

PSI and NMP+ are working together to mobilize PLHIV for health Insurance. An HIV Care Insurance has been designed to address needs of the HIV + people. As an introduction offer from Star this scheme has been made available to 258 members in 6 districts of Karnataka enrolled through KNP+

Key Features of the Policy

- Covers only HIV infected individuals
- No age limit for the applicant
- The Period of Insurance is for one year like any other Mediclaim Policy
- Sum Insured is for Rs 30,000/-, Rs 40,000/- and Rs 60000/-
- 50% of the SI is covered for Hospitalization and 50% on reaching AIDS Stage

Eligibility

- The HIV Care Policy is issued to a group of persons infected with HIV
- Policy taker must be a member/beneficiaries of the proposer
- The policy should be proposed by Govt. Agencies, NGO's societies or other registered bodies serving the cause of the persons infected with HIV
- Pre Insurance screening is mandatory for all applicants (CD4 cell count should be above 300 and clinical reports should be within 45 days) to rule out AIDS stage

Policy Coverage Details

- Inpatient Services/Hospitalization
- Pre Hospitalization expenses for 30 days
- Post hospitalization expenses for Rs 5000/-

Exclusions under the policy

- All diseases/injuries which are Pre-Existing
- Any disease contracted by the Insured person during the first 30 days of the policy

Enrollment Process

- An Insured has to fulfilled the eligibility criteria before enrolling into the policy
- A photo Id card will be issued by the Insurance company to all insured
- The Photo Id card contains, ID no. Policy no. Validity
- Toll free helpline numbers and address of the Insurer
- This card will facilitate cashless hospitalization in all Network of hospitals which is over 3000 across the country

Claims Process (Cashless Hospitalization)

- When an insured gets admitted in a Network Hospital he/she can go in for Cashless Hospitalization
- A pre-authorization form has to be filled in by the treating doctor at the hospital
- This form will be send across to Insurance company for approval
- Based on the policy terms and conditions, sum insured etc the Medical Officer at Insurance company will authorize the same
- On authorization the patient can be discharge without paying the expenses incurred
- The hospital and Insurance company will settle the claim directly without the insured

intervention

Member Reimbursement Claim (MRC)

- For MRC, Insurance has to be intimated within 24 hours of the accident/illness/hospitalization either through the Call Centre/24 hr helpline/Network Representative
- Intimation can be given Claim must be filed within 15 days from date of discharge from the hospital.
- All the documents pertaining to hospitalization must be submitted in original to Insurance Company for processing
- Original documents include Discharge summary, hospital bill with break up, lab reports, receipts etc

Premium details

Insured Amount	Premium in Rs
30,000	1511
40,000	1919
60,000	2445

Contact Person

State Coordinator Insurance

Project Connect

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