

ICSI

Member Session:

Group Insurance Policy



Your Benefits Program: Insurance Experience









Base Plan

Base Insurance plans with SI option- 3 Lacs & 5 Lacs

Top Up Plans

Members have an option to choose between **5 Lacs & 10** Lacs Top up plans

Program USPs

Waiting Periods & Benefits

- ✓ No waiting periods for PED
- ✓ High caps on room rent
- ✓ Maternity benefits 9 months waiting period
- ✓ Portability allowed

Better Support & Guidance

- ✓ Q&A, Webinars
- ✓ Dedicated support from Marsh, National Insurance & Volo Health TPA
- ✓ Priority claim settlement



Coverage Details For Member Group Mediclaim Policy



Insurer & TPA: National insurance company & Volo Health TPA



Enrolment: Enrolment window is 4th October to 4th November



Policy Issuance:

Policy will be activated once the enrolment window closes. The cover start date is 8th November.



Tax Benefits: Tax benefit under section 80D will be applicable





Base Plan - Benefits

Insurer: National Insurance Company

TPA: Volo Health TPA

Benefits / Extensions	Coverage
Policy Period	08th Nov 2023 to 07th Nov 2024
Maximum age bracket for adults	18-85 years
Maximum age bracket for children	0-25 years
Family Definition	Self, Spouse & 2 Children
Family Floater Sum Insured	INR 3,00,000 INR 5,00,000
Room Rent	Normal Room: 2% of Sum Insured ICU Room: 4% of Sum Insured
% of Copay	No Copay
Maternity	Covered upto INR 35,000 for Normal Delivery & INR 50,000 for C-sec
Maternity Waiting Period	9 months from inception of policy
Baby day one cover	Covered from day 1 after delivery
Pre Existing Diseases	Covered from day 1
Day care surgeries	Specified surgeries are covered
Ambulance charges	Covered, 1% of sum insured maximum upto INR 5,000 (only for emergency cases)
Pre & Post hospitalization	Covered for 30 & 60 days respectively



Super Top Up Plan - Benefits

Insurer: National Insurance Company

TPA: Volo Health TPA

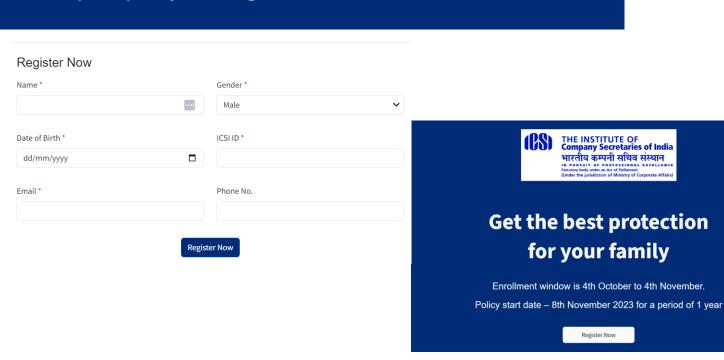
Benefits / Extensions	Coverage
Policy Period	08th Nov 2023 to 07th Nov 2024
Maximum age bracket for adults	18-85 years
Maximum age bracket for children	0-25 years
Family Definition	Self, Spouse & 2 Children
Family Floater Sum Insured	INR 5,00,000 INR 10,00,000
Deductible	INR 3,00,000 INR 5,00,000
Room Rent	Normal Room: 2% of Sum Insured ICU Room: 4% of Sum Insured
Pre Existing Diseases	Covered from day 1
Ambulance charges	Covered, 1% of sum insured maximum upto INR 5,000 (only for emergency cases)
Additional Terms	Portability allowed





Enrollment

- ✓ Link: https://icsi.volonxt.com/
- ✓ Click on "check our price" for the pricing and terms of the plan you are interested in
- ✓ For enrolling, click on "register now" and enter your basic details like Name, Gender, DOB, ICSI ID, email & Phone no.
- ✓ Complete policy wordings available for download

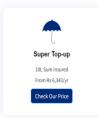




Policy options for your every need







Offered by National Insurance Company

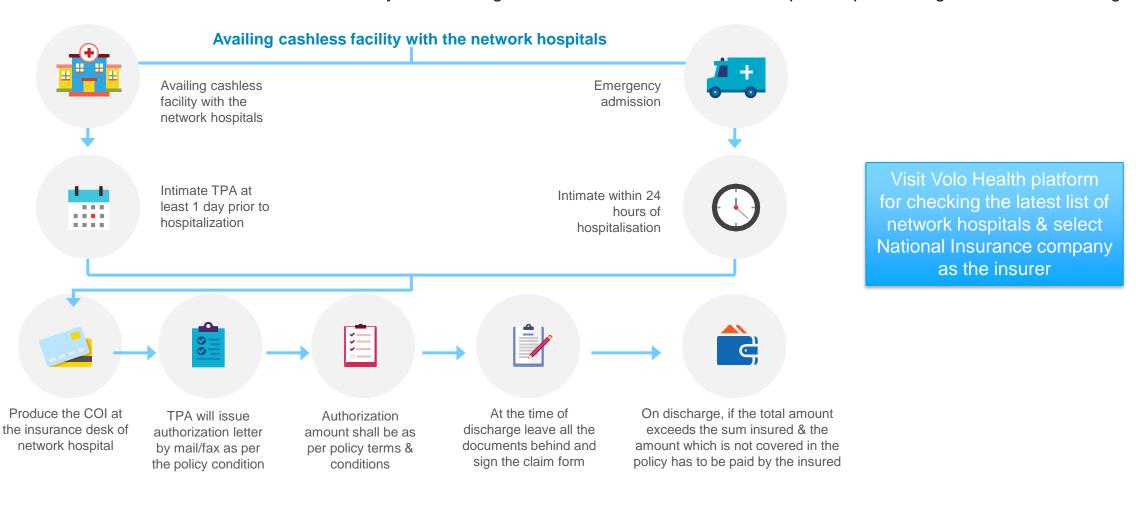






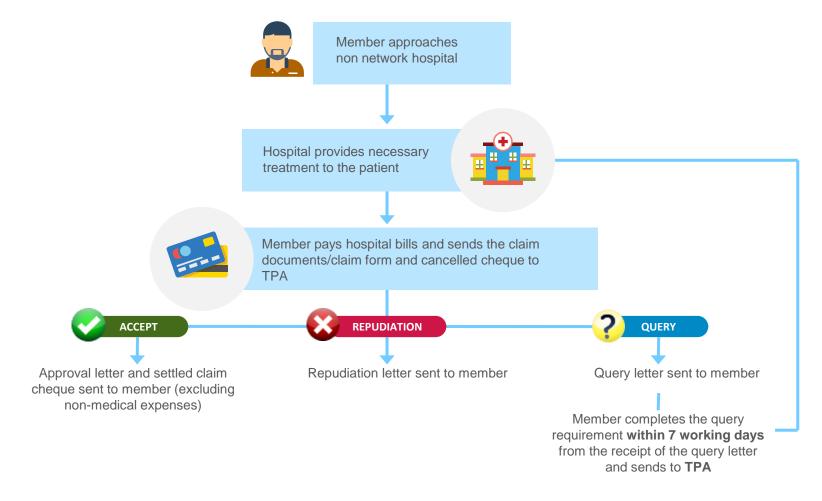
Medical Benefit – Cashless Process

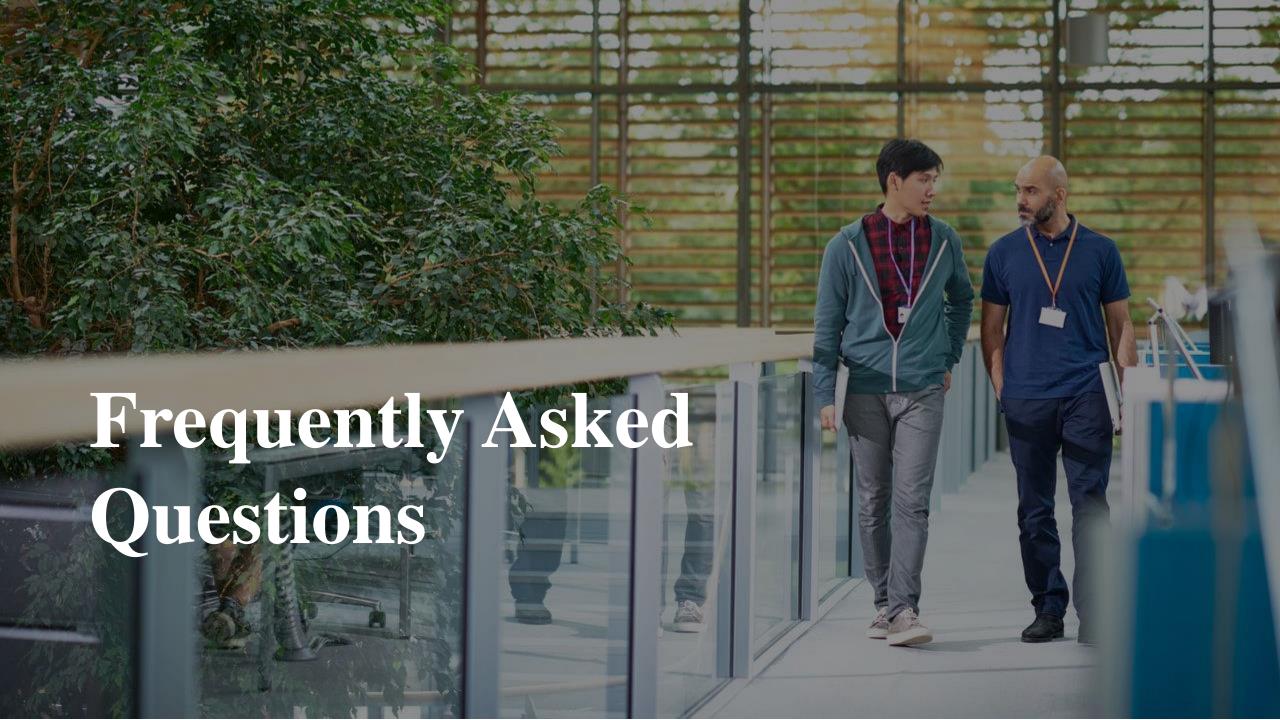
Cashless means the TPA may authorize direct settlement of the claim amount according to the charges between a Network Hospital and the TPA. In such case the TPA will directly settle all eligible amounts with the Network Hospital as per the eligible limit and coverage



Medical Benefit – Reimbursement Process

In case of non-network hospital, you will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – discharge summary, investigation reports etc. for submitting your claim





Q1) What is the difference between base & Super Top Up plan?

Ans- Top Up health insurance plan is an extension of a base policy, providing additional coverage. For Example-If you have a base policy of ₹5 lacs, you can buy a Super top-up of ₹10 lakhs at a very minimal cost to make your overall health cover of ₹15 Lacs. Top up policy will allow you to cover your medical expenses if the sum insured of your base policy is exhausted.

Q2) What does Copay mean?

Ans- Co-pay is the share of the amount to be paid by the policyholder, in case of a claim. Our plan has zero Copay

Q3) What is the meaning of room rent capping?

Ans- Room rent capping is the limit of hospital room cost that is borne by the insurer. Example- If member has opted for 3 Lacs base plan, in case of hospitalization room rent limit will be 2%-4% of SI(₹6,000-₹12,000)

Q4) What is ailment-wise capping?

Ans- Restrictions on a particular set of illnesses. In case of any claims arising in such a case, only the amount up to the limit will be paid by the insurer for that particular illness. The remaining, if any, needs to be paid by insured. Example-Limit of Catract - 50 K / Eye

Q5) What is Pre-existing disease?

Ans- Pre-existing Diseases refer to medical conditions that the insured is already suffering from, before purchasing the health insurance. For example hypertension, asthma, thyroid etc.

Q6) Is pre-existing disease covered under this policy?

Ans- PED is covered from day 1 under our plan

Q7)What are Pre & Post Hospitalization expenses?

Ans- Pre-hospitalization are the costs you incur to detect a condition that led to hospitalization. Doctor fees, Diagnostic tests, medicines taken before hospitalization. Similarly, post-hospitalization are the costs incurred on follow up doctor visits, diagnostic tests, medicines after you are discharged from the hospital. Our plan provides 30 days of pre-hospitalization and 60 days of post-hospitalization.

Q8) What is deductible?

Ans- The deductible in the top up plan is the amount over which the plan gets triggered. Example, If I have a base plan of 3 Lacs & a top up of 5 Lacs with 3 Lacs deductible. In case of a claim of INR 6 Lacs, my base policy of 3 Lacs will be used first and then the remaining will be settled from top up policy

Q9)How can I check the list of cashless hospital in my city?

Ans- To check the list of cashless hospitals, you need to visit the link- https://www.ewatpa.com/hospital-network

Q10) What does Cashless hospitalization mean?

Ans- Cashless hospitalization refers to a process in which you don't pay the claim yourself but the claim amount is directly paid to the hospital by the insurer. You simply need to inform the insurer about the hospitalization within 24 hours and submit all the required documents for cashless approval.

Q11)How many times can I claim in 1 year?

Ans-The insured can use up to the Sum Insured a policy year.

Q12)What will my policy not cover?

Ans-General exclusions include addiction treatments, cosmetic treatments, treatment for self harm, injuries resulting from adventure sports etc. For detailed list please read policy T&C

Thank You

Marsh

