

FREQUENTLY ASKED QUESTIONS

1. About JIO?

JIO is a vibrant organization for total unity of Jains, to serve all living beings & bring all round progress. JIO intends to be the global organization of visionaries who believe in principles and philosophy of Jainism, to bring global harmony, peace & prosperity for total happiness of every living being and to strive for a world free of violence, poverty & disease. JIO is committed to build a corporate environment and social infrastructure for overall growth, development and well-being of family by improving health, wealth, knowledge and spirituality.

Also, Provide fair & optimum opportunities for supporting social relationships amongst Jains of all professions.

Initiate to create global awareness about Jain philosophy, culture, values and the noble principles which benefits humanity, environment and takes care of all living beings.

2. About Shravak Arogyam Individual Insurance Scheme?

This is an insurance scheme where an individual can purchase an insurance plan for Rs. 2 Lacs against Mediclaim and Rs. 10 Lacs for an earning member or Rs. 5 Lacs for non-earning member against Personal Accident cover.

3. About Shravak Arogyam Family Floater Scheme?

This is an insurance scheme where a family can purchase an insurance plan for Rs.5 Lac & 10 Lac against Mediclaim for Self + Spouse + 2 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 5 Lac for non earning member and 10 Lac for earning members .

4. Where can I download forms and can I pay online?

JIO – SHRAVAK AROGYAM Forms are available online @ www.shravakarogyam.com and the GMC Benefit Amount can be paid online

5. Is this Applicable on Pan India basis?

Yes this policy is for Pan India Jain population only.

6. Where I can submit the papers if there is no collection centre nearby me?

All forms need to be filled online or physical forms with demand draft need to be sent via courier to:

SHRAVAK AROGYAM Phase-II
C/O Hriday Biz Pvt. Ltd.
202, 3rd Floor Vinayak Complex –‘B’
Durga Nursery Road Udaipur (Raj) 313001

7. What if I have an existing insurance policy? Can I yet insure myself in JIO-SHRAVAK AROGYAM PHASE-2 Scheme?

Yes you can enroll yourself for either one or both schemes.

8. 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 except for Total Knee Replacement which is covered only after a year from the date of enrolment in the policy.

- 9. 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.
- 10. Does this scheme have cashless facility?**
Yes cashless facility is available in 6800+ Network of hospitals
- 11. When will I be eligible for my maternity claim?**
Only after completion of 9 months from the date of enrolment in JIO – Shravak Arogyam scheme.
- 12. Are pre & post natal expenses under Maternity benefits covered?**
No it is not covered
- 13. 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.
- 14. 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 6 members i.e. Proposer + Spouse + 2 Dependent Children up to 25 years of Age + Parents/or Parents or Laws.
- 15. If I have already filled the form and given a cheque for JIO-SHRAVAK AROGYAM individual scheme can I cancel the same and opt for family floater scheme?**
Cancellation is not possible but you can opt for new Scheme.
- 16. I have taken policy from Shravak Arogyam phase-I, can I take another policy from Shravak Arogyam phase-II ?**
Yes.
- 17. Can I upgrade my policy to higher value of phase-I in phase-II?**
No. You can take a new policy from phase-II of higher value; upgrade to higher value in phase-II in existing policy is not possible.
- 18. Can I and my brother / sister cover our parents under our individual family floater schemes?**
Yes you can.
- 19. What shall be the next year premium?**
The next year premium will be decided after the end of the policy tenure.
- 20. Can anybody avail the policy after 10th of Feb. after the closing of the last date?**
The enrollment can only be done as per the date scheduled by the JIO
- 21. Is there any tax rebate?**
No there is no tax rebate. Because it is a group health insurance scheme
- 22. Can I have the policy number?**
All this information shall be available online once the policy start date has been declared.

23. Do we get no claim bonus if we do not claim in the existing year?

No as this is a group scheme

24. Can I purchase both the schemes?

Yes you can purchase both the scheme as per your requirement.

25. If I send the courier who shall bear the cost?

The person sending the courier shall bear the cost of the courier

26. Can I give one consolidated D.D. for multiple applications?

Yes you can but you have to define the amount in the covering letter along with the proposal.

27. If my wife is the proposer can she cover her parents?

Yes only if she is a Jain by birth.

28. 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.

29. Will location of dependent family matter in availing services under TPA?

No, Location does not affect the operational activities, main member or the dependant 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.

30. 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. & 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.

31. Should the claim be submitted with the insurance company or with TPA?

Preferably with the TPA only.

32. 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:

1. Original completely filled in Claim form
2. Covering letter stating your complete address, contact numbers and email address (if available), along with Schedule of Expenses
3. Copy of the TPA ID card or current policy copy and previous years' policy copies(if any)
4. Original Discharge Card/ Summary
5. Original hospital final bill
6. Original numbered receipts for payments made to the hospital
7. Complete breakup of the hospital bill
8. All bills for investigations done with the respective Doctor

9. All bills for medicines supported by relevant prescriptions
10. Bank Details with Cancel Cheque.

You are advised to keep Photo Copy of the entire set of claim documents submitted to us.

33. How to send reimbursement claims to TPA?

Reimbursement claims can be submitted to us through registered post / courier or can be handed over at any of THE TPA Branch offices.

34. 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.

35. 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.

36. Can I claim my dentist's bills?

No, you cannot

37. Will medical costs be reimbursed from day one of the cover?

The medical expenses shall be reimbursed from the Date of Joining and activation of your the Shravak Arogyam –PHASE-2 Scheme.

38. 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 the country.

39. 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.

40. Will my claims be reimbursed even if I do not get myself treated at a network hospital?

Yes, claims will be reimbursed even if insured is not treated in network hospital. These claims shall be settled as per GIPSA PPN or TPA Negotiated RATES.

41. 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.

42. 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.

43. 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.

44. 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:

1. Provisional diagnosis or reason for getting admitted in hospital
2. Proposed date of admission
3. Approximate expenses
4. Name of the hospital and consultants
5. Approximate duration of stay at the hospital
6. Attached doctor's prescription with admission note

The above documents need to be delivered to the TPA/insurer at least 72 hours before admission.

45. If I avail of the cashless facility, will the insurance company pay the entire bill at the hospital?

No, a part of the bill will have to be borne by the insured if it consists of the inadmissible amounts that are listed by the hospital.

46. 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. However, the insurance company will reimburse the admissible amount on submission of the claim file.

47. 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:

1. with at least 15 patient beds
2. With a fully equipped operation theatre of its own if surgical procedures need to be carried out
3. Employing fully qualified nursing staff around the clock
4. Having fully qualified doctors in charge around the clock Note: For Class 'C' towns, the number of beds relaxed to ten.

48. 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.

49. Is maternity benefit available under an individual Health Insurance Plan?

Maternity benefit will be available after the 9 month waiting period Normal Rs 35000 and 50000 In case of C-sec.

Rs

50. What is my room rent eligibility under both the schemes?

Room Rent restriction to Rs. 2500/- or below per day for Normal & Rs. 4000/- or below for ICU / ICCU and in case of Floater 10 Lacs it is Rs. 3000/- or below per day for Normal & Rs. 4000/- or below for ICU / ICCU and all other charges to be settled as per room rent eligibility

51. Can I get interest till the policy is not issued?

No

52. What are the age limit restrictions under both the policies?

The Age Limit restrictions are 0-80 years under both the schemes

53. Can one prepare a Jain Certificate?

The Jain certification has to be from Gyati / Samaj / Sang only.

54. What is covered under Personal accident Cover?

Only Death & Permanent Total Disability is covered under personal accident cover.

55. 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