POLICY DOCUMENT

Group Health Insurance

Your insurance policy is underwritten and serviced by Religare which will cover all the Insured members covered under the policy for the hospitalization expenses up to the Sum Insured, when they suffer an Accident or Illness.

What is Covered?

• Hospitalization Expenses:

If any insured member is hospitalized for more than 24 hours, your policy will cover all insured members against the medical expenses incurred on Hospitalisation, this includes charges for;

- Hospital room (Upto Single A/C Room)
- Nursing;
- Intensive Care Unit (ICU),
- Medical Practitioners (Fees),
- Anaesthesia ,
- Blood ,
- Oxygen,
- Operation theatre, Surgical appliances,
- Medicines, drugs, consumables & diagnostic procedures

• Daycare Procedures

Your policy will cover the Medical Expenses incurred on Day Care Treatment i.e. a medical treatment or surgical procedure which is undertaken under general or local anaesthesia, however requires admission in a Hospital/Day Care Centre for stay less than 24 hours.
Some examples of Daycare procedures are Cancer Chemotherapy,Livebiopsy,Coronary angiography, Haemodialysis, Operation of cataract,Nasal sinus aspiration

• Pre-Hospitalisation medical expenses

Your policy will cover Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 30 days before the date of admission to the hospital for Hospitalisation or Daycare treatment

• Post-hospitalisation medical expenses

Post-Hospitalisation expenses for consultations,investigations and medicines incurred upto 60 days after discharge from the Hospital for Hospitalisation or Daycare treatment

• Domestic ambulance Charges

Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to Rs. 2000

• Maternity Benefit

Coverage upto a limit of Rs 50000 will be provided for normal delivery or a Caesarian delivery, this coverage will only be provided for the primary insured member or spouse.

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What is not covered

1. Your policy will not include coverage for hospitalisation of an insured person caused due to any illegal act or intentional self-injury.

2. Treatment of any illness or injury as a consequence of intentional use of alcohol, tobacco, narcotic or psychotropic substances will not be a part of your policy coverage.

3. Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia usage will not be covered under your policy.

4. Any treatment taken outside India will not be a part of your policy coverage.

5. Any cosmetic treatment or plastic surgery including circumcision, unless medically necessary will not be a part of policy coverage.

6. Hospitalisation solely for the purpose of administration of Intra-articular or Intralesional injections, monoclonal antibodies will not be covered under your policy.

7. Your policy will not include coverage for admission primarily for diagnostic and evaluation purposes only, with no course of treatment being followed in future.Your policy will also not include preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment).

8. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease will not be included under your policy coverage.

9. Treatment for Sleep apnea will not be covered under your policy.

10. External congenital (present since birth) diseases, defects or anomalies, genetic disorders will not be covered under your policy.

11. Any treatment that does not include hospitalisation other than day care treatment including Peritoneal dialysis will not be a part of your policy.

12. Sexually transmitted diseases, HIV and AIDS and diseases arising out of the same will not be a part of policy coverage.

13. Any expense related to pregnancy directly or indirectly including voluntary termination, miscarriage (except as a result of an accident or illness), maternity or child birth except Ectopic pregnancy will not be covered under your policy.

14. Any treatment for sterility, infertility or birth control will not be covered under your policy.

15. Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.

16. Any dental or optical care, unless requiring hospitalisation due to an accident will not be a part of policy benefits.

17. All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.

18. Any treatment at a non-registered hospital or day care center or by someone who is not a licensed medical practitioner will not be included under your policy coverage.

19. Any drugs or treatments not supported by a prescription will not be considered under policy protection.

20. Any treatment or part of a treatment that is not medically necessary or which is unproven or non-allopathic or experimental in nature will not be covered.

21. Treatments or illnesses due to war and war like occurrence or invasion, acts of foreign enemies, rebellion including those arising out of nuclear, chemical or biological attack.

22. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health

Waiting Period

A waiting period refers to the time period till which an insured needs to wait post commencement of the policy for claiming under the benefits covered under the policy

Waiting Period	Waiting Period
Initial waiting period of 30 days	Waived
24 Months for 13 listed conditions	Waived
24 Month waiting period for pre-existing Conditions A pre-existing illness is defined as any condition, illness or Injury for which the Insured Member had signs or symptoms,or was diagnosed, or received Medical Advice or treatment within 48 months prior to the policy being issued.	Waived

How to make a claim?

Claim process in case of cashless treatment:

Step 1:
Show the Religare Health Insurance Policy Number, which will be shared in your Vital account, to the Hospital TPA desk. Fill the pre-authorisation form at the Hospital details.

Step 2:
Hospital will submit the pre-authorisation form to the Health Insurance Company, and they will revert back with a decision within 30 minutes whether they can authorize the claim or not based on your eligibility.

Step 3:
If the claim is approved, the Hospital will submit all bills at the time of discharge to the Health Insurance Company for payment. The Insurance Company will pay the eligible amount directly to the Hospital.

List of Hospitals which accept Cashless Claim

https://www.religarehealthinsurance.com/health-plan-certified-network-hospitals.html

For raising reimbursement claims,
in case you have not used the cashless service or you have used the services of a non-network hospital:

Step 1:
Download the claim form from the link below, and fill the required details:
https://www.getvital.in/claim/claimform

Step 2:
Arrange for the following documents :
· Valid photo-id proof
· Medical practitioner's referral letter advising Hospitalization
· Medical practitioner's prescription advising drugs/diagnostic tests/consultation
· Original bills, receipts and discharge card from the hospital/medical practitioner
· Original bills from pharmacy/chemists
· Original pathological/diagnostic tests reports/radiology reports and payment receipts
· Indoor case papers prepared by the hospital
· First information report, final police report, if applicable
· Post mortem report, if conducted
· Copy of a canceled cheque and the PAN card (in case the reimbursement amount is greater than Rs 1 lac)

Step 3:

The claim form and additional documents have to be sent to the following address:

Religare Health Insurance Company Limited,

Vipul Tech Square, Tower C, 3rd Floor, Sector -

43, Golf Course Road,

Gurgaon – 122009

Incase of any queries, you can contact Religare at 1800-102-4488

You will be duly intimidated by Religare on your email id and address.

Contact us:

For any support or issues, contact us at Care@getvital.in