

Queries on MediAssure

General Queries

1. How is ICICI Pru MediAssure different from traditional medical indemnity plans?

ICICI Pru MediAssure is the only health insurance plan with the AAA guarantee.

ICICI Pru MediAssure	Traditional Medical Insurance
Assured insurability till 75 yrs of age	No guarantee of insurability offered.
Assured coverage for accepted pre-existing illnesses after 2 years	Most plans either do not cover pre-existing illnesses or have wait period of up to 4 years.
Assured price for 3 years	Term of only 1 year. Hence premiums may change the next year

2. What is meant by guaranteed insurability?

You can renew the policy once after the end of the first 3 year term and within 30 days from the termination date with the same terms and conditions. You can further renew the cover under the then offered ICICI Pru MediAssure product or its nearest substitute within 30 days from the policy termination date. The policy ensures that your plan would be renewed until 75 years of age. Further no re-evaluation of your health status would occur at renewal.

3. How much coverage does ICICI Pru MediAssure offer?

ICICI Pru MediAssure allows you to avail 5 Annual Limit options i.e. Rs 2 Lakhs, Rs 3 Lakhs, Rs 5 Lakhs, Rs 7 Lakhs and Rs 10 Lakhs. The Annual Limit is the maximum benefit payable under the policy towards all the eligible medical expenses covered under the policy and incurred during a policy year. The annual limit is renewed every policy year.

For instance, if Mr B had purchased ICICI Pru MediAssure with Annual Limit of Rs 5 Lakhs and incurred an expense of Rs 2 lakhs, the balance annual limit available for the rest of that year would be Rs 3 lakhs. In the subsequent policy year, Mr B's Annual Limit would be renewed to Rs 5 Lakhs and he can avail of the full amount in that year as well.

4. Why should I opt for a high cover amount?

MediAssure offers you a unique advantage of taking a higher coverage amount (such as 5 lacs, 7 lacs and 10lacs) for a nominal increase in premium. For example, a customer aged 30 looking for an Annual limit of 3 Lacs would have to pay Rs 5473. For a nominal amount of Rs 313, he is able to increase his cover from 3 Lacs to 5 Lacs and thus able to adequately protect himself against any serious hospitalization. (Please note costs do not include ST and Edu Cess)

Annual Limit	2 Lac	3 Lac	5 Lac	7 Lac	10 Lac
Annual Premiums (Rs.) for customer age 30 years (exclusive of taxes and cess)	5,160	5,473	5,762	6,060	6,436
Difference between higher cover and cover of 2 lacs (Rs.)		313	602	900	1,276
Difference between higher cover and cover of 3 lacs (Rs.)			289	587	963

5. Can ICICI Pru MediAssure cover my family members also?

ICICI Pru MediAssure covers the entire family under a single policy in case you have availed of the family floater option; the aggregate annual limit is applicable for all members of the family who are included in the policy. The family can include self, spouse and the first three dependant children. However the cover for children would end on reaching the age of 25 years.

For Ex: Mr A has bought ICICI Pru MediAssure for Rs 3 lacs for himself, his wife and 2 children. The total annual limit for all the family members put together is Rs 3 lakhs. In case Mr A was hospitalised and claimed for Rs 1 lakh, the cover available for the entire family for that policy year would now be reduced to Rs 2 lakhs. Of course, in the next policy year, the cover would be renewed to Rs 3 lakhs.

6. Can the family floater be issued in a case single parent and children?

Yes, the family floater in MediAssure allows for a single parent to include himself /herself and upto 3 dependant children under the plan.

7. Can I add a family member to my plan at a later date?

Addition of family members to the policy shall be allowed only in the event of marriage or birth or legal adoption of a child. You should opt for this within 90 days from the date of event or at the next policy anniversary. Such change shall be carried out subject to receipt of the proof of the event by the Company and subject to the fulfilment of the underwriting norms of the Company in this regard. The change shall be effective for the purpose from the next premium due date which would be the risk commencement date for the new member added. You shall have to pay additional premium on addition of a family member as determined by the Company.

8. What are the different plan options available?

ICICI Pru MediAssure offers you the option to select a plan based on

- Annual limits option of Rs 2 Lakhs, Rs 3 Lakhs, Rs 5 Lakhs, Rs 7 Lakhs and Rs 10 Lakhs
- Choice of network type : Classic plan and Premium plan

You can choose to change your annual limits on every policy anniversary.

Claim Queries

9. What is defined as a within network claim? Or what is the difference between a Classic and Premium plan?

When hospitalisation or listed day care procedure occurs at a hospital defined within the network of listed hospitals it would be defined a "Within Network" claim

Plan Name	Details
Premium Plan	All List A and List B hospitals listed on the network defined by the company
Classic Plan	All List A listed on the network defined by the company All List B hospitals listed on the network except those within the districts of Mumbai, Thane & Navi Mumbai.

The claim within a listed network hospital would be treated as a within network claim only if the customer accesses the following room types

Hospital Type	Room Type Eligible
List A	Up to single air conditioned room
List B	Up to twin sharing air conditioned room

10. Can we cover same procedure or treatment multiple times during the 3 year contract?

As MediAssure is a reimbursement based hospitalisation insurance plan it allows for multiple claims during the entire term of the policy. Hence it is possible to claim for the same condition or procedure multiple times during the policy term provided the same is covered by the policy.

11. What happens in an emergency which occurs in a non network hospital?

In case of a trauma (accidents) and acute cardiac related emergencies the customer can access any hospital i.e. both hospitals within the network and outside the network. In both cases the network co-pay would not be applicable, as long as the customer accesses room facilities up to twin share air conditioned rooms. It is also advised that the customer must transfer to a network hospital once his condition is stabilized.

12. Can I make a claim if I get treated outside India?

No, you are entitled to a claim for treatment undergone in India only.

13. What does day care cover mean?

Day care procedures/treatments are those in-patient procedures which do not require hospitalization of more than 24 hours. ICICI Pru MediAssure covers 136 listed day care procedures/ treatment for which the customer need not stay in hospital for more than 24 hours. The list is provided in your policy document and also at www.icicprulife.com.

14. What is the Health Card? How does it work?

Upon enrolling under the ICICI Pru MediAssure plan each insured member in the policy shall be issued a health card bearing your policy number. The health card acts as an identifier that helps you access cashless facilities in our extensive network of hospitals and also a copy would be required to be attached while claiming reimbursement.

This card also bears other essential data such as –

- The policy number
- Claims helpline toll free number
- Policy duration & expiry dates

Kindly keep this card with you at all times with a view to be prepared in case of any eventuality for emergencies come unannounced.

Uses

- The call centre/assistance number allows for immediate support by providing information on the nearest network hospital
- The card allows for the use of cashless facility at our network hospitals
- A copy of the health card needs to be provided in order to access a reimbursement claim.

15. What is covered under the pre hospitalisation expenses?

Pre Hospitalisation expenses up to 30 days prior to hospitalisation, which are related to the main hospitalisation event would be payable under ICICI Pru MediAssure. However the expenses would be payable only in the event of the main hospitalisation claim being accepted by the company.

For example: If a patient has undergone investigations for Typhoid fever (eg Complete Blood count, Widal test and urine analysis) within 30 days prior to the date of admission, these medical expenses (original bills with supporting lab reports) shall be considered under Pre hospitalisation expenses.

16. What is covered under the post hospitalisation expenses?

Post Hospitalisation expenses incurred up to 60 days post discharge from hospital, which are related to the main hospitalisation event would be payable under ICICI Pru MediAssure. However the expenses would be payable only in the event of the main hospitalisation claim being accepted by the company.

For Example: In case a customer was hospitalised for pneumonia, post discharge all medical expenses with supportive prescription related to pneumonia for a period of up to 60 days (from discharge) would be covered.

17. What is a no claim bonus

You are entitled to a 5% increase in your annual limit for every claim free year subject to a maximum of 25% increase in the annual limit. The no claim bonus would be awarded only in case you have been insured with the company for a continuous period under the same policy. In case a claim is made during a policy year; the bonus amount would revert to 0% from the next policy year.

18. Where can I get a Claim form?

A claim form can be obtained by getting in touch with either of the below touch points –

- Our Website
- By calling our call center
- Branch

The claim form is also a part of the welcome kit.

19. Where can I submit a reimbursement claim?

After completing all formalities you can deposit the documents at any of our nearest branches. You can call on toll free number 1800 22 2020 to locate the nearest ICICI Prudential branch. Or you can fax your claim documents to 1800-103-4778 (toll free)

20. How do I check on the status of my claim?

The updated status for processing of the claim can be known by directly calling up on our 24*7 call center no. 1800-103-6363 or contact any of our nearest branches. You would need to cite your policy number for getting this information.

21. How can one avail of a cashless benefit at the time of hospitalization?

Cashless authorization is a service rendered within the network list of hospitals by the company to all its policy holders.

- The policy holder would be required to produce his/her health card at the time of hospitalization within the network list of hospitals.
- The hospital directly puts across an estimate by way of a preauthorization request citing the clinical condition of the patient for the probable bill amount for the patient's hospitalization at the insurer/Dedicated service provider's end.
- Upon adjudication of the claim, an authorization is given for the eligible amount admissible as per the policy terms & conditions at the hospitals end based on which the hospital renders cashless service to the patient.

Kindly note this service is applicable only within the list of network hospitals upon showing the health card. Patients are requested to kindly put in a pre-authorization request at least 4 days prior to admission in case of elective admissions & within 4 hours of admission for all emergency admissions to avail of the cashless benefit.

*Kindly note the patient shall be liable for settling the amounts not admissible under the policy terms & conditions directly to the hospital.

22. How do I lodge a grievance regarding a grievance or any deficiency in service –

For any clarification or assistance, the Policy holder may contact our advisor or call our Customer Service Representative at the telephone numbers listed below during office hours (Call Centre Timings: 9.00 A.M. to 9.00 P.M., Monday to Saturday; excluding national Holidays).

State	Number	State	Number
Andhra Pradesh	9849577766	Maharashtra (Mumbai)	9892577766
Chattisgarh	9893127766	Maharashtra (Rest)	9890447766

Delhi	9818177766	West Bengal (Kolkatta, Howrah)	9831377766
Goa	9890447766	Punjab	9815977766
Gujarat	9898277766	Rajasthan	9829277766
Haryana (Karnal)	9896177766	Tamil Nadu (Chennai)	9840877766
Haryana (Faridabad)	9818177766	Tamil Nadu (Rest)	9894477766
Karnataka	9845577766	Uttar Pradesh (Agra, Bareilly, Meerut, Varanasi)	9897307766
Kerala	9895477766	Uttar Pradesh (Kanpur, Lucknow)	9935277766
Madhya Pradesh	9893127766	Uttaranchal	9897307766
For all other cities, kindly call our Customer Service Toll Free Number 1800-22-2020 from your MTNL or BSNL line.			

Alternatively the Policyholder may communicate with the Company:

By mail at : Customer Service Desk, ICICI Prudential Life Insurance Company Limited,
Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road,
Kandivali (East), Mumbai- 400 101

Facsimile : 022 67100803 / 805

E-mail : lifeline@iciciprulife.com

The Company Web portal must be checked for updated contact numbers.