

Bharti AXA Group Medical Coverage

Medi Assist has been appointed as the Third Party Administrator (TPA) for health insurance benefits management by IIA.

Hospitalization

Hospitalization can be of two types:

Planned Hospitalization: This happens when you have ample time to plan your admission to the hospital. For example, if your doctor advises a surgery for hernia anytime in the next few weeks, you have time to plan your hospitalization.

Emergency Hospitalization: This happens typically in case of emergencies, such as a road traffic accident. One cannot plan for such hospitalization.

All expenses incurred as part of your hospital stay as an in-patient can be termed as hospitalization expenses.

Claims

Depending on the situation and your policy coverage, you can make two types of health insurance claims:

Cashless:The essence of cashless hospitalization is that the insured need not make an upfront payment to the hospital at the time of admission. You may not have any out-of-pocket expenses towards hospitalization in this scenario. Cashless hospitalization can be availed only at a Medi Assist network hospital and upon approval of your pre authorization application.

Reimbursement:A reimbursement claim is one where you pay all the expenses related to the hospitalization of the insured and claim a reimbursement of your expenses after discharge. Reimbursement claims may be filed in the following circumstances:

- Hospitalization at a non-network hospital
- Post-hospitalization and pre-hospitalization expenses
- Denial of preauthorization for cashless facility at a network hospital.

Documents required for reimbursement claim are:

- Original hospital final bill
- Original numbered receipts for payments made to the hospital
- Complete breakup of the hospital bill
- Original discharge summary
- All original investigation reports
- All original medicine bills with relevant prescriptions
- Original signed claim form Copy of the Medi Assist ID card or current policy copy and previous years' policy copies (if any)
- Covering letter stating your complete address, contact numbers and email address (if available)
- ID proof , Age Proof and address proof (Copy of DL,PAN card, Adhar card, Voter ID etc)
- Each Family Coverage- Upto 3 Lakhs
- Accident Coverage

Policy Endorsements:

01. Type of Cover: FAMILY FLOATER Policy sum assured for the plan is Rs. 300000/-
02. Family definition SELF+SPOUSE+2 CHILDREN 3rd Child is also covered Family size 1+3
03. Pre & post hospitalization condition COVERED UPTO 30 DAYS AND 60 DAYS RESPECTIVELY
04. Pre existing disease covered from day one
05. Waiting period applicable (1st year / 2nd year / 3rd year)- waived off
06. 30 days waiting period is not applicable
07. Room rent conditions 1% OF SI MAXIMUM UPTO 3500 FOR NORMAL & 2% OF SI MAXIMUM UPTO 5000 FOR ICU (INCLUSIVE OF NURSING CHARGES).IF INSURED IS ADMITTED IN A HIGHER CATEGORY, THEN INSURED WILL BEAR DIFFERENCE OF ALL MEDICAL EXPENSES AS IN FINAL HOSPITAL BILL IN SAME PROPORTION.
08. Maternity covered
 - a. Limits for Normal section 35000
 - b. Limits for C - section 50000
 - c. Applicable for only self & spouse for first two deliveries only
09. 9 months waiting period is waived off.
10. Baby day one cover as part of Maternity S.I is applicable.
11. Baby day one cover as part of Family floater S.I applicable.
12. Pre and post natal charges 5K WITHIN MATERNITY LIMIT FOR IPD ONLY
13. Day care treatment COVERED AS PER POLICY WORDINGS
14. Ambulance charges COVERED UPTO RS. 2000 PER INCIDENT
15. Cataract Limit - No Capping
16. Alternative treatments (Ayurveda,etc.) - Covered
17. Mid term addition and deletion MID TERM ADDITION WILL BE ALLOWED IN CASE OF NATURAL ADDITIONS ONLY, SUBJECT TO INTIMATION RECEIVED WITHIN 45 DAYS. ADDITION FOR NEW employees and his/her dependant (as per the family definition mentioned) would be allowed within 45 days from date of joining of the employee, marriage or birth respectively.
18. Addition / Deletion of lives PREMIUM TO BE CHARGED ON PRO RATA BASIS FOR ADDITION AND DELETION. IN CASE THERE IS A CLAIM, PREMIUM WILL NOT BE REFUNDED FOR THE claimant (insured and family).
19. Congenital Internal Disease COVERED UNDER THE POLICY