

## Readers' Corner

### GENERAL INSURANCE



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**I have a health insurance for family that covers my newborn from day one. My friend had a similar policy, but the company refused to pay claims for a health issue that the child had since birth. Is this common practice?**

We need to check the clause under which the claim has been declined. External ailments are generally excluded from the scope of cover. Policy wordings of the product are required to be checked for details on the exclusions and conditions.

**I have read that there are policies that cover for Ayurvedic treatment. What are the things covered under this? If I am not admitted, am**

**I still paid for the medicines I consume? Will it cover if I opt for a massage therapy at a centre in Kerala?**

Most policies which cover AYUSH treatment, cover only the hospitalisation expenses incurred in a registered hospital. Only Ayurvedic medicines without hospitalisation may be covered if there is an OPD benefit in the policy for Ayurvedic/AYUSH treatment. Health Insurance policies generally cover expenses incurred for treatment of illness/accident taken at a place which meets the definition of "Hospital or Day Care Centre" and treatment being advised and under supervision of a medical practitioner. A casual massage taken in a massage centre will not come under covered expenses. However, it is advisable to go through the terms and conditions of the policy opted.

**Is it possible to select a third-party administrator (TPA) when buying a health insurance policy?**

Most insurers have appointed TPAs to service retail policies in specific geographic

regions while some do offer a choice among a selected few. However, in group policies, clients can very well opt for choosing their TPAs. One can seek information on the third party administrator before buying the health insurance policy from the respective insurance company. Most private insurers have their In-house claim settlement unit.

**My parents forgot to renew their health insurance policy. After six weeks, the insurer refused to renew it. Both parents are senior citizens. Many pre-existing diseases won't be covered now for a period of four years if I go for another company's insurance plan.**

A break of maximum 30 days is allowed from the date of expiry of the policy. If premium for renewal is not deposited in the Insurance company within 30 days of expiry, then the insurer can refuse to renew the policy. However, if the premium is paid within the grace period of 30 days, continuity is given for waiting periods

while the conditions incurred in break period would not be covered.

**Four families comprising of 32 members want to buy health insurance. Is there any way to get a group-plan like features from any insurers?**

To offer a group policy the group needs to meet the definition of group as per the regulatory guidelines. A group cannot be formed solely for the purpose of availing insurance. Group policies are offered generally to corporates/companies where the employer covers their employees/dependents. Non-employer-employee groups like Employee Welfare Associations, holder of credit card issued by a specific company, borrowers of a bank, professional associations are also considered as a group as per regulatory guidelines.

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