

Frequently asked Questions on “Guidelines on Standard Individual Health Insurance product: Arogya Sanjeevani Policy”

1. Whether all the insurers shall offer “Arogya Sanjeevani Policy”?

All the General and Standalone Health insurers are mandated to offer Standard Individual Health Insurance Product “Arogya Sanjeevani Policy”. However, if any insurer is currently not offering indemnity based health insurance products at all, the above stipulation will not apply to such insurers.

2. How many insurers are offering “Arogya Sanjeevani Policy” currently?

As on date, “Arogya Sanjeevani policy” is being offered by 30 general and standalone Health insurers.

3. What is the entry age in “Arogya Sanjeevani Policy”?

Minimum entry age is 18 years and maximum age at entry is 65 years. Dependent Child / children will be covered from the age of 3 months to 25 years

4. Can the policy be taken for the entire family?

Yes. “Arogya Sanjeevani Policy” is available on individual as well as family floater basis. Family consists of the proposer and any one or more of the family members as mentioned below:

- (i) Legally wedded spouse.
- (ii) Parents and Parents-in-law.
- (iii) Dependent Children (i.e. natural or legally adopted) between the ages 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

5. How long will the coverage be available under the policy?

The policy period of “Arogya Sanjeevani Policy” is one year. Policy is subject to lifelong renewability.

6. To what extent room rent expenses are covered in “Arogya Sanjeevani Policy”?

Arogya Sanjeevani Policy offers room rent coverage to up to 2% of the Sum insured subject to maximum of Rs.5000/- per day.

7. What is the coverage offered for ICU/CCU expenses?

Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses are covered up to 5% of sum insured subject to maximum of Rs.10, 000/- per day

8. What will happen in case room rent / ICU rent exceeds the above limits?

In case Room/ICU/ICCU rent exceeds the limits specified, the claim shall be subject to the proportionate deduction.

9. What is the other hospitalisation expenses covered apart from room rent/ICU/ICCU expenses?

- a) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.
- b) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.

10. Whether coverage is available to Cataract treatment?

Yes. Coverage is available for treatment of Cataract. However, expenses incurred on treatment of cataract are covered up to 25% of Sum insured or Rs.40, 000/- whichever is lower.

11. Whether coverage is available to Dental treatment?

Expenses incurred on Dental treatment necessitated due to disease or injury is covered.

12. What are the other expenses covered in Arogya Sanjeevani Policy?

Expenses incurred on Plastic surgery necessitated due to disease or injury, are covered.

13. Whether day care treatments are covered?

All the day care treatments are covered in Arogya Sanjeevani Policy.

Day Care Treatment means medical treatment, and/or surgical procedure which are:

- i. undertaken under general or local anesthesia in a Hospital/Day Care Centre in less than twenty four hours because of technological advancement, and
- ii. which would have otherwise required a hospitalisation of more than twenty four hours.

Treatment taken on an out-patient basis is not included in the scope of this definition.

14. Whether ambulance services cover is available in Arogya Sanjeevani Policy?

Yes. Expense incurred on ambulance services is available subject to a maximum of Rs.2000/- per hospitalization.

15. Whether pre-hospitalisation expenses are covered?

Yes. Pre-Hospitalisation medical expenses incurred for a period of 30 days prior to the date of hospitalisation are covered.

16. Whether post-hospitalisation expenses are covered?

Yes. Post Hospitalisation medical expenses incurred for a period of 60 days from the date of discharge from the hospital are covered.

17. Whether coverage is available for AYUSH systems of Medicine?

Yes. Expenses incurred on hospitalisation under AYUSH systems of medicine will be covered.

18. What are the sub limits in Arogya Sanjeevani Policy?

- i. Room Charges(Hospitalization):
 - a. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day
 - b. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day.
- ii. Treatment costs towards cataract operation are allowed only up to 25% of sum insured or Rs 40000/= whichever is lower.
- iii. Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured.
- iv. Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount **admissible** and payable as per the terms and conditions of the Policy.

19. What are the Sum Insured options available in this product?

The minimum sum insured available is Rs. One Lakh and maximum limit is Rs. Five Lakh. The policyholder may choose any Sum Insured within these limits in the multiples of fifty thousand.

20. Will the policyholder be eligible for Cumulative Bonus (CB) under this product?

Yes. Sum insured (excluding CB) will be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued will be reduced at the same rate at which it has accrued.

21. What is Cumulative Bonus and how does it work?

Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without associated increase in premium. The following is the illustration of working of Cumulative Bonus:

If Mr. A has bought a health insurance plan with sum insured Rs. One Lakh and he did not register any claim in the first policy year; at the time of renewal he will get a cumulative bonus of 5%. Thus, his total sum insured for next year will be Rs. 1,05,000/- (Rs. One Lakh Base Sum Insured + Rs Five Thousand Cumulative Bonus). Similarly, in the second year if he does not register a claim, he gets a cumulative bonus of 5% so that the Sum Insured will get increased to Rs1,10,000/-. This bonus can go up to 50% of sum insured; that is Mr. A can get a Sum Insured of 1,50,000/- if he does not make any claim for ten years.

22. What are the modes of premium payment allowed in Arogya Sanjeevani Policy?

A policyholder can pay premium on Yearly, Half-yearly, Quarterly and Monthly basis.

23. Whether grace period is available for payment of premium?

For Yearly payment of mode, a fixed period of 30 days is allowed as Grace Period and for all other modes of payment a fixed period of 15 days is allowed as Grace Period.

24. Where can I find complete details of Arogya Sanjeevani Policy?

Complete details are available in IRDAI website www.irdai.gov.in (<https://www.irdai.gov.in/admincms/cms/uploadedfiles/Guidelines%20on%20Standard%20Individual%20Health%20Insurance%20Product.pdf>).

25. How can I take the policy of “Arogya Sanjeevani” Product?

You may approach any of the insurers listed above who are offering the product. The website of the insurers offering this product may be visited for further details. The policy wordings of all the Arogya Sanjeevani Policies offered by the insurers are placed in the website www.irdai.gov.in (Home>>Products offered>>Health Insurers>>2019-20). Direct link to the same is as follows:

https://www.irdai.gov.in/ADMINCMS/cms/NormalData_Layout.aspx?page=PageNo3932&mid=27.3.7