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### [Here's what you should know about group health insurance](#)

Makes sure to collect your unique TPA card from the employer after the health insurance policy is issued under your name

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Many working professionals may avoid buying a personal health insurance policy as their employers provide group policies. Especially during the pandemic, maximum employers have rolled out health insurance for their workforce. But if you're someone solely dependent on a company health insurance, you must be extra vigilant about completing the formalities. If not, the employer may not be able to pay the claim when required. So, here are a few things to keep in mind before filing for a claim in case the policy is provided by your employer.

#### **Upgrade family profile**

The most important step, in order to file your claim on time, is to update the family details on the company's insurance portal. Make sure to enter the correct information. In case of any discrepancy between the online and offline details, you may not be able to make any claims whatsoever. Therefore, all the family members insured as per the group health insurance must be enrolled on the company portal as soon as you get the employee ID.

#### **Third-party administrator card**

Makes sure to collect your unique TPA card from the employer after the health insurance policy is issued under your name. It will be critical in availing cashless claim at the hospital during an emergency situation or otherwise. In case you misplace the TPA card, the employer also provides you with the company's E-card which has TPA details. It can be substituted for urgent use.

"If your employer is providing you a health insurance cover, they would have shared a health card issued by the health insurer which typically has information like policy number along with the TPA information as well. In case of hospitalisation in a network hospital of your insurer, this card can be used for cashless claims," said Bhaskar Nerurkar, head-health claims, Bajaj Allianz General Insurance.

### **Read the policy document**

The advice to read and re-read the policy document has to be the most important aspect of insurance claims. Go through the sub-limit and co-payment clause. Make clear demarcations about what is covered and what isn't under this policy. The sub-limit clause for particular treatments and room rent must be noted with extra caution. Sometimes, ICU rent or private room charges aren't covered in the policy. To avoid such last-minute hiccups, scan the document in and out. This will also help you understand if there's a need for personal health insurance to cover other needs.

### **Network hospitals**

The Covid-19 pandemic was a classic example of confusion over network hospitals. Due to panic, shortage of hospitals and uncertainty over the disease, people were admitted to the first hospital available. This led to greater confusion while filing claims or availing the cashless facility. Usually, insurance companies have a pre-approved list of hospitals that provide cashless services to their policyholders. These are referred to as empanelled network hospitals.

While reading the policy document, one should make a list of these hospitals and keep them handy for emergency needs. You should try to get treated at a network hospital to enjoy the benefits of cashless treatment. It's much quicker and one doesn't have to wait for reimbursement later.

### **Reimbursement claims**

Meanwhile, Nerurkar pointed, "In case of reimbursement claims, the bills and requisite documents have to be submitted to the insurer through your employer further to which your claim gets settled basis your policy terms and conditions, he added further."

Once you get discharged, all expenses related to medical bills should be sent to the insurance provider or TPA by the hospital. The TPA will then evaluates these costs and gets the claim settled.