|| वंदे श्री ऋषभं वीरं ||

With the blessing of

Gurudev Shri Nayapadmasagarji Maharajsahebji

Presented By

JAIN ADVANTAGE CARD
Smart Saver

JIO
JAIN INTERNATIONAL ORGANISATION

SHRAVAK AROGYAM
शरीरमाद्यम खलु धर्म साधनम्

SALIENT FEATURES OF SHRAVAK AROGYAM – JIO NEW HEALTH PLAN

2018-2019

PARTNERS for JIO MEDICLAIM POLICY

Insurance Company: **STAR Health & Allied Insurance Co. Ltd.**

Insurance Brokers: **Alliance Insurance Brokers Pvt. Ltd.**

PREMIUM Details for NEW POLICY

FAMILY SIZE	SUM INSURED	PREMIUM FOR 12 MONTHS	GST @ 18%	AMOUNT PAYABLE
Family Floater of size 1+7	Rs.10 Lacs	32,500	5,850	**38,350**
Family Floater of size 1+7	Rs. 5 Lacs	19,500	3,510	**23,010**
Family Floater of size 1+7	Rs. 2 Lacs	16,250	2,925	**19,175**
Individual below 40 Yrs Only	Rs. 2 Lacs	5,350	963	**6,313**

1. **FAMILY FLOATER MEDICLAIM:** Sum Insured of Rs.2 Lacs, Rs.5 Lacs and Rs.10 Lacs.

2. **FAMILY DEFINITION:** (1+7) maximum 8 members with self-mandatory : Primary Member + Spouse + 4 Dependent children up to 25 years of age + **Parents or Parents in law** (Any one set of parents only allowed)

3. **ENTRY AGE:** Proposer, Spouse & Either set of two Parents / Two In laws - Entry age is from 18 years to maximum age of 80 years for all floater policies.

4. Member can avail **Cashless** as well as **Reimbursement** facility.
5. **Claim Intimation** In case of **Cashless** claims, immediate intimation shall be given to our Call Center within **72 hours** of hospitalization. In case of **Reimbursement** claims, immediate intimation shall be given to Call Centre within **24 hours** of hospitalization.
6. **PRE-EXISTING DISEASES** are covered **from Day One**
7. **CO PAYMENT:**

   a) 25% copay ONLY on all PED claims except sublimated ailments including Maternity & Cataract.
   b) No Co pay on reimbursement claims
   c) Co pay will not be applied on capped ailments / inner limits including Cataract & Maternity (No Co-pay on sublimated cases.)
   d) No co- pay will applied on Non-PED Cases

8. **NO MEDICAL CHECK-UP** required
9. As per **INCOME TAX Act** deductions under Sec 80D, Proposer will be **eligible for exemption.** (Exemption for Payment by Cash not applicable)
10. **Joint Replacement or Knee Replacement:** One Year waiting period applicable
11. **Maternity Benefit**: 9 Month waiting period applicable. Maternity benefits, applicable only for the Member or Dependent Spouse, subject to a limit of Rs.25, 000/- for normal and Rs.30, 000/- for caesarean delivery.
12. **AYUSH Treatment** Covered up to Rs.10, 000 per claim maximum up to Rs.20,000 per year per family subject to the treatment being taken in a Government hospital or in any institute recognized by Government and/or accredited by Quality Council of India or National Accreditation Board on Health.
13. **Cyberknife, Cochlear Implant, and Psychiatric Treatment:** Cyberknife and Cochlear implant covered with 50% copayment and Psychiatric treatment covered upto Rs.30,000.
14. **Dental Treatment**: Covered in case of Road Accident Requiring Hospitalization.
15. **Day Care Procedures** 405 day Care Procedures covered (list attached in the annexure)
16. **Emergency Ambulance Charges** Covered maximum upto Rs. 2500/- per case
17. **Pre-Post Hospitalization Expenses (30/60 days respectively)** Covered within Family Floater Sum Insured
18. **Internal Congenital Ailments** Covered
19. **Organ transplant:** Donor Expenses for organ transplantation where the insured person is the recipient are payable provided the claim for

transplantation is payable and subject to the liability of the sum insured. Donor screening expenses and Post-dontaion complications of the donor are not payable. This cover is subject to limit of 10% of the Sum insured or Rs. One Lakh whichever is less.

20. CAPPINGS UNDER THE RENEWAL POLICY

Sum Insured Bracket	**200,000**	**500,000**	**1,000,000**
Ailments / Procedures	**Limits of Insurance Company's Liability Per Person in Rs.**		
Cataract (per eye)	**15,000**	**24,000**	**25,000**
Cerebral- vascular Accident	**120,000**	**220,000**	**280,000**
Cardiovascular Diseases	**120,000**	**220,000**	**280,000**
Cancer	**120,000**	**220,000**	**280,000**
Treatment for Breakage of Bones	**120,000**	**220,000**	**280,000**
Renal Complications	**120,000**	**220,000**	**280,000**
Genito Urinary Calculus	**40,000**	**50,000**	**60,000**
Dialysis in case of PED cases only	**35,000**	**45,000**	**50,000**
Cholecystectomy	**40,000**	**50,000**	**60,000**
Hysterectomy	**40,000**	**50,000**	**60,000**
Appendectomy	**40,000**	**50,000**	**60,000**
Fistula (Anal)	**30,000**	**40,000**	**45,000**
Hernia (All types)	**30,000**	**40,000**	**50,000**
Anemia (Not for evaluation)	**50,000**	**50,000**	**50,000**
Angiogram	**18,000**	**21,000**	**24,000**
All Major Surgeries	**No capping**		
*All other major surgeries – Acute/Sub Acute/Chronic, Bilo Pancreatic Surgery, Gastro-Intestinal Surgeries, Surgeries on Prostate, and Surgery related to Genito Urinary Tract.			

21. New Policy Group Personal Accident Policy

1. In case of Road accident where FIR copy is provided, capping of Breakage of bone will not apply.

GPA also offers cover to Proposer in case of **Accidental Death only**

- **Accidental Death cover to the main member upto the Health Sum Insured.**

Terms & Conditions Of New Mediclaim Policy

1. **FAMILY FLOATER MEDICLAIM:** Sum Insured of Rs.2 Lacs,Rs.5 Lacs and Rs.10 Lacs.

2. **FAMILY DEFINITION:** Proposer + Spouse (Husband / Wife) + 4 Dependent children upto 25 years of age + 2 Parents OR In-Laws (Any 1 set of Parents to be covered. Combination not allowed) means **Maximum 8 members** allowed in one family (1+7)

3. **AGE LIMIT: 0-80 years** (Entry Age of Proposer Between 18 to 80 Years),

4. 1st year entry age is **up to 80 years** and upon renewal they can continue in the policy till LIFETIME

5. **ROOM RENT & ICU CHARGES:** Room Rent limitation Per Day will be capped as below:

Sum Insured	Per Day Limit (Inclusive of Nursing charges)	
	Normal Room	ICU
200,000	2,500	3,500
500,000	3,000	5,000
10,00,000	4,000	5,000

****IF THE INSURED OCCUPIES A ROOM WITH A ROOM RENT LIMIT OTHER THAN HIS ELIGIBILITY AS PER THE INSURANCE POLICY, THEN ALL THE OTHER CHARGES SHALL BE LIMITED TO THE CHARGES APPLICABLE FOR THE ELIGIBLE ROOM RENT OR ACTUALS, WHICHEVER IS LOWER****

6. **DAY CARE PROCEDURES:** 405 day care procedures to be covered (List enclosed in the annexure)

7. All Internal congenital Diseases are covered

8. Domiciliary Hospitalisation is not Covered

9. **HOSPITALISATION AYUSH TREATMENT** (AYURVEDIC / HOMEOPATHIC / UNANI): Covered upto Rs. 10,000/- per claim maximum up to Rs. 20,000/- per year per family subject to the treatment being taken in a Government hospital or in any institute recognized by Government and / or accredited by Quality Council of India or National Accreditation Board on Health.

10. Hospitalization arising out of **PSYCHIATRIC AILMENTS** Covered upto Rs.30,000

11. **Cyber knife treatment:** Covered with Co-pay of 50%

12. **Cochlear Implant:** Covered with Co-pay of 50%

13. **Joint Replacement / Knee Replacement:** One Year Waiting period applicable

14. **Emergency Ambulance Charges:** upto Rs.2,500 Per incidence

15. **TERRORISM:** Covered from Day One

16. 30 Days Pre Hospitalisation & 60 Days Post Hospitalisation expenses covered within Family Sum Insured

17. **MATERNITY BENEFIT:** 9 Month waiting period applicable. Maternity benefits, applicable only for the Member or Dependent Spouse, subject to a limit of Rs.25, 000/- for normal and Rs.30, 000/- for caesarean delivery.

18. **MATERNITY WAITING PERIOD:** 9 Month waiting period applicable

19. **NEW BORN BABY COVER:** Baby Cover covered from Day 1 SUBJECT TO INTIMATION WITHIN 20 DAYS

20. **Pre Post Natal Expenses:** Covered on IPD Basis only and within Maternity limits. These Expenses are not covered on OPD Basis.

21. CO PAYMENT:

Sum Insured	Non Pre Existing Diseases	Pre Existing Diseases
200,000	NO-COPAY	25%
500,000	NO-COPAY	25%
1,000,000	NO-COPAY	25%

a) **NO CO-PAY will be applied** on all **NON-PRE EXISTING DISEASE**.

b) **25% CO-PAY** on all **PRE-EXISTING DISEASE CLAIMS** irrespective of age

c) **Co pay will not be applied on capped ailments / inner limits including Cataract & Maternity.**

(**If it is proved during Cashless that the ailment is NON-PED e.g in case of Fever or Accidental cases, etc. then no CO-Payment will be applied by Star)

(**In case if 25% Co-pay is deducted in cashless for PED claim, and the member can prove the concerned ailment was NON-PED, Insurer will pay difference of 25% on Reimbursement basis. This claim will not be construed as Reimbursement claim**)

d) Co pay will not apply on maternity, maternity related and Cataract claims.

e) **Reimbursement Claims: -** Reimbursement of claims will be entertained. Subject to admission **SHOULD BE intimated to STAR WITH IN 24 HOURS (If member fails to intimate to STAR within 24 Hours then the claim is to be rejected).**

#Note: No additional co-pay will apply for reimbursement

22. DISEASE WISE CAPPING (UPPER LIMIT):

Sum Insured Bracket	200,000	500,000	1,000,000
Ailments / Procedures	**Limits of Insurance Company's Liability Per Person in Rs.**		
Cataract (per eye)	**15,000**	**24,000**	**25,000**
Cerebral- vascular Accident	**120,000**	**220,000**	**280,000**
Cardiovascular Diseases	**120,000**	**220,000**	**280,000**
Cancer	**120,000**	**220,000**	**280,000**
Treatment for Breakage of Bones	**120,000**	**220,000**	**280,000**
Renal Complications	**120,000**	**220,000**	**280,000**
Genito Urinary Calculus	**40,000**	**50,000**	**60,000**
Dialysis in case of PED cases only	**35,000**	**45,000**	**50,000**
Cholecystectomy	**40,000**	**50,000**	**60,000**
Hysterectomy	**40,000**	**50,000**	**60,000**
Appendectomy	**40,000**	**50,000**	**60,000**
Fistula (Anal)	**30,000**	**40,000**	**45,000**
Hernia (All types)	**30,000**	**40,000**	**50,000**
Anemia (Not for evaluation)	**50,000**	**50,000**	**50,000**
Angiogram	**18,000**	**21,000**	**24,000**
All Major Surgeries	**No capping**		
*All other major surgeries – Acute/Sub Acute/Chronic, Bilo Pancreatic Surgery, Gastro-Intestinal Surgeries, Surgeries on Prostate, and Surgery related to Genito Urinary Tract.			

SAMPLE CLAIM PROCESS FOR REFRENCE

(I) If Claim is PED but falling under Sublimit ailment

In case of claim relating to PED; but falling in sublimit ailment. Say the hospital bill is Rs. 5 lakhs for the disease CVA which has sublimit of Rs.2,80,000/- (sum insured opted is Rs.10 lacs), the following procedure is adopted :

First the amount payable to the insured is worked out after adjusting the non-medicals and non-payables, room rent difference if any, proportionate deduction if the insured occupied a room with room rent more than his eligible amount.

Hospital bill Rs. 5.00 lakhs

Deductions due to Non-payables - Rs. 2.00 lakhs

Rs. 3.00 lakhs

Since the assessed amount is more than the sub-limit of Rs.2,80,000/- the claim amount is restricted to the sub-limit viz. Rs.2,80,000/-

(ii) If Claim is PED but not falling under any Sublimit ailment

In case of claim relating to PED; but not falling in any sublimit ailment. Say the hospital bill is Rs. 5 lakhs. (sum insured opted is Rs.10 lacs), the following procedure is adopted :

First the amount payable to the insured is worked out after adjusting the non-medicals and non-payables, room rent difference if any, proportionate deduction if the insured occupied a room with room rent more than his eligible amount.

Hospital bill Rs. 5.00 lakhs

Deductions due to Non-payables - Rs. 2.00 lakhs

Rs. 3.00 lakhs

Deduct 25% Co-payment for PED- Rs. 75 Thousand

Rs. 2.25 lakhs

Since the diseases is not falling in any sublimit ailment; If on the contrary the assessed amount after co-pay is Rs.2,25,000/-, the claim payable is Rs.2,25,000/-.

(ii) If Claim is Non- PED & Not Falling in any sublimit ailment:

In case of claim is not relating to PED & not falling in any sublimit ailment. Say the hospital bill is Rs. 5 lakhs. (sum insured opted is Rs.10 lacs), the following procedure is adopted :

First the amount payable to the insured is worked out after adjusting the non-medicals and non-payables, room rent difference if any, proportionate deduction if the insured occupied a room with room rent more than his eligible amount.

Hospital bill Rs. 5.00 lakhs

Deductions due to Non-payables - Rs. 2.00 lakhs

Rs. 3.00 lakhs

Since the diseases is NON-PED & not falling in any sublimit ailment; the claim payable is Rs.3,00,000/-.

23. **ORGAN TRANSPLANT :** The Insurance Company will pay expenses incurred on the Donor expenses for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable. This cover is subject to a limit of 10% of the Sum Insured or Rupees One lakh, whichever is less

24. **DENTAL TREATMENT:** covered if due to Road accident only and requiring 24 hours Hospitalisation

25. **MID-TERM ADDITIONS** allowed only for natural additions **subject to intimation received within 20 days of marriage or birth (for newly married SPOUSE & new born BABY)**

26. Any person **CAN'T BE COVERED MORE THAN ONCE** under whole group in JIO Policy. If declared more than once, benefit would be payable under one Sum Insured only

27. **CLAIM INTIMATION** in case of cashless claims, immediate intimation shall be given to our Call Centre **within 72 hours of Hospitalisation.** In case of reimbursement claims, immediate intimation shall be given to Call Centre within 24 hours of Hospitalisation.

28. CLAIM SUBMISSION of documents for reimbursement claims Within 30 Days from Date of Discharge.

29. In case of Road accident where FIR copy is provided, capping of Breakage of bone will not apply.

30. As per INCOME TAX Act deductions under Sec 80D, Proposer will be **eligible for exemption.** (Exemption for Payment by Cash not applicable)

PREMIUM details for NEW POLICY

FAMILY SIZE	SUM INSURED	PREMIUM FOR 12 MONTHS	GST @ 18%	AMOUNT PAYABLE
Family Floater of size 1+7	Rs.10 Lacs	32,500	5,850	**38,350**
Family Floater of size 1+7	Rs. 5 Lacs	19,500	3,510	**23,010**
Family Floater of size 1+7	Rs. 2 Lacs	16,250	2,925	**19,175**
Individual below 40 Yrs Only	Rs. 2 Lacs	5,350	963	**6,313**

31. **PLEASE NOTE:**
- As premium will be transferred first to JIO by members individually and then JIO have to pay premium to insurance company as one consolidated payment, there is a time gap for reconciliation and procedure. So we request you to pay the premium at the earliest to start coverage on time
- Premium can be **PAID only via Online Payment Or Demand Draft**

32. GENERAL EXCLUSIONS IN MEDICLAIM POLICY

We strive to provide you maximum cover and benefits; however, we would like you to know some of the major exclusions under the policy.

a) External Congenital diseases not covered

b) Any dental treatment unless arising due to Road accident

c) Naturopathy treatment not covered.

d) HIV, AIDS and related medical conditions not covered

e) External medical equipment used as post hospitalization care not covered

f) Cost of contact lens, spectacles, hearing aid, cochlear implants not covered

g) General debility, use of drugs or alcohol, intentional self-injury, sterility, venereal disease not covered.

h) Treatment for infertility etc. not covered

i) Hospitalization treatment for less than 24 hrs. Other than specified treatment not covered

j) Lasik Surgery, Septoplasty, Infertility & Related Ailments inclusive of Male sterility; Treatment on trial/experimental basis; Admin/Registration/Service/

k) Miscellaneous Charges: Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the Policy

l) Other exclusion as per the Standard Policy

33. Group Personal Accident (GPA) policy is also attached with this policy, applicable for Proposer only

a. ACCIDENTAL DEATH

b. TERRORISM COVERED

c. WORLDWIDE COVER

d. Accidental Death cover to the main member upto the Health Sum Insured.

e. **GENERAL EXCLUSIONS IN PERSONAL ACCIDENT POLICY:**

- Suicide/ Intentional self-injury
- Death due to Pregnancy/child birth etc.
- Accident while under influence of alcohol/drugs
- Sexually Transmitted Infections
- Participation in a criminal act
- Participation in a hazardous sport
- War, civil war, similar situations etc
- Other exclusion as per the Standard Policy

Frequently Asked Questions

MISUNDERSTANDINGS AND MYTHS OF JIO HEALTH PLAN

- **101. JIO is an Insurance Company ??**
  - NO
  JIO is not an insurance company and does not give any type of insurance policy. JIO has ONLY played the role of a negotiator for benefits of its Shravak / Shravika members.

- **102. Who manages the Insurance Policy ?**
  The Policy is serviced by the following three entities:
  a. Insurance Brokers (Like Prudent, Alliance, Almonds etc.) Insurance brokers are the mediators and communicator between JIO and Insurance Company to receive best terms.
  The responsibility of compiling the enrolment data, getting the policy endorsed, overview on claims process and resolving the queries of members is to be executed by the Insurance brokers. The Insurance brokers are the working hand of JIO for overall assistance for Group Policies.
  b. Insurance Company (Like Govt. companies - National Insurance, Oriental Insurance & Pvt. Companies - ICICI Lombard, Star Health etc.)
  The Mediclaim policy is issued by the government approved Insurance Companies under the regulation of IRDA. Means, the premium collected from members is transferred to the Insurance Company. The Insurance company bears the risks of the policy and pays claims to the members as per terms of the policy.
  c. Third Party Administrators - TPA (Like Paramount, Vipul TPA, IL Health Care, Health India etc)

  The TPA's are appointed by the Insurance Companies for issuing members Medi-claim card, communicate terms to policy holders, prepare panel of hospitals for cashless, receiving claim documents, evaluating the documents and sanctioning the claim amount.

- **103. Is JIO is making profits from the policies?**
  - NO
  JIO is not a profit making organization and is formed with a noble objective of serving its Shravak / Shravika members as well as society at large. Under the medical insurance scheme, the premiums are collected individually from the members and then full amount is transferred as a group premium to the insurance company.
  In-fact, Gurudev has inspired several Jain Shravaks to donate partly towards the premiums for members of their respective Samaj / Gnyati, who are

financially troubled. Hence the health security could be availed by members of their Samaj at further discounted premiums. This will immensely help such families to face the additional financial burden of medical expenses, if any.

- **104. Is the Enrolment process very complex?**
  - NO
  The enrolment process requires registering accurate details of the member and their family so that they do not face any trouble during the full year or at time of claim. The forms have been designed in a way to get the important details only and no un-necessary details are to filled.

- **105. Whether any person are available for help during enrolment or at the time of claim like Insurance Agents?**
  JIO has not appointed/authorized any retail agents for selling / marketing its policies. When the enrolment for policy is started, JIO chapters and volunteers across India assist in the policy and enrolment process and spreading information of policy.
  Because of the dedicated service of its volunteers, JIO has been able to reach huge number of Shravaks across India easily, without additional cost of hiring huge number of professionals.
  And at the time of claim, members can take help / advice from helpline number of the insurance company. Alternatively, the members can also take help from any insurance agent because the process of claim is same as retail insurance policies.

- **106. Why so much importance is given to online process which may be difficult for a common man?**
  JIO has pioneered in adopting to the latest technologies and online tool for your convenience and better service. The online enrolment process has the following major advantages:
    - - The data entry and processing time is saved.
    - - Accuracy of the data entered. This will also help in hassle free claims to the members.
    - - Enroll anytime from anywhere
    - - Immediate confirmation of enrolment completion.

- **107. Why JIO JAC number is compulsory?**
  JIO JAC is required not only for group Mediclaim but also for other JIO schemes. JIO introduced the Jain Advantage Card (JAC) as a comprehensive scheme for benefit of its members through bulk buying.
  JIO JAC is a unique and permanent identification for availing benefits of various schemes launched by JIO. Members can easily participate in the programs of JIO without having to provide various details every time.
  JAC members can also connect with fellow Shravaks and take full advantage of the JIO Global network.

- **108. Why does the policy coverage starts very late after payment of insurance premium to JIO?**

JIO Group Policy is negotiated with Insurance Company for the Best TERMS and Lowest PREMIUM based on a commitment of certain Minimum NUMBERS of enrolment.
For enrolling the members, messages are sent to Shravaks residing all over India. An enrolment window period is kept open for members to fill forms and make premium payment.
In case the numbers fall short of the minimum target, then the enrolment period is extended for few days.
After the closure of enrolment period, a list is compiled for all the forms received and payments are reconciled. Any errors found at the stage of validation and verification are corrected by contacting the members.
JIO pays the insurance premium to the Insurance Company through a single payment for all the members together for commencing policy. Upon payment, the Insurance cover period starts on common date for all the members. A single group policy document is issued in the name of JIO with the list of enrolled members and their families. On the basis of this TPA's issue Health Cards to all members with unique enrolment number for taking benefits of the policy.
The above process takes lot of time and efforts, hence the commencement of policy is after necessary period from the date of payment.

- **109. Why the Claims process is complex?**
  The process of filing claims for Cashless or Reimbursement with the Insurance Company is the same for JIO policy like any other retail mediclaim policies and in accordance with IRDA guidelines. In-fact, the norms for intimation of claim and the period for submitting claim documents after discharge are more beneficial in JIO Policy.

- **110. Whether insurance companies wrongly make huge deductions in JIO policy?**
  The deductions from claims are as per the terms of the policy and no ad-hoc deductions are made by the TPA or Insurance Company. The TPA and insurance company are bound by the guidelines of Insurance Regulatory & Development Authority.
  However, in case any claims are wrongly deducted or disallowed, then the members can approach grievance department of Insurance company or Ombudsman department of IRDA. These actions are within the rights of every policy holder.

- **111. Whether JIO is responsible for answering queries on claims disbursal and deductions?**
  As clarified above, JIO is neither the Insurance Broker / Agent to the policy nor the company undertaking the insurance. JIO has played a role of Group Leader to the policy issuance.
  All the queries regarding the claims process, status of claims, reasons of deductions from claim etc., are handled by the concerned Insurance Company. In cases, where the grievances of the policy members remain unresolved by the Insurance Company, the members can escalate such urgent / important

issues with the Broking Company or JIO officials. JIO in turn will take up these issues with the concerned authorities through brokers.
However the claims will be decided on merits of the case and within the terms of the policy.

- **112. Why has JIO not kept its word at the time of renewal by Increasing Insurance premiums and altering certain terms like amount capping on specific treatments and Co-pays on pre-existing diseases?**
  The 1st phase of policy saw an overwhelming response due to unbelievably low premiums and attractive benefits which are not available in any other policies. The biggest benefit of the policy was to cover elder members and members who were already ill. Due to such extra ordinary benefits, our Shravak families received a claim of almost 350% over the premiums paid. As a result of the heavy claim ratio, the renewal premiums were bound to be increased extensively by the Insurance Companies.

  However it was necessary for JIO to keep the premium low and also provide suitable terms to members who have not lodged any claim. It is also necessary that group policy has a good share of healthy families to keep the claim ratio balanced along-with affordable premiums year after year. This will help to serve more number of needy and sick people with stable premium year after year.
  Accordingly JIO had renegotiated the terms of policy with insurance company and achieved a group policy with balanced terms and appropriate premiums which were still better than the market rates.
  The JIO Mediclaim policy still continues to be hugely beneficial to the middle class families and the senior citizens who otherwise were not able to take benefit out of medical insurance.

- **113. Why do Insurance Companies, brokers or TPA change at time of each renewal?**
  Each phase of policy had been negotiated with different insurance companies and the Best offer with maximum benefits and lowest premiums has been selected. The brokers and TPA change accordingly.

- **114. When do the new phase are introduced and how will the Shravaks be informed about the same?**
  The introduction of new phases is not as per a planned schedule. JIO receives proposals from different insurance companies and if JIO is convinced about the suitability of the terms, the new phase will be announced through SMS, e-mails and website to all JIO JAC members.

- **115. Why there are no proper contact details for call or email for filing grievances?**

  Why No one answers the call or proper answers are not received from helpline?
  The responsibility for coordination of enrollment and claims has been assigned to the brokers by JIO. The brokers are required to maintain appropriate

number of contact points in the form of helpline numbers and email id for helping members and resolving their queries.
For any help or assistance at the time of enrollment the members can contact the brokers helpline numbers.
For any assistance at the time of claim, the members can contact the Insurance Company helpline. The details of contact numbers and emails for policy are available on JIO's website.

- **116. Whether the policy is a temporary affair or will continue for several years to come?**
  The JIO group policy is NOT a temporary affair and will continue in future like all other insurance policies.
  However, as discussed earlier, the terms of the policies and the premiums are subject to change at the time of each renewal based on previous year experience & analysis.
  JIO group Mediclaim policy was started with a noble vision of giving financial security in medical emergency to all the Shravak / Shravika families. Therefore JIO will never think about discontinuing the scheme.

2. TERMS, CONDITIONS & PROCEDURE for this New Plan

- **201. Can I opt individual policy in JIO NEW POLICY Mediclaim?**
  -No.

  he/she would compulsory need to buy a 2 Lac/ 5 lac /10 lac cover.

- **202. Can I opt Family Floater policy in JIO New Mediclaim?**
  -Yes.

  This is an insurance scheme where a family can opt for an insurance plan for Rs.2, Lac Rs.5 Lac & 10 Lac against Mediclaim for Self + Spouse + 4 Dependent Children up to 25 years of Age and Parents or parents in-laws this policy includes personal accident cover for a sum of Rs.2 Lac, Rs.5 Lac and Rs. 10 Lac respectively for Proposer.

- **203. I am a Jain but my wife is not a Jain? Can I insure my wife?**
  Under the family floater policy you can cover your wife as long as the proposer is Jain and because now she is a part of the Jain family.

- **204. If I have only 3 members in my family can I buy a Family Floater Policy?**
  Family Floater Policy is available for family size ranging between 2 to 8 members i.e. Proposer + Spouse + 4 Dependent Children up to 25 years of Age + Parents/or Parents or Laws.

- **205. Can I and my brother / sister cover our parents under our individual family floater schemes?**

Yes you can but any person can't be covered more than once under whole group in JIO Policy. If declared more than once, benefit would be payable under one Sum Insured only

- **206. We are two brothers & we have two different policies, Can we enroll our Parents in both policies?**
  No. One person can be covered only once in a JIO policy.

- **207. Can I take my married daughter in policy?**
  No. As she is now not part of your family.

- **208. Can a member above age of 40 years take individual policy of Rs.2 lac?**
  No. Individuals above the Age of 40 would compulsory need to buy a 5 lacs /10 lacs cover

- **209. Is this Applicable on Pan India basis?**
  Yes this policy is for Pan India Jain population only.

- **210. What if I am or my family member is already suffering from a disease? Can I yet get myself or my family members covered?**
  Pre-Existing Diseases are covered since day 1, however Co-pay of 25% will be applicable for PRE-EXISTING Ailments and Co pay will not be applied on capped ailments / inner limits including Cataract & Maternity (No Co-pay on sublimated cases.) which is mentioned in point no.243

- **211. In my family few are having Jain certificate but my parents don't have any proof? Then what I can do?**
  Please get a confirmation from your Sangh / Gyati that you are a Jain.

- **213. What is the name of Insurance Company?**
  Star Health and Allied Insurance Company Limited

- **214. How do i renew?**
  Please follow the below mentioned steps
  1. Please go on www.jiojac.com
  2. Read revise Terms & Conditions carefully
  3. Enter JIOJAC ID
  4. Fill your enrolment details
  5. Make payment ONLINE Or by DD

- **215. Can i submit physical form?**
  You can only enroll Online as per the Procedure mentioned in Point No.214. You can't submit Physical Form

- **216. What are the options for making payment I am not aware of online procedure?**
  You need to Enroll Online only, however payment can be done via Online or by submitting Demand Draft along with Printout of Online Form to JIO Office

after completing Online Enrolment Procedure.

- **217. If I don't have JIO JAC Id, can I opt for Mediclaim Policy ?**
  No, You can't opt for MEDICLAIM Polic . JIOJAC ID is compulsory. Please register online for JIOJAC ID.

- **218. What is the premium?**

FAMILY SIZE	SUM INSURED	PREMIUM FOR 12 MONTHS	GST @ 18%	AMOUNT PAYABLE
Family Floater of size 1+7	Rs.10 Lacs	32,500	5,850	**38,350**
Family Floater of size 1+7	Rs. 5 Lacs	19,500	3,510	**23,010**
Family Floater of size 1+7	Rs. 2 Lacs	16,250	2,925	**19,175**
Individual below 40 Yrs Only	Rs. 2 Lacs	5,350	963	**6,313**

- **219. Does this scheme have cashless as well as Reimbursement facility?**
  Yes, cashless facility is available in 8000 Network of hospitals and Member can avail Cashless as well as reimbursement facility. In all case of cashless claims, immediate intimation shall be given to our Call Center **within 72 hours** of Hospitalisation. In case of reimbursement claims, immediate intimation shall be given to Call Centre **within 24 hours** of Hospitalization.

- **220. When will I be eligible for my maternity claim?**
  Maternity benefit is available after completion of 9 months from the date of enrolment in JIO – Shravak Arogyam scheme.

- **221. Are pre & post-natal expenses under Maternity benefits covered?**
  Covered for the Hospitalization for more than 24 hours within Maternity Limit, But Pre & Post Natal expenses on OPD bases are not covered

- **222. What shall be the next year premium?**
  The next year premium will be decided after the end of the policy tenure based on the Claim Experience of the current Policy

- **223. Is there any tax rebate?**
  Yes , under section 80 D you can claim TAX Rebate

- **224. Can I have the policy number?**
  No, you will not get Policy Number. However you will receive Health ID card, which you can show in Network Hospitals to avail Cashless Benefit under this Policy

- **225. Do we get no claim bonus if we do not claim in the existing year?**
  No, as this is a Group scheme you will not get NO Claim Bonus

- **226. If my wife is the proposer can she cover her parents?**
  Yes only is she is a Jain by birth.

- **227. How different is TPA from Insurance Company?**
  Third Party Administrator (TPA) in Health Insurance Sector servicing all insurance companies. Health Insurance policies for individuals are basic products of Insurance Companies on which TPA adds value and facilitates smooth operation through its value-addition like network of healthcare service providers, medical care standardization, Claims management, Client servicing, expert opinion etc. Thus TPA administers a `healthcare package' for its clients with customized healthcare delivery.

- **228. Will location of dependent family matter in availing services under TPA?**
  No, Location does not affect the operational activities, main member or the dependent member can avail same and equal benefits irrespective of their location. TPA Network of Healthcare Service Providers is across the country. These accredited healthcare providers would assure qualitative healthcare delivery to TPA members.

- **229. Will the change in names in between policy period matters?**
  Yes, According to the Insurance Company the claim will not be settled (unless prior intimation to Insurance company) if there is any alterations in the name It has to be intimated to your respective Insurance Co. within 15 days on receipt of your cards & requisite Endorsement for the change in name needs to be passed by Insurance co. This has to be done first hand and not only if any claim arises.

- **230. What are the documents required to be submitted to TPA to claim under reimbursement procedure?**
  Documents that you need to submit for a hospitalization reimbursement claim are:
  - Original completely filled in Claim form
  - Covering letter stating your complete address, contact numbers and email address (if available), along with Schedule of Expenses
  - Copy of the TPA ID card or current policy copy and previous years' policy copies(if any)
  - Original Discharge Card/ Summary

- Original hospital final bill
- Original numbered receipts for payments made to the hospital
- Complete breakup of the hospital bill
- All bills for investigations done with the respective Doctor
- All bills for medicines supported by relevant prescriptions
- Bank Details with Cancel Cheque
- You are advised to keep Photo Copy of the entire set of claim documents submitted to us.

- **231. How to send reimbursement claims?**
  Under this Policy, You can avail Reimbursement facility and claims can be submitted to Star Health office through registered post / courier. The address is as mentioned in STAR web site.

- **32. WHAT ARE "NON-MEDICAL EXPENSES?**
  Your health insurance policy pays for reasonable and necessary medical expenditure. There are several items that do not classify as medical expenses during hospitalization. These items will not be payable and expenditure towards such items will have to be borne by you.

- **233. Can I claim medical expenses incurred before and after a surgery?**
  You can claim medical expenses incurred 30 days before and 60 days after hospitalization (as specified in your policy), provided they are related to the ailment/treatment for which you were hospitalized. Such expenses are termed as pre and post hospitalization, except for Maternity Claims.

- **234. Can I claim my dentist's bills?**
  No. You can do so only in cases arising from Road Accidents.

- **235. If I have a health insurance policy in Mumbai, can I make a claim if I am transferred to Delhi?**
  Yes, your health insurance policy is valid all over INDIA.

- **236. Are all the tests prescribed by the doctor at a hospital reimbursed under the Health Insurance Plan?**
  Expenses incurred at a hospital or a nursing home for diagnostic purposes such as X-rays, blood analysis, ECG, etc. will be reimbursed if they are consistent with or incidental to the diagnosis and treatment of the ailment for which the policy holder has been hospitalized. In any other scenario, these expenses will not be reimbursed.

- **237. Will my claims be reimbursed even if I do not get myself treated at a network hospital**
  Yes, you can avail Reimbursement facility.

- **238. Is there a minimum time limit for stay within the hospital under the health insurance plan?**
  Typically, the insured can make a claim if her/his hospitalized stay is for over 24 hours. However, for certain treatments, such as dialysis, chemotherapy,

eye surgery, etc. the stay could be less than 24 hours.

- **239. What happens when the limit of insurance is exhausted under a Health Insurance Policy?**
  If the insurance limit i.e. the sum insured is exhausted in a particular year due to large medical expenses, the insurer is not liable to bear/reimburse the insured for any further expenses.

- **240. Who will receive the claim amount if the insured dies at the time of treatment?**
  The claim amount is paid to the nominee of the insured. If no nominee has been assigned under the policy, the insurance company will insist upon a succession certificate from a court of law for disbursing the claim amount. Alternatively, the insurers can deposit the claim amount in the court for disbursement to the legal heirs of the deceased.

- **241. What is the procedure for availing cashless facility?**
  In case of planned hospitalization, insurers require the first prescription with the details of the case history indicating following details:
  - Provisional diagnosis or reason for getting admitted in hospital
  - Proposed date of admission
  - Approximate expenses
  - Name of the hospital and consultants
  - Approximate duration of stay at the hospital
  - Attached doctor's prescription with admission note
  - The above documents need to be delivered to the TPA/insurer at least 72 hours before admission.

- **242. If I avail of the cashless facility, will the insurance company pay the entire bill at the hospital?**
  No. From the Bill amount, Non-Medical Expenses will be deduced and if any, Copay, sub limits & Deductible is applicable that will be deducted. Also if the Room Rent limit is more than the eligible limits as per the respective Sum Insured, then all other eligible Medical Expenses will be paid in proportion to eligible Room Rent Category. And the balance amount will have to be borne by the insured if any.

- **243. What are Sub-limits in this policy?**

Sum Insured Bracket	200,000	500,000	1,000,000
Ailments / Procedures	**Limits of Insurance Company's Liability Per Person in Rs.**		
Cataract (per eye)	**15,000**	**24,000**	**25,000**
Cerebro- vascular Accident	**120,000**	**220,000**	**280,000**
Cardiovascular Diseases	**120,000**	**220,000**	**280,000**
Cancer	**120,000**	**220,000**	**280,000**
Treatment for Breakage of Bones	**120,000**	**220,000**	**280,000**
Renal Complications	**120,000**	**220,000**	**280,000**
Genito Urinary Calculus	**40,000**	**50,000**	**60,000**
Dialysis in case of PED cases only	**35,000**	**45,000**	**50,000**
Cholecystectomy	**40,000**	**50,000**	**60,000**
Hysterectomy	**40,000**	**50,000**	**60,000**
Appendectomy	**40,000**	**50,000**	**60,000**
Fistula (Anal)	**30,000**	**40,000**	**45,000**
Hernia (All types)	**30,000**	**40,000**	**50,000**
Anaemia (Not for evaluation)	**50,000**	**50,000**	**50,000**
Angiogram	**18,000**	**21,000**	**24,000**
All Major Surgeries	**No capping**		

Co-pay will Not apply on sub limit / Inner Limit Claims

#NOTE: 1. In case of Road accident where FIR copy is provided, capping of Breakage of bone will not apply.

Sample claim process:

(II) If Claim is PED But falling in Sublimit ailment

In case of claim relating to PED; but falling in sublimit ailment. Say the hospital bill is Rs. 5 lakhs for the disease CVA which has sublimit of Rs.2,80,000/- (sum insured opted is Rs.10 lacs), the following procedure is adopted :

First the amount payable to the insured is worked out after adjusting the non-medicals and non-payables, room rent difference if any, proportionate deduction if the insured occupied a room with room rent more than his eligible amount.

Hospital bill	Rs. 5.00 lakhs
Deductions due to Non-payables -	Rs. 2.00 lakhs

	Rs. 3.00 lakhs

Since the assessed amount is more than the sub-limit of Rs.2,80,000/- the claim amount is restricted to the sub-limit viz. Rs.2,80,000/-

(ii) If Claim is PED but not falling in any Sublimit ailment

In case of claim relating to PED; but not falling in any sublimit ailment. Say the hospital bill is Rs. 5 lakhs. (sum insured opted is Rs.10 lacs), the following procedure is adopted :

First the amount payable to the insured is worked out after adjusting the non-medicals and non-payables, room rent difference if any, proportionate deduction if the insured occupied a room with room rent more than his eligible amount.

Jain International Organisation (JIO)

Hospital bill		Rs. 5.00 lakhs
Deductions due to Non-payables	-	Rs. 2.00 lakhs

		Rs. 3.00 lakhs
Deduct 25% Co-payment for PED	-	Rs. 75 Thousand

		Rs. 2.25 lakhs

Since the diseases is not falling in any sublimit ailment; If on the contrary the assessed amount after co-pay is Rs.2,25,000/-, the claim payable is Rs.2,25,000/-.

(iii) If Claim is Non- PED & Not Falling in any sublimit ailment:

In case of claim is not relating to PED & not falling in any sublimit ailment. Say the hospital bill is Rs. 5 lakhs. (sum insured opted is Rs.10 lacs), the following procedure is adopted :

First the amount payable to the insured is worked out after adjusting the non-medicals and non-payables, room rent difference if any, proportionate deduction if the insured occupied a room with room rent more than his eligible amount.

Hospital bill		Rs. 5.00 lakhs
Deductions due to Non-payables	-	Rs. 2.00 lakhs

		Rs. 3.00 lakhs

Since the diseases is NON-PED & not falling in any sublimit ailment; the claim payable is Rs.3,00,000/-.

- **244. What happens in case of an Emergency hospitalization where Cashless facility is not authorized to me?**
  The liability for paying the hospital will be on the individual member and

member can **avail reimbursement facility by giving mandatory within 24 hours intimation to star toll free no.**

- **245. How a hospital is defined with regards to the health insurance policies?**
  Any institution established for indoor care and treatment of sickness and/or injuries, which is duly registered and supervised actively by a registered medical practitioner.
  OR
  Any establishment that satisfies the following criteria can qualify as a hospital:
  - with at least 15 patient beds
  - With a fully equipped operation theatre of its own if surgical procedures need to be carried out
  - Employing fully qualified nursing staff around the clock
  - Having fully qualified doctors in charge around the clock Note: For Class 'C' towns, the number of beds relaxed to ten.

- **246. What is meant by hospitalization?**
  An instance where the insured individual is hospitalized for a minimum period of 24 hours can be termed as hospitalization. Specific treatments like dialysis, chemotherapy, radiotherapy, laser eye surgery, dental surgery, etc. when the patient is discharged on the same day are also considered hospitalization.

- **247. What is my room rent eligibility under both the schemes?**
  - S.I. Rs.2 Lakhs - Room Rent - 2,500 and ICU capped at 3,500
  - S.I. Rs.5 Lakhs - Room Rent - 3,000 and ICU capped at 5,000
  - S.I. Rs.10 Lakhs - Room Rent - 4,000 and ICU capped at 5,000

  Room rent limit is inclusive of Nursing Charges. If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.

- **248. What are the age limit restrictions under both the policies?**
  - For Individual Health Insurance Policy of Rs.2 Lacs, only Proposer upto 40 years can opt.
  - In case of Family Floater of Rs.5 Lacs & 10 Lacs, below age limit will apply
  - For Dependent Children maximum age allowed is 25 years. After completion of 25 years, Child will not be covered in next year
  - For Parents maximum entry age is 80 years, However ELDERLY MEMBERS who have completed 80 years on or after 30th Oct, 2014 can continue in the Policy till LIFETIME

- **249. Can one prepare a Jain Certificate?**
  The Jain certification has to be from Gyati / Samaj / Sang only.

- **250. What is covered under Personal accident Cover?**
  Only Death Benefit is covered under personal accident cover

- **251. What claim documents do I need under a Personal Accident Claim?**
  - CLAIM DOCUMENTS REQUIRED FOR PERSONAL ACCIDENT CLAIM – ALL DOCUMENTS HAVE TO BE DULY ATTESTED / CERTIFIED / NOTARIZED
    a. Compete Filled Claim Form
    b. Photocopy Of ID Proof
    c. Death Certificate or Permanent Total Disability certified from Government Hospital / Government Board
    d. Post Mortem Report
    e. Police FIR Copy
    f. Driving license (if self driving)
    g. Police Panchnama Copy
    h. Panchayat Certificate wherever applicable
    i. Income Proof
    j. Bank Account Details of Nominee