

MR. CHAIRMAN: Question 199.

National Mediclaim Plus Policy

*199. SHRI VIVEK GUPTA: Will the Minister of FINANCE be pleased to state:

(a) whether Government is aware that the increase in premium payable in the National Mediclaim Plus Policy is very high and causing distress to the many, especially, for lower income groups, economically weaker sections and to the senior citizens alike;

(b) if so, whether Government proposes to review the recently revised premium;

(c) if not, the manner in which Government plans on providing similar medical facilities and insurance cover to these sections of the society;

(d) whether there is an existing mechanism that caps the amount increased in the premium; and

(e) the rationale behind such an increment in the revised rates of the Mediclaim Plus Policy?

THE MINISTER OF FINANCE (SHRI ARUN JAITLEY): (a) to (e) A Statement is laid on the Table of the House.

Statement

(a) “National Mediclaim Plus” Policy is a new Health product of National Insurance Co. Ltd. launched on 15th August, 2014 as per the File and Use guidelines of Insurance Regulatory and Development Authority of India (IRDAI). This is not pre-existing product and thus the question of increase in premium does not arise. Under the approved product there are 13 covers, Medical Second Opinion and 2 optional covers, namely Critical illnesses (8 Nos.) and Outpatient Treatment. The Sum Insured under the product varies from ₹ 2 lakh to ₹ 50 lakh. The premium amount chargeable under the policy would depend on the options chosen. Premium rates are fixed based on the loss ratio and various other factors and are filed with the Authority as part of the File and Use procedure. The National Insurance Co. Ltd.’s other products like National Mediclaim Policy, Parivar Mediclaim for Family, Varistha Mediclaim for Senior citizens, Baroda Health Policy, BOI National Swasthya Bima Policy and Universal Health Insurance Scheme address the requirements of all strata of society. The Insurer has not replaced the “National Mediclaim Policy” with this policy. They are still selling, the “National Mediclaim Policy”. Thus the “National Mediclaim Plus Policy” is a completely different and new product with altogether new features, options etc.

(b) “National Mediclaim plus Policy” is a recently approved one and the review of premium rates is envisaged to be done by the Appointed Actuary of the National Insurance Co. Ltd. as deemed necessary as per Regulation No.7, related to Principles of Pricing of Health Insurance Products under the IRDA (Health Insurance) Regulations, 2013.

(c) There are several other health insurance products of this Company as well as other Insurance Companies to meet the needs of different sections of people at appropriate premium rates. The Policyholders may also migrate to other policies of the same Company or other Company’s under portability enabled by IRDAI regulations without losing the accrued benefits in terms of waiting period for the purpose of pre existing disease. There are several products meant for poor people, where the Sum Insured and the premium are lower; i.e., Micro Insurance Products, Universal Health Insurance Policy etc. Further, Rashtriya Swasthya Bima Yojana (RSBY) is a Government run scheme which provides health insurance to unorganized Workers belonging to BPL category and their families. During the course of its implementation, apart from BPL families, RSBY coverage has been extended to other categories of Unorganized workers viz. Building and Other Construction Workers, Licensed Railway Porters, Street Vendors, MGNREGA workers (who have worked for more than fifteen days during preceding financial year), Beedi workers, Domestic workers, Sanitation Workers, Mine Workers, Rickshaw pullers, Rag pickers and Auto/ Taxi drivers. Under the scheme, the eligible families in the unorganized sector are provided smart card based cashless health insurance cover of ₹ 30,000/- per annum.

(d) Any product sold in the market has to be filed with the IRDAI by the Insurance Company under File and Use Procedures complying with the Health Insurance Regulations 2013. As far as the premium is concerned, the Insurer takes various factors such as loss ratio, claims experience, inflation rate, further assumptions and other actuarial parameters into account while finalizing the premium rates. It is required that the Appointed Actuary of the Company examines and certifies the premium rates. Further, the pricing is also examined by the Actuarial Department of IRDAI and on confirmation by the Actuarial Department the final premium is approved by IRDAI.

(e) The question of increase or revisions in the rates of National Mediclaim Plus Policy at the moment does not arise because it is a new product. However, the review of the product “National Mediclaim Plus Policy” may be done in the future as per the relevant provision of the Health Insurance Regulations 2013 by the Appointed Actuary keeping in view financial sustainability and viability of the product with respect to the premium rates. Changes in rates, if any, are applicable from the date of approval by the IRDAI and are applied prospectively.

SHRI VIVEK GUPTA: Mr. Chairman, Sir, through you, I would like to know from the hon. Minister whether he is aware that in the name of renewal of the pre-existing National Mediclaim Policy, the National Insurance Company is forcing the people to migrate to the National Insurance Mediclaim Plus Policy, and thereby using a backdoor route to hike the premiums.

SHRI ARUN JAITLEY: Sir, these are two separate policies. The National Mediclaim Policy is a pre-existing policy. The National Mediclaim Plus Policy is a new policy. The benefits, under the two policies, are entirely different. Obviously, the National Mediclaim Plus policy is costlier and it has much larger benefits. Therefore, when customers go for renewal, it is an option available to them. There is no mandatory requirement. There is no compulsion. There is no coercion. And, if the hon. Member comes across any such case of coercion or compulsion, I will be happy to deal with that case.

SHRI VIVEK GUPTA: Sir, I wish to congratulate the hon. Minister for the cheap insurance at ₹ 12/-, per annum, and at ₹ 1/- per day. Despite that, how does he propose to cover such a large population, when, in India, only 5 per cent people have health insurance? And, despite the ESI and the Government hospitals, a lot of people have to go to private hospitals to get treatment.

SHRI ARUN JAITLEY: Sir, this matter is receiving active consideration of the Government. As far as health insurances are concerned, there are either the insurance companies, which are in the public sector, the GIC companies, or the private sector companies, whom you pay a premium when you buy your policies. One of the efforts of the Government has been to incentivise people to go in for insurances. The private health care is becoming costly, therefore, the insurance cover must exist. Now, as a part of that policy, even in the Union Budget, this year, for all the categories – the normal citizens, the senior citizens and the very senior citizens – I have expanded the exemptions in the Income Tax, as far as health insurances are concerned, so that people get the tax benefits and are, therefore, incentivised to go in for further insurance policies. That is the policy of the Government. Additionally, the UPA Government had taken an initiative where it had started seeking State support for healthcare, as far as weaker sections are concerned, which are ensured a certain amount of health care. Those policies are continuing. We are going into those policies itself. And, if possible and the resources permit, we would like to strengthen the coverage and the extent, as far as those State-policies are concerned.

श्री विजय जवाहरलाल दर्डा: माननीय सभापति जी, मैं माननीय मंत्री महोदय से जानना चाहता हूँ कि जब हेल्थकेयर की इश्योरेंस पॉलिसी निकाली जाती है, उस समय पॉलिसी लेने वाले से

प्रीमियम तो ले लिया जाता है, लेकिन जब पेशेंट अस्पताल में एडमिट होता है, उस समय कई कारण बताकर रिफ्यूज कर देते हैं। क्या आपका मंत्रालय इस बारे में स्पेशल गाइडलाइन्स बनाएगा, क्योंकि इसमें कई कंज्यूमर्स के साथ चीटिंग होती है। जब आप वहांपर एडमिट कर देते हैं, तो एडमिट करने के बाद कहते हैं कि आपकी यह उम्र है, आप यह ऑपरेशन नहीं करवा सकते। जब प्रीमियम लेते हैं, उस समय ये सब बातें नहीं बताते हैं, तो इस प्रकार बहुत चीटिंग होती है। मैं जानना चाहता हूँ कि आप इस बारे में क्या स्पष्ट निर्देश देंगे?

श्री अरुण जेटली : जहां तक इंश्योरेंस पॉलिसीज़ का सवाल है, कोई भी इंश्योरेंस कंपनी, चाहे वह स्टेट सेक्टर की इंश्योरेंस कंपनी हो या निजी क्षेत्र की हो, जब वह पॉलिसी बनाती है, अपना प्रोडक्ट बनाती है, तो उस प्रोडक्ट को उनको अपने रेग्युलेटर, आई.आर.डी.ए. से उसका नियंत्रण और एप्रूवल कराना पड़ता है। तो ये सब एप्रूव्ड पॉलिसीज़ होती हैं। होता क्या है कि जब कंज्यूमर उस पॉलिसी को लेता है और पॉलिसी के कागज़ साइन कर देता है, तो उस फाइन प्रिंट को कई बार वह ध्यान से नहीं देखता कि उस फाइन प्रिंट में क्या चीज़ कवर्ड है और क्या चीज़ कवर्ड नहीं है। कुछ प्रोडक्ट ऐसे होते हैं जो बहुत महंगे होते हैं, जिसकी कवरेज बहुत अधिक होती है, तो व्यक्ति को लगता है, मेरी हेल्थ इंश्योरेंस है और उसमें हर प्रकार की पॉलिसी कवर्ड होगी, तो इसलिए कंज्यूमर्स के हित में भी यह है कि ये एप्रूव्ड पॉलिसीज़ हैं, केवल कंपनी द्वारा एप्रूव्ड नहीं हैं, ये आई.आर.डी.ए. द्वारा भी एप्रूव्ड होती हैं और इसलिए, उस फाइन प्रिंट को ध्यान से पढ़ लें। यह विवाद चल रहा है कि कई बार इस प्रकार की बीमारी या तकलीफ हो जाती है, जिसके लिए ऐसी ट्रीटमेंट चाहिए जो उस पॉलिसी के द्वारा कवर्ड नहीं होती। अधिकतर तो कवर्ड हैं और मैंने आज इसका डेटा निकलवाया, तो लगभग 10 परसेंट केसेज़ ऐसे हैं, जिनमें क्लेमस रिजेक्ट हुए हैं, क्योंकि वे उस पॉलिसी के तहत कवर्ड नहीं थे। 90 परसेंट क्लेमस जो हेल्थ केयर इंश्योरेंस के आए हैं, इंश्योरेंस कंपनीज़ ने उनको सम्मानित किया है।...(व्यवधान)...

श्री विजय जवाहरलाल दर्डा : आपने देखा होगा कि वह कितने फाइन प्रिंट में लिखा होता है ... (व्यवधान)... डॉक्टर का सर्टिफिकेट लेते हैं और सर्टिफिकेट लेने के बाद उसको ... (व्यवधान)...

MR. CHAIRMAN: Dardaji, please. Mr. Dua, please.

SHRI H.K. DUA: Is the Government aware of the large number of complaints which come from the senior citizens? The insurance companies are reluctant to give health insurance policy to very senior citizens. They are generally rejected. Secondly, there are problems about settlement of claims which take a long time. How is the Government going to tackle these complaints?

MR. CHAIRMAN: You have asked two questions. Which one do you want to answer? ... (Interruptions)...

SHRI ARUN JAITLEY: Sir, it is a settled insurance global practice that as far as very senior citizens are concerned, beyond a certain age, the policies don't cover them. As a result of which, they have to undertake their own expenditure. Now, if you

have carefully gone through the proposals that I have made in the Budget proposals itself with regard to very senior citizens who are not eligible for the policies, there is a provision which I have provided that their medical expenditure up to a certain outer limit, say, ₹ 60,000 or so – if I remember off-hand; this figure is subject to correction – is subject to tax deduction in the case of senior citizens even if they don't have a policy.

SHRI ANANDA BHASKAR RAPOLU: Respected Chairman, my question is regarding the health insurance products pertaining to the unorganized workers. In Part (c) of the question, the hon. Minister has elaborated about the availability of the health insurance products where in the Rashtriya Swasthya Bima Yojana which is the only source of unorganized sector's health insurance, the claim settlement is very pathetic and the unorganized labourers like weavers, beedi workers and all other types of unorganized labourers are not able to get their claims and that too of just ₹ 30,000 per annum. Their claims are not being properly settled. Is the Union Government looking towards ensuring the speedy and safe settlement of the claims of these health insurance products?

SHRI ARUN JAITLEY: Sir, we have been maintaining a data. For instance, as far as the figures that I have, about 71 per cent of the insurance claims have been settled within a period of one month. It is only when some verification is required or some disputes arise that it can take a little more time. As I indicated earlier, there are about 10 per cent or so of the cases which are found to be disputed and which have as a percentage been rejected. I may also just clarify – in the last question also I indicated – that, particularly, after the amendment which will be notified in the Insurance Act, IDRA has been given powers to regulate the companies quite strictly now. The increased powers have been given and some of the companies have now proposed to come out with insurance policies even for the very senior citizens.

Naturopathy treatment facilities in CGHS Dispensaries

*200. SHRI ANIL DESAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether all the CGHS dispensaries in Delhi and Mumbai have naturopathy treatment facilities;
- (b) if so, what type of treatment in this stream is available in the dispensaries;
- (c) whether in-patient treatment facility is also available along with out-patient treatment, if so, what type of diseases are treated in such facilities; and