

Cholamandalam MS General Insurance Company Limited
Bank of Baroda
Frequently Asked Questions – Group Health Insurance

1. Who are eligible for the coverage?
Any customer having an account with Bank of Baroda (BOB) is eligible for the coverage. (Including Spouse, upto 3 dependent children & parents)
2. What is the sum insured under the policy?
Rs. 3 Lakhs annually
3. What is the meaning of floater cover?
The sum Insured of Rs 3 Lakhs offered under the policy covers self, spouse, upto 3 dependent children & parents named for the cover. Any one or all of these members can prefer claims upto the amount of Rs 3 Lakhs. Total amount of claim payable for all members covered shall be upto Rs.3 Lakhs.
4. What is the age limits for coverage?
Self, spouse & parents: 18 to 70 yrs. Dependent children: 90 days to 26 years
5. Can we make claim from day one of the policy?
For accident related claims, policy provides cover from day one. In case of sickness related claims, the cover is available after waiting period of 30 days only.
Certain diseases like cataract can be claimed only after completion of 12 months of continuous cover). In case the insured member is already suffering from any disease at the time of policy commencement, claims related to those diseases/conditions can be considered only after 24 months of continuous coverage.
6. Is ambulance charges covered?
Yes. Ambulance charges under an admitted claim is payable upto Rs.2500/- per hospitalization
7. Will I get tax benefits under 80D for the health insurance?
Yes
8. Does policy cover expenses incurred for treatment before admission to hospital?
Yes, the expenses related to the disease for which the member is admitted in hospital, known as **pre-hospitalization expenses** are covered provided they are incurred within 60 days before date of admission to hospital and within the policy period. Policy also covers similar expenses incurred after discharge from hospital, known as **post hospitalization expenses** provided they are incurred within 90 days of date of discharge and these expenses are related to the disease for which the member is admitted in hospital.
9. If the age of the child is 24 years but married, will my child get cover under my policy?
No. Only dependent child under 26 years of age is covered.
10. Can I get reimbursement for treatment in non-network hospital?
Yes. You can.
11. Will I be covered in this policy for treatment outside India?
No. Policy covers treatment only inside India.
12. What is the procedure to avail cashless facility?
Customer needs to drop into a Cholamandalam MS General Insurance Co Ltd. network hospital to give a copy of his/her Membership ID card and Identity proof at Hospital reception. Pre-authorisation form has to be filled which has two parts. Part 1 needs to be filled by the patient or the patient's family and part 2 needs to be filled by the Hospital authority/Treating doctor. The completely filled form should be faxed or mailed to Cholamandalam MS

General Insurance Co. Ltd . Once pre-authorization form is received by us, the case will be processed within 3 hours and the initial authorization letter (approved or rejected) will be faxed/emailed back to hospital by us

Note:- For planned hospitalization: - Pre-authorization form to be sent before 48 hours of hospitalization.
For Emergency: - Pre-authorization form to be sent within 6 hours from the time of admission.

13. Do I need to pay any amount to the hospital while getting discharged for Cashless hospitalisation?
Yes. The policy holder needs to pay the non medical expenses and the co-pay amount (if applicable). He will need to pay the difference amount (difference between the final bill and approved amount).
14. Is there any minimum time limit for stay in the hospital?
Minimum 24 hours of hospitalization (if not day-care) with active line of treatment is required for cashless treatment
- However, there are a few specific ailments specified in the policy which can be covered even though the period of hospitalization is less than 24 hours. Such as Dialysis, Chemotherapy, Radiotherapy, Eye Surgery etc.
15. What if the cost exceeds the level of hospitalization insurance cover?
In such a situation the policy holder will be liable to pay the difference amount. We will inform the hospital about the policy holder's eligible amount and hospital will recover the amount over and above the credit amount from the policy holder directly.
16. What are the different types of Claims?
Cashless and Reimbursement
17. How will I be intimated about the Claims?
Policy holder has to intimate Cholamandalam MS General Insurance Co Ltd., before sending the claim documents if he/she wants to claim after discharge, Intimation has to be given within the period as specified in the policy.
18. What is the procedure of Reimbursement?
Policy holder will need to download the claim form from our website. The claim form contains 4 pages which includes medical certificate also. The medical certificate needs to be filled in by the Treating doctor with hospital seal and doctor's signature. The policy holder should fill the claim form and should attach all his original bills and send a courier to Cholamandalam MS General Insurance Co. Ltd. Head office or to the nearest Regional Office.
19. Will I get intimation for my claim status?
Yes, you will be intimated on your claim status to your updated email id from our database.
20. How can I check my Claim Status?
You can call our call center to check the claim status.
21. What are shortfall documents (S/F)?
Shortfall documents are those which are not submitted by the claimant, which is mandatory for further claim process.
22. Where and how can I send the Shortfall Documents?
You can send the shortfall documents to us or any regional office through post/courier or by walking in to respective branch.
23. What is disallowed amount?
The amount which is not approved is disallowed amount such as Non-medical expenses, no proper bill break up, Lab report not submitted aliment capping, exceeds Sum insured / aliment limit Etc

24. What is Day-Care Surgeries?

Day Care surgeries are those which do not require 24 hours of hospitalization such as Cataract (Eye) surgery, Dialysis, Kidney stone removal, Chemotherapy, D&C etc.

25. Day care surgeries are payable or not?

141 day care surgeries are payable according to term and conditions does not require hospitalization more than 24 hours