong presence in Health Insurance segment.
- ✚ It was required to explore the insurance market to identify players ready to work on FIP's insurance process flow.
- ✚ Since the claim ratio was more than 300%, FIP required a strong insurance broker to negotiate in the market with alternate insurers.
- ✚ Marsh has negotiated very competitive rates with NEFT payment option and also helped us in designing a sustainable policy.
- ✚ Marsh will provide a dedicated helpdesk for FIP members for any assistance in enrolment process and any queries on claims.

- **Where can I avail Cashless Treatment under this Policy?**

- ✚ At any of the approved network hospitals of Paramount Healthcare across the country. They are the TPA for claim settlement. Please refer hospital list on www.paramounttpa.com
- ✚ For other Hospitals the bills can be reimbursed as per procedure.

- **Would this policy be cheaper than most other Mediclaim policies available in the market?**

- ✚ Definitely.

These are Group negotiated premium rates exclusively for FIP members.

- **Is the policy eligible for tax benefit under Section 80 D of Income Tax Act? Will this reduce the effective cost of my premium paid?**

Yes. Under Section 80D of the Income Tax Act 1961, you can get a maximum tax benefit of Rs.25000 on health insurance premium paid and an additional Rs 30000 for paying the premium of parents if they are above 60 years of age.

The exemption limits are as follows:

- ✚ An individual can avail an annual deduction of Rs.25000 from taxable income for health insurance premium paid for self, spouse and children.

- ✚ In the case of parents who are senior citizens (aged 60 years and above), the annual deduction from taxable income goes up to Rs.30000.
 - ✚ E.g. : If you pay a premium of Rs 55,000 covering parents as well, who are senior citizens and you are in the income tax bracket of 30%, you are eligible for a tax benefit on the full premium paid i.e. (Rs 25000 + Rs 30000) under section 80D. Thus effective cost of premium reduces to approx. $(55000 - 16500) = \text{INR } 38500$
- **My individual retail policy provides me additional 5% of Sum Insured for every claim free year. Will that be available in group policy?**
 - ✚ Since this is a policy for entire group of FIP members, low claim benefits will be available for entire group's favourable claim experience upon policy renewal.
- **Are any medical tests to be done while getting added under the Group health policy?**
 - ✚ No Medical tests are required for enrolling in the policy.
- **Are there any limits on room rent expenses during hospitalization?**
 - ✚ Yes, there are limits of INR 7,500 or INR 10,000 per day for normal room (depending on your sum insured) and INR15,000 or INR 20,000/- per day for ICU. All other charges (eg. OT charges, Doctor charges and nursing charges etc.) will be payable as per the entitled room category. If a member opts for a higher category room than allowed under the policy, he will have to bear the balance amount.
- **Is there an option to select out of Parents and Parents-in-law?**
 - ✚ Yes, there is an option, the member can cover either sets of parents/ parents in law.
- **Is hospitalization and related medical expenses incurred due to terror attack / violence / hijack / natural calamities covered?**
 - ✚ Yes, this is covered.
- **What if I want to shift from FIP's group policy to a retail health policy?**
 - ✚ The insured can shift from the Group Medclaim to a retail policy under portability guidelines. Here coverages and premium would be applicable as per the retail policy of the same insurer but with the benefit of the waiting periods waived off.
- **What is the process of adding or deleting a member under my policy?**
 - ✚ Member can intimate addition or deletion of a family member within 45 days of the event. E-mail intimation to office@fipindia.com would be sufficient with the reason for

requesting this. Addition/Deletion of family member is allowed only in the event of Marriage/birth or death.

- **In whose name will the claim cheque be prepared?**

- ✚ The Claim cheque would be prepared in the name of the primary FIP member.

- **What is the claim settlement Time?**

- ✚ For Cashless Claims: Approval for pre authorisation in 3-4 hours Max

- ✚ For Reimbursement Claims: within 7-10 Days post submission of all required documents

- **What is the process of intimating about any hospitalization?**

In the event of hospitalisation into non network hospital or any emergency, member must intimate regarding the claim to Paramountby:

- ✚ emailing on: claim.intimation@paramounttpa.com.

- ✚ Call Paramount Healthcare Toll Free No.: 24 X 7 Helpline: 022 66620808

The below details have to be provided for intimation:

- Membership number/License number
- PHS ID number (Paramount Health card number)
- Employee Name
- Patient Name
- Hospital Name
- Date of Admission
- Ailment

All reimbursement claims have to be intimated to Paramount within 7days of hospitalisation.

- **What is the process of availing cashless facility**

In case of treatment at one of the listed network hospital across India, member has to display his Medclaim card at the insurance desk at the hospital to get cashless facility. In case of treatment at non network hospital, member has to submit the claim form along with all the necessary documents as per the checklist to Paramount for reimbursement.

- ✚ All reimbursement claims have to be submitted for reimbursement within 30 days of date of discharge of the patient.

✚ The updated list of network hospitals will also be available on website www.paramounttpa.com

- **What are the documents required during a claim. Where do I send the claim documents?**

✚ Duly filled Claim Form

✚ Prescription, Medical bills, Discharge papers, Test reports and payment receipt – All in original

✚ All documents have to be couriered to Paramount at below address:

Ms. Mansi Sawant

Paramount Health Services(TPA) Pvt. Ltd.

Plot No. A-442, Road No. 28, MIDC Industrial Area, Wagle Estate, Ramnagar, Thane (W)-400604

Tel- 022 61315424

- **Are any treatments where there is co-payment under the policy i.e. the member has to share a part of the cost incurred?**

✚ Yes, There is 10% co-payment for all Parents and Parents-in-law for existing members

✚ 10% co-pay for all family members for fresh members joining the policy this year

✚ 10% co-payment for FIP members and their spouse above the age of 65 years

- **Will the policy continue to be in effect in case of death of primary FIP member?**

✚ Yes the policy would continue to be in effect provided the spouse continues to be FIP member as per FIP rules.

- **What is the jurisdiction of this policy?**

✚ Medical expenses incurred within the **territory of India** are covered. For expenses incurred while travelling outside India, a separate Overseas Medclaim insurance needs to be taken. For this FIP will negotiate terms later.

- **What are the exclusions under the policy?**

✚ All non-medical expenses as per the list provided and non-payable expenses (registration charges, admission charges, surcharge, advance deposit) are not payable under the policy. There is a waiting period of 90 days from date of enrolment for new members for all treatments except emergency and accident cases. No claims will be payable during the waiting period. There is also a waiting period of 9 months for maternity claims for new members. 10% co-pay is applicable for all family members of new enrollments and for existing members 10% co-pay is applicable only for parents/parents in law. The amount of co-pay is to be borne by the member as the same

is not payable under the policy. Also standard Exclusions as per the policy wordings shall apply.

- **How do I pay my policy premium?**

- ✚ Members can pay premium by cheque in favour of "The New India Assurance Co Ltd". Mention FIP membership No / License No and your name on the back of it.

Hand over the same to FIP Office or courier along with the duly filled Enrolment Form available on the FIP Website www.fipindia.com or download the form from the F.I.P. mailer.

- ✚ Pay through NEFT from your Bank Account to account of The New India Assurance Co Ltd

Update the NEFT Transaction ID number with date of NEFT payment on FIP Website www.fipindia.com or mail to FIP Mailing address

- ✚ F.I.P. Mailing address:-

FEDERATION OF INDIAN PILOTS
GATE NO:2, AIR INDIA COMPLEX, KALINA, SANTACRUZ (EAST),
MUMBAI 400029
TEL : 022-26157282 / 022-26157835 FAX: 022-26157325
EMAIL : office@fipindia.com

- **What is the annual premium payable?**

Premium chart is uploaded on the FIP website from which you have to select the sum insured you want to opt for. The premium mentioned is as per the primary member's age (completed age) and is payable for the entire family.

- ✚ Eg: If member ABC has completed 42 years of age and wants to opt for a Sum Insured of Rs 25 Lakhs the premium payable will be Rs. 34861/-

- ✚ Eg : If member ABC has completed 35 years of age and wants to opt for a Sum Insured of Rs10 Lakhs the premium payable will be Rs. 26524/-

- **Will my premium change in case I add or delete family members?**

- ✚ No, as the premium is on per family basis it will remain unchanged irrespective of family size. Maximum number of members than can be covered are Self+Spouse+2 Children + Either two of Parents / parents-in-laws.

- **Is reduction in Sum Insured allowed ?**

- ✚ Yes, if you or your family member have not claimed in the policy year 2015-16.
- ✚ Reduction in Sum Insured not allowed for those who have claimed in expiring policy

- **If I enrol mid-year, what would be my premium and coverage start date ?**

- ✚ Enrollment into the policy is allowed only upto 30 days of inception ie upto May 03, 2016. Premium would be payable as per the rate chart uploaded on the FIP website. However, coverage will be available from date of enrolling in the policy.

- **Are there any waiting periods applicable ?**

- ✚ No waiting period for members who opted for the policy in 2015-16 and are renewing the policy now.

- ✚ For FIP members opting to take the cover for their family for the first time in 2016,
 - 90 Days waiting period from date of enrolment for all planned treatments except emergency and accidents. Planned treatment means those known to the insured at the time of taking the policy or are not life threatening or the treatment for which can be deferred as per the doctor's advice.
 - 9 months waiting period from date of enrolment for maternity claim.

- ✚ Eg : If member ABC decides to get enrolled in the policy for the first time on 1st May 2016, treatments related to accident or illness coming to member's knowledge after taking the policy are covered. However, planned treatments known as on date of taking the policy (such as planned cataract, knee replacement, Hernia, Prostrate, Hydrocele, Hysterectomy, Kidney stone, Appendix, Sinucitis) will be covered from 1st August 2016.

- **I already have a retail / group health insurance policy but want to get enrolled in FIP's Group Medi Claim (GMC). What should I do?**

- ✚ You can get enrolled in FIP's GMC. You may either discontinue your existing policy or decide on continuing when it is due for renewal.

- **After covering my family under FIP's GMC, I will have two health policies as I already have one. In the event of a claim, which insurance policy should I opt for claim?**

- ✚ You may file a claim under any of the two insurance policies you wish to.

- Eg : If a member has a health policy of 2 lacs with ABC insurance company and 10 lacs with FIP. In case of any claim of Rs 3 lacs, he can either

- Claim entire 3 lacs under FIP policy by submitting all original bills and reports.
- Claim first 2 lacs under ABC policy and remaining 1 lac under FIP policy. Here, if original bills are submitted under ABC policy, their copies attested by ABC insurance need to be submitted under FIP claim.

