SURYODAY
A BANK OF SMILES

FAQs – HEALTH N WELLNESS SAVINGS ACCOUNT

Savings Account related

1. **Who is eligible to apply for Health & Wellness Saving Account?**

- Resident Individual – Single or Joint Account
- Age - 18 years to 65 years (Below 18 years or above 65 years of age are not eligible for this account).
- As per Key Health Declaration form to be submitted.
- Rs. 3 Lakhs AMB requirement to be met in the Savings Account.

2. **What is the Unique Selling proposition for the product?**

The Health and Wellness Savings Account is built around the theme of safeguarding both your Health and Wealth. The 3 Key Health and Wellness related features and benefits on this Account are as given below:

- Complimentary Top up Health Insurance of Rs 25 Lakhs with 5 Lakhs deductible for Self and Family (2Adults ie Self and Spouse +2 Children) for 1st year
- Complimentary Annual Healthcare Package for Family of 4 for 1st Year
  Unlimited phone / video consultation
  Specialist Consulation at network hospitals (Twice a year)
  Free Health Check-up (Twice a year)
  4 Free Online Pharmacy Vouchers of Rs 500 each
  2 Free Dental Consultation Vouchers
  2 Diet fit Vouchers to avail Diet Management Program for 90 days
  Network Discount Card for availing discounts at select member outlets.
- Complimentary On Call Emergency Ambulance Medical Care Services upto distance of 20 Kms till 31 Mar 2022

The Health Insurance and the Annual Healthcare package come free of charge to you for the 1st year post opening of Account. From the 2nd year onwards, you can renew the facilities with the Service Providers directly at the prevailing rates.
The Free Ambulance service is available till 31st March 2022 and may be extended by the Bank at its discretion beyond that date.

3. **What is the purpose of the Key Health Declaration form for opening the Health and Wellness Savings Account?**

One of the key propositions in the Health and Wellness Savings Account is the Top up Health Insurance Cover of Rs. 25 lakhs for Self and family.

In order to be eligible for this proposition – Customer needs to be eligible as per the Key Health Declaration form. Customer has to declare as per this form that he and his family members (covered in the policy) are in Good Health and haven't had any of the specific illnesses / diseases as mentioned in the Key Health Declaration form. Customer also needs to specifically declare on any long-term medication or previous hospitalization beyond 15 days.
Any false declarations / mistakes made in filling this form will ensure that any Hospitalization Claims made in the future can get declined. Hence it is imperative that Customers read this carefully and declare all the details truthfully and move ahead with opening this Account only if they meet the conditions mentioned therein.

4. **I have an existing Savings Account with you. Can I upgrade this account to a Health and Wellness Saving Account?**

Yes, existing Saving account can be upgraded to Health n Wellness Savings Account. The Health and Wellness Account has a requirement of Rs. 3 lakhs AMB to be maintained. Detailed Schedule of Charges is available on our Website.

You can fill up our Savings upgrade form along with the Insurance Eligibility Undertaking & Insured details for Self, Spouse & dependent children and submit the same to your nearest Bank Branch.

5. **Can I maintain sufficient FDs with you in lieu of the Average Monthly Balance (AMB) requirement in the Savings Account?**

No. FD in lieu of AMB facility is not available. Customer will have to maintain minimum Average Monthly balance of Rs 3 Lakhs in the Health n Wellness Savings Account to be eligible for all these facilities.

6. **What happens if I am unable to maintain the AMB requirement of Rs. 3 lakhs in the Savings Account?**

The special features and benefits on Health and Wellness are available to you only on maintaining the AMB of Rs. 3 lakhs in your Account at all times.

In case you do not maintain the required AMB for a period of 3 months (consecutive or otherwise) during the year, then the Bank has the right to discontinue the facilities available and even close your Savings Account with no prior intimation. For more details, please refer to the Terms and Conditions provided on the Website.

7. **Can a customer renew the Annual Healthcare package & Top up Health Insurance post completion of 1 year?**

Yes, customer can renew the Annual Health Package & Top up Health Insurance as per the rate proposed by partners for the services during that time. Premium from the second year needs to be paid by customers themselves.

SURYODAY
A BANK OF SMILES

Ambulance on Call Services

8. Is there any Contact Number to be dialled by customer for availing Ambulance on call facility & the process for availing the same?

Yes, Bank has partnered with Ziqita Healthcare Pvt Ltd for this service.
Customer can dial them on Call centre contact number 9700001298.
Customer can also dial on 7007620119 / 9029241242 (in case above number is busy).
Customer needs to provide his Account number & Date of Birth to Ziqitza Call centre executive for validation purposes.
Call Centre executive will validate the Account number & Date of Birth & book the ambulance for the customer.

9. What is the response time for employee / dependents calling for Ambulance?

30 to 60 Minutes. Response time may increase depending on current Covid or any such extraordinary situations.

10. What are the types of Ambulance covered?

Both Advanced Life Support (ALS – Cardiac) Ambulance and Basic Life Support Ambulance (BLS) is available depending on the availability. Advanced Life Support Ambulance will come with Driver + Paramedic and Basic Life Support Ambulance will come with Driver + Helper.
Supply of Ambulance and Oxygen is subject to the Availability depending on the Covid Crises in that City.

11. Whether Medicines & Consumables charges will be borne by the Bank (if used in Ambulance during patient transfer).

No, Medicines & Consumables charges if used in Ambulance during patient transfer will be borne by the Customer.

12. What are the locations covered in India for Ambulance on Call Facility?

Below is the list of locations covered for Ambulance on Call facility.

Adoni	Chennai	Haridwar	Kakinada	Mumbai	Sanand
Ahmedabad	Coimbatore	Hathras/Etah	Kanchipuram	Nagpur	Sheopur
Akola	Cuddalore	Hindupur	Kanpur	Nasik	Surat
Aligarh	Cuttack	Hoshiarpur	Kochi	Navi Mumbai	Tarapur
Allahabad	Daman Diu & Dadra	Hyderabad	Kolad	Nellore	Thane

Alwar	Delhi / NCR	Indore	Kolhapur	Palghar	Trivandrum
Amritsar	Dindigul	Jaipur	Kolkata	Pantnagar	Thoothukudi
Amroha	Eluru	Jalandhar	Kota	Patna	Thrissur
Aurangabad	Erode	Jalgaon	Latur	Pune	Tirunelveli
Balaram	Faridabad	Jalna	Lucknow	Purnia	Trichy
Bangalore	Gandhidham	Jammu	Madurai	Raipur	Ujjain
Bhopal	Ghaziabad	Jamnagar	Mangalore	Rajkot	Vadodara
Bhubaneshwar	Goa	Jamshedpur	Mathura	Ranchi	Vapi
Bijnour	Gorakhpur	Jaunpur	Meerut	Ratnagiri	Varanasi
Bokaro	Guntur	Jhagadia	Mehsana/Morbi	Roorkee	Vellore
Bonathapally	Gurgaon	Jhansi	Moga	Sagar	Vijaywada
Chandigarh	Guwahati	Jodhpur	Mohali	Salem	Visakhapatnam

13. What do I do if I am unable to get through the Numbers provided for Ambulance facility through Ziqitza Healthcare?

In case Customers are unable to get through the numbers provided or in case of unavailability of Ambulance for any reason, Customers are free to book any other Ambulance Service at their own expenses. The Bank will reimburse such expenses upto a limit of Rs. 2,500 (upto 2 times in the year till 31st March 2022) upon production of genuine and valid receipt by the Customer. Customer can send us the receipt on smile@suryodaybank.com to avail of the reimbursement. Bank will reimburse the amount into the Savings account of the Customer within 30 days of receipt of bill.

Annual Healthcare Package from VHealth by Aetna

14. What is the Registration process of Vhealth Aetna Membership?

Customer will be provided link for Aetna Registration along-with a Unique membership code as part of the Welcome Email sent by the Bank at the time of opening of Health n Wellness Savings Account.
Customer needs to click on the link provided and register himself by entering the Unique Membership ID & click on Proceed.
Customer will have to fill up the details of the Self & other 3 family member details & click on Save & Continue.
Once customer clicks on Save & Continue, registration process will be completed & customer will get a message on his screen – Thank You for choosing Vhealth by Aetna.
Customer will receive EKit through Email, SMS & WhatsApp which will cover details on the Membership Benefits, voucher codes & steps to avail the benefits.
Customer to download Vhealth by Aetna App (from Google Play Store / App Store/ SMS Link) & start using the services provided.

15. How many family members are covered for Healthcare Package (Membership) with Vhealth Aetna?

Membership covers 4 members including Customer & his 3 dependent family members.

Top up Health Insurance by Manipal Cigna Health Insurance

16. What is Manipal Cigna ProHealth Group Insurance Policy?

ManipalCigna ProHealth Group Insurance Policy has been designed to provide medical coverage to members of the group in the event of hospitalization due to illness or injury. This plan offers a comprehensive protection with full suite of benefits.

17. What is the entry age limit for ManipalCigna ProHealth Group Insurance Policy?

Coverage is available to Group Member/ Employee of the Policyholder or Non-Employer Group enrolled member as nominated by the policy holder.
Eldest Member Entry age should be between the Age band:
Min. Entry Age – 18 Years
Max. Entry Age – 65 Years
Dependent Children – 91 days - up to 25 years

18. What Sum Insured can be opted under ManipalCigna ProHealth Group Insurance Policy?

We offer a Sum Insured of Rs. 25 Lacs with Deductible of Rs. 5 Lacs.

19. How Deductible amount will work?

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured. Deductible amount is to be paid by the Customer either out of pocket or from any existing health Insurance.

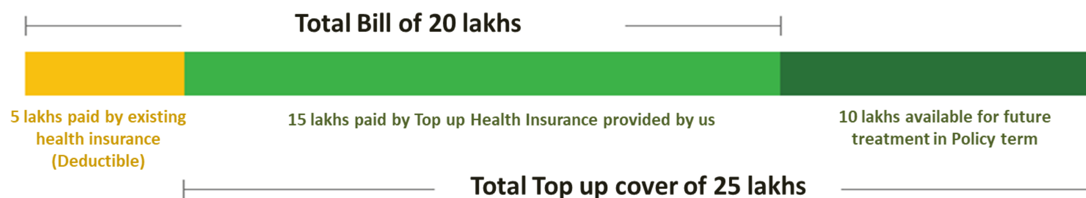
20. Is Deductible and Voluntary co-payment similar?

Deductible is the amount beyond which all admissible claims will be settled by the insurer. Deductible option can be selected on annual aggregate basis.
Voluntary Co-pay is a fixed percentage of the admissible claim amount that insured person will pay each time a claim is made during the policy year. Voluntary co-pay is not available under this policy.

21. Can u explain the concept of Deductible through illustrations?

Scenario 1

- Mr. Gupta (36 years) has an existing health insurance plan with **5 lakhs cover**
- He opens a Health n Wellness Savings Account with us and gets the complimentary Top up Health cover of 25 lacs with 5 lac deductible.
- Since he has a family of 4 – he takes a floater plan
- Mrs. Gupta falls ill, and hospital bill is 20 lakhs.
- First 5 lakhs comes from his existing Health Insurance plan (as part of 5 lakh deductible) and the balance of 15 lakhs claim is settled as part of the Top up Health cover from our plan
- Gupta & family are still left with another 10 lakhs that can be utilized for any future medical treatment within the policy term, without having to pay the deductible amount again



Scenario 2

- Mrs. Kapoor (40 years) has an existing health insurance plan with **3 lakhs cover**
- She opens a Health n Wellness Savings Account with us and gets the complimentary Top up Health cover of 25 lacs with 5 lac deductible. It's a floater plan for a family of 4
- She underwent Medical Treatment and had a hospital bill of Rs. 15 lakhs.
- First 3 lakhs comes from Mrs. Kapoor's existing health policy. Another 2 lakhs she has to pay from her own pocket (3 + 2 = 5 lakhs deductible)
- Remaining 10 lakhs is settled from the Top Up Health Cover provided by us
- After 3 months – Mr. Kapoor underwent hospitalization and a bill of 8 lakhs. Entire 8 lakhs comes from the Top Up Health Cover provided by us
- Still leaves another 7 lakhs for future medical treatment within the Policy term

22. Why to choose ManipalCigna ProHealth Group Insurance Policy?

Product offers a set of benefits including:
• Easy and flexible plan management
• Expert guidance on healthcare issues
• Extensive network coverage
• Dedicated customer support

23. What benefits are available under ManipalCigna ProHealth Group Insurance Policy?

Plan offers an all-round coverage including 7 inbuilt benefits under Base Cover with Accumulate cover.

24. What are the relationship covered under this policy?

Relationship covered under this policy are Self, Spouse & Dependent Children.

25. What benefits are included in Base cover?

Base coverage includes:
I. In-patient Hospitalisation Expenses Cover
II. Day Care Treatment Cover
III. Pre-Hospitalisation Medical Expenses Cover
IV. Post-Hospitalisation Medical Expenses Cover
V. Road Ambulance Cover
VI. Domiciliary Hospitalisation Cover
VII. Donor Expenses Cover

26. Is Home Nursing and Domiciliary treatment similar?

No, Domiciliary treatment covers treatment taken at home due to lack of accommodation in the hospital/nursing home or the patient's condition being such that he/she cannot be shifted to the hospital.
In Home Nursing a qualified nurse is arranged by the hospital to give nursing services to insured person at home because he/she is significantly facing problem to cope up with the activities of daily living i.e., washing, dressing, toileting, feeding etc.
Domiciliary cover is available; however, Home Nursing cover is not available under this policy.

27. Is there a capping on the room rent allowance?

Under base cover per day room rent allowance is available up to Single Private Room.

28. Will medical expenses before and after hospitalization be covered?

We will reimburse medical expenses of an insured person which are incurred pre and/or post hospitalization. Base cover provides 60 day's pre-hospitalization and 90 days post-hospitalization benefit.
Please note Pre & Post medical expenses claims should be related to the same illness / condition for which insured was admitted in the hospital.

29. What expenses are covered under In-patient hospitalization?

It covers Medical Expenses towards room charges, operation theatre, doctor fees, specialist fees, surgeon fees, anaesthetist's fees, radiologist, pathologist fees, nursing charges, medicines, diagnostic tests, medical and/or surgical appliances.

30. What happens when I undergo a treatment/ surgery under Day Care facility and get discharged the same day?

Day care procedures cover medically necessary treatment or surgery undertaken for illness / conditions which require less than 24 hours of hospitalization. We cover all Day care procedures up to full sum insured opted.

31. Will Ambulance cost get covered under this plan?

Yes, we will reimburse expenses incurred toward transportation of the insured person by a registered ambulance provider to a hospital for treatment of illness or injury up to Rs. 2,000 per hospitalization.

32. What is covered under Accumulate Cover?

Accumulate benefit can be utilized towards payments of non - payable components of an in-patient claims.

33. Is Air Ambulance covered?

No, air ambulance is not covered.

34. Is Bariatric surgery covered?

No, Bariatric surgery cover is not covered in this plan.

35. If there is any adventure sports injury, will the claim get settled?

Adventure Sports is a part of Permanent Exclusions.

36. What are the applicable waiting periods?

Applicable Waiting period are listed below:

- 2 years pre-existing disease waiting period.
- 2 years' specific illness waiting period.
- 30 days initial waiting period for Hospitalisation.

37. What is covered under specific illness?

Medical or surgical for all Medical Expenses along with their complications on Treatment towards:
a) Cataract,
b) Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,
c) Knee Replacement Surgery (other than caused by an Accident) Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, Joint Replacement Surgery (other than caused
by Accident), Prolapse of Intervertibral discs(other than caused by Accident), all Vertibrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal,
d) Varicose Veins and Varicose Ulcers,
e) Stones in the urinary uro-genital and biliary systems including calculus diseases,
f) Benign Prostate Hypertrophy, all types of Hydrocele,
g) Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.
h) Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.
i) Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases,
j) Any Surgery of the genito-urinary system unless necessitated by malignancy.

If these diseases are Pre-Existing Diseases at the time of proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as mentioned in the Policy Schedule / Certificate of Insurance shall apply.

38. What do you mean by cashless hospitalization?

Under cashless hospitalization the insured patient does not have to settle the hospitalization expenses at the time of discharge from the hospital apart from the non-admissible expenses. Cashless facility is only available at our network hospital wherein bills will get settled by ManipalCigna.

39. If any of the insured person died during the policy year, then policy type or premium will change. Or any refund will occur?

No refund would be processed, but during renewal policy type will change to Individual & premium as per terms will be charged.

40. How much time does the claim process of Health Insurance require?

Cashless Claims - TAT is 24 hrs from last document received from the hospital till our communication to the hospital for Claim decision or Query.

Reimbursement Claims - TAT is 10 working days from the last document received from the customer till pay-outs.

TAT – Turn around time.

41. What is the maximum number of claims allowed in a policy year?

There is no limit on the number of claims made in a policy year provided it is within the limit of sum insured opted.

42. I am working in Mumbai and covered under ManipalCigna ProHealth Group Insurance Policy including my family (Spouse). But my family members reside in Bangalore. Can all of us claim under the policy?

Yes, you and your family members are eligible to claim under the policy for all covered benefits across India. Cashless facility will be available at our network hospitals. In case of any emergency or if network facility is not available, you can directly pay the hospital and claim for reimbursement of admissible expenses.

43. When do ManipalCigna be intimated if there is a cashless treatment undertaken in network hospital?

In case of planned hospitalization, the insured person should intimate Manipal Cigna at least 3 days prior to admission to the hospital and in case of emergency hospitalization, it should be intimated within 48 hours of admission.

44. How does one get reimbursement in case of treatment in non- network hospital?

While it's recommended that you choose a network hospital, you are at liberty to choose non-network hospital also. Wherever you have opted for a reimbursement of expenses you may submit the document specified in the policy to our branch or head office at your own expenses not later than 15 days from the date of discharge from the hospital. Claim form will be available at ManipalCigna branch office, or you can download a copy from our website www.manipalcigna.com (download section).

45. Will Health card be issued?

Yes, a health card will be issued to all group members who are covered under the policy. It is similar to an identity card. This card would entitle you to avail cashless hospitalization facility at our network hospital. A health card mentions the contact details of the TPA. In case of medical emergency, you can call on these numbers for queries and clarification. This card needs to be displayed at the time of admission in the hospital along with a valid pass post size photo, identification, and address proof (as applicable).

46. Who to contact in case of any query or information required related to the policy?

You can reach Manipal at:
Toll Free: 1800-102-4462
Email: servicesupport@manipalcigna.com
You may contact Head of Customer Service at ManipalCigna Health Insurance Company Limited, 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063 or email at headcustomercare@manipalcigna.com.