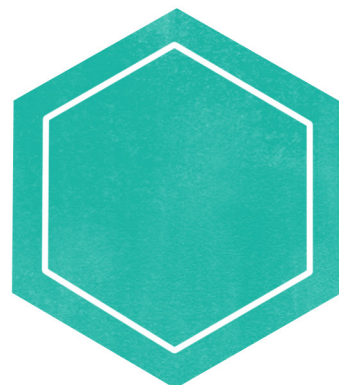





Designing the right employee healthcare plan

A handy tool-guide for the
new age HR Professionals

 Loop Health



Choosing a healthcare plan for your employees can get complicated and confusing, especially when there is so much risk involved. Loop Health has made the process easy and fun for you with this handy guide.

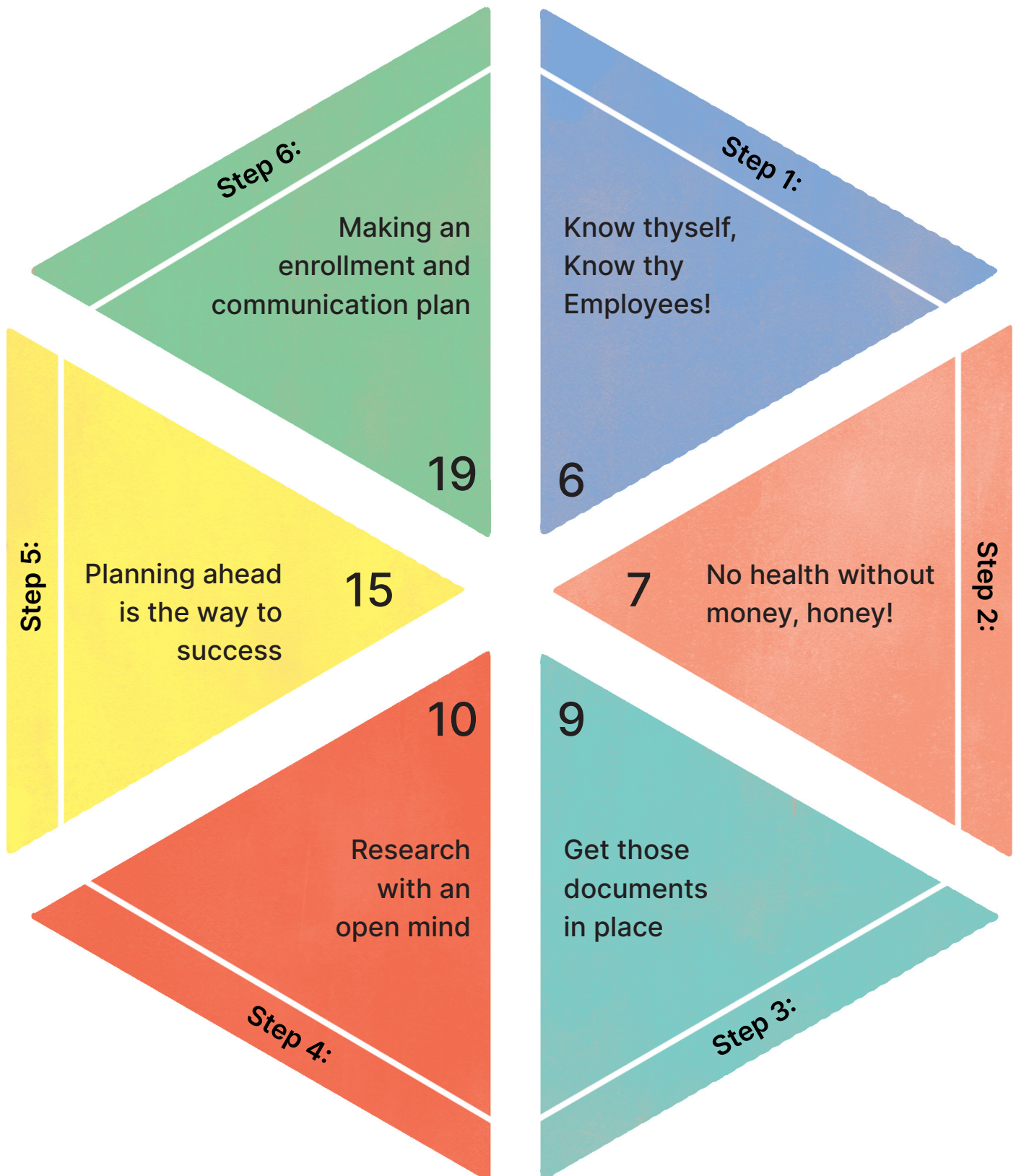


In this guide, you will find:

- An introduction to the steps in making a healthcare plan through the Healthcare Hexagon
- A checklist for choosing the best plan for your employees
- An overview of challenges faced and measurement of health benefits.

The Health Hex

Six steps in making an effective healthcare plan



Before we begin..

Let's start with the basics of healthcare

It's 2021, and we're living through a Pandemic!

This doesn't happen often. Fact check: something as global and massive in scale happened way back in 1918.

As we work through a health crisis that happens once in a century, it is the right time to reflect on the basics of employee healthcare – the policies, challenges and the benefits of making a plan.

The constitution of India guarantees every individual the protection of life and the State is required by the laws of this nation to provide adequate healthcare for all people.

But in fact, the private health industry takes charge of India's significant portion of healthcare services and as we've seen in the second wave, the system has shown its faultlines.

This makes the role of HR professionals even more important in taking the initiative to make a healthcare plan. This is in order to protect and safeguard their employees so that they are able to not just keep healthy but also thrive and be productive during these uncertain times.

Some of the questions we will answer in the following pages are :

✓ **Inclusions:**

What does healthcare include? Does it mean talking to doctors, insurance companies, making bills or is there something more to it?

✓ **Process:**

What is the process of making a healthcare plan? How to make the most appropriate plan that suits the needs of everyone?

✓ **Paperwork:**

What is the paperwork and documentation required for the whole process?

✓ **Challenges:**

What are the challenges faced while researching, planning and executing the plan?

✓ **Effectiveness:**

How to measure the effectiveness of the healthcare plan and prepare for the future?

Step 1:

Know thyself, Know thy Employees!

The first step in starting with making the right plan is knowing your employees. Knowing doesn't only mean identifying people with their names, addresses, hobbies and family size.

It goes much further than that – when it comes to truly knowing the people you work with, it means perceiving their needs, desires and personalities. When it comes to health, it is always helpful to know about their medical history, the kind of diseases they have been suffering from and their current symptoms if they have any.

This information helps in not just understanding the kind of requirements they would need in times of emergency but also have a fair idea of what each person is going through.

Of course, when we say health, it means physical, mental and emotional.

Easier said than done, you might say. Since these things are not openly talked about, one way could be to ask your employees what benefits they need most.

This can be done by sending out a formal survey and asking them through a questionnaire. This includes asking what they are doing for health coverage and what their level of awareness is regarding insurance matters.



Step 2:

No health without money, honey!

Now that we have an overall idea of the health status of our employees, it is time to plan the budget and head over to the finance department to encash those health benefits!

Health insurance is a must-have investment plan for financial security in this age of increasing healthcare expenses and the growing burden of diseases that are only going to increase in the coming future.

And the best way to get your employees insured is to search for a local insurance broker to collaborate with. For group health insurance plans, monthly payment needs to be made to the broker.

In cases where the company does not want to pay 100 percent of the cost, HR can have the employee pay a percentage of the plan each month in what is referred to as a “cafeteria plan.” In a cafeteria plan, the contributions are deducted from the employee’s paycheck on a pretax basis.

But how does the HR control and make a budget for the overall ever-rising costs of medical coverage for employees?



Some steps that can produce cost savings relatively quickly, include :

1

Offering new hires coverage that is less generous than that offered to current employees, requiring increased cost-sharing for all health plan participants.

2

Consolidating third-party vendors or pooling insurance risks to achieve economies of scale.

3

In the long run, the best way to control health costs is the introduction of wellness programs and other methods of making employees more responsible for their own health and their health care decisions.

Example:

Ms. Radhika, HR Manager of a design firm offers her employees a plan in which she pays 80 percent of the individual's insurance premium and 25 percent of the employee's family's premium. Radhika says she chose this type of plan because typically the employee's family plan is more expensive.

Step 3:

Get those documents in place

Now that we know how to plan the finances, whether the HR chooses to go with a broker or not, certain information is needed before going to the insurance company. It's time to collect those papers and documents that are always needed. Here is a list of documents that are needed to get your folks insured. But, all employee information should be kept confidential.

To get quotes for a fresh policy:

☐

Employee Data

(and whether to include family, parents - employee name, DOB and gender)

☐

Mandate

(Letter that the company is appointing us as a broker to source the best quotes for them)

For policy purchase:

☐

Customer RFQ & Final Employee Data

☐

GST Certificate

☐

PAN Card

☐

Payment Confirmation Screenshot / Receipt
Quote-slip Signed / stamped (Email approved) by customer

Step 4:

Research with an open mind

Everything is ready, all documents are set. The next thing to focus on is on the research on insurance companies that can be done in a number of ways.

It can be done simply through talking to the HRs of other companies in the industry or sector. HRs could even form an association or group that meets to discuss health benefits and other issues. By forming this group, they could create and plan a better health plan for individual companies. Making a group health insurance plan is better than setting up reimbursement accounts for employees who are left to fend for individual health coverage for themselves through the state.

While making the right group plan can be confusing, it usually depends on factors that change over time like adding doctors to the network, changing the employer subsidy, adding a higher deductible and possibly adding a wellness program.

A Group Medical Policy is very flexible. You can choose to add or reduce any benefit / exception and the premium will vary depending on what you've chosen.



The various types of insurance plans include:



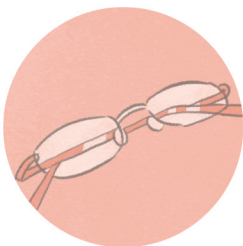
Individual Health Insurance:

Get an individual health policy that provides coverage for hospitalization, surgery, and various medical expenses of a single individual insured in the policy. The coverage amount is entirely available only for the insured person.



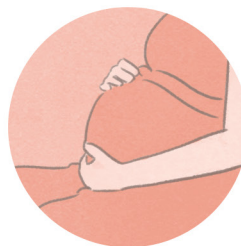
Family Floater Health Insurance:

Family floater healthcare plans are affordable medical insurance for your immediate family, which cover all the insured family members with a floating sum insured, where every member can utilise the coverage amount without any restriction.



Senior Citizen Health Insurance:

This health insurance plan is designed typically for ageing parents above 61 years and suitable for those coping with age-related illnesses and other medical conditions. It ensures financial security by providing a high sum insured and customised benefits, including AYUSH treatment and annual health check-up.



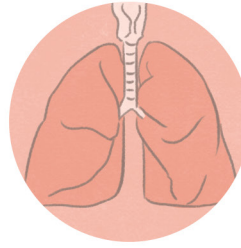
Maternity Insurance Plans:

Maternity insurance cover is recommended for those planning to embrace motherhood. Get adequate coverage for maternity-related expenses, including delivery charges, room rent, day care treatment, pre and postnatal care, with new-born cover.



Diseases Specific Health Insurance:

Opt for this medical insurance plan and get comprehensive coverage for managing your pre-existing medical conditions. Choose customised health insurance plan designed for people having diabetes, high BP & BMI.



Critical Illness Plans:

Choose indemnity-based critical illness health insurance that provides comprehensive coverage for 32 critical ailments, including cancer. Stay financially secure by getting cover for expensive medical treatments. Invest early in life as it will secure you in the hour of need.

The option to buy the best health insurance policy in India online involves no paperwork; instead, it enables you to view the policy features and make hassle-free claims – all in a matter of few clicks.

Exceptions/ Exclusions*

Before proceeding to pick the right health cover for your needs, give a glance at the exclusions mentioned in the policy documents. Doing so will keep you prepared for any contingency. Exclusions are expenses or the various cases when you may not be eligible to get a claim under your health policy. The exclusions include:

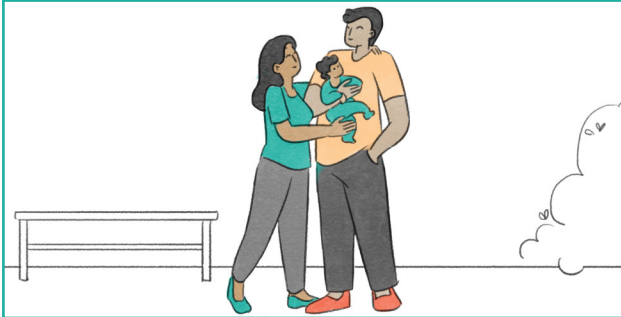
The exclusions include:

- ✗ Expenses attributable to use/ misuse/ abuse of alcohol or drug.
- ✗ Any treatment or medical expenses incurred within 30 days of policy period start date, except accidents.
- ✗ Medical treatment related to congenital diseases.
- ✗ Expenses incurred due to self-inflicted injury, suicide, or attempted suicide.
- ✗ Treatment arising from or traceable to miscarriage and abortion.
- ✗ Cosmetic surgeries, circumcisions, dental procedures, genetic conditions.
- ✗ Medical accessories and non-hospital equipment. Intentional self harm, substance abuse, STDs or de-addiction treatment.
- ✗ Alternative or experimental, or non standard treatments.

*For more information on exceptions and exclusions please visit www.loophealth.com

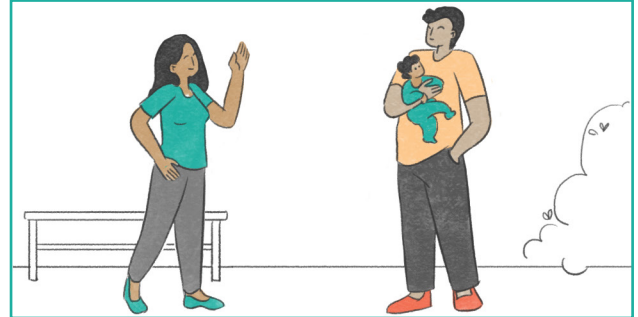
Cases

The process of choosing the best medical insurance in India, whether you are buying a new health policy or looking for another health cover.



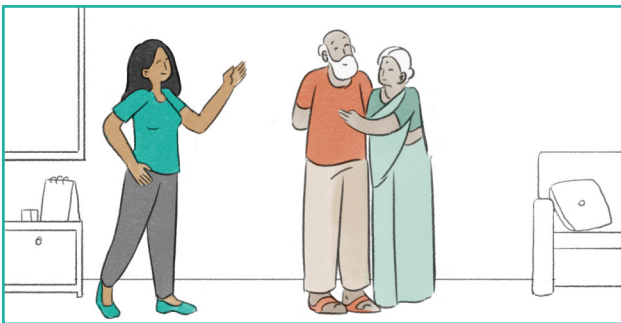
Case 1: You have dependent family

Cover your immediate family members, such as spouse, children, and dependent parents.



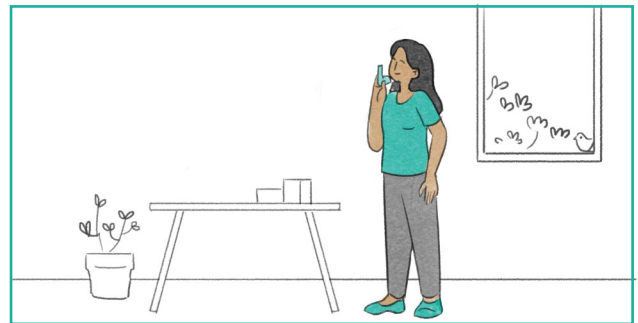
Case 2: Looking for an individual cover

Customise your policy as per individual needs and get multiple benefits.



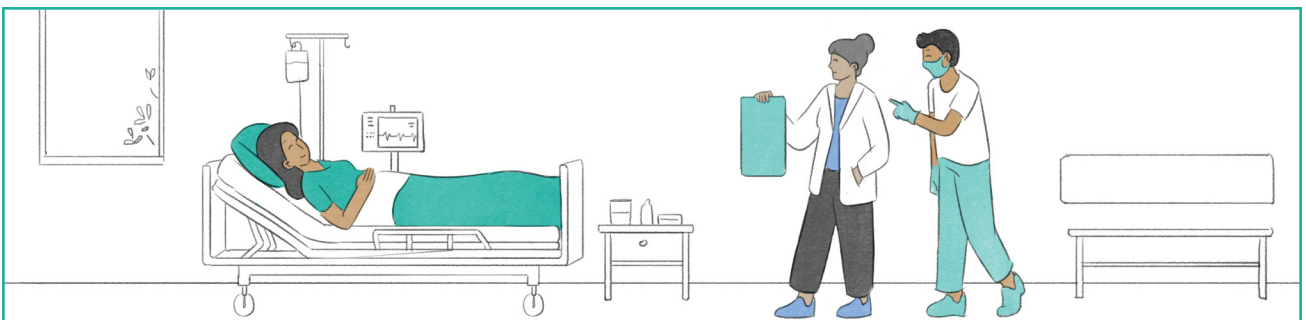
Case 3: You have dependent elderly parents

Plans for senior citizens comes with a higher sum insured that will financially protect them.



Case 4: You have a pre-existing ailment

Cover treatment expenses for pre-existing ailments after completion of the waiting period.



Case 5: Considering the need for protection against expensive treatments

Get cover for treatment of cancer and critical ailments that can get heavy on the pocket in times of need.

Step 5:

Planning ahead is the way to success

“Without goals, and plans to reach them, you are like a ship that has set sail with no destination.”

Medical emergencies can happen when we least expect them, given the unpredictable nature of life. With modernisation, we have become increasingly accustomed to a lifestyle defined by rising workload, irregular food habits, and variable sleep patterns, when the body actually deserves a significant amount of attention to be working in a balanced manner.

An affordable health insurance plan ensures that a financial crisis is not an issue during a medical emergency. With the skyrocketing cost of healthcare in the country, opting for a good health Insurance Plan is a smart decision for the safety of the individual and family as a whole.

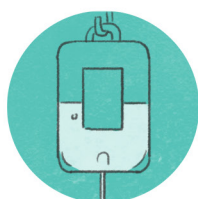
Planning for every little thing in a comprehensive health benefits plan is absolutely essential if we do not want any accidental failures and misinterpretations.

The benefits of having a health insurance policy



Financial Protection against Medical Inflation in India

Health insurance provides the best financial protection by covering your various medical expenses.



Coverage for Hospitalization Expenses

It secures you against hospitalization expenses, ambulance, day care procedures, domiciliary care, etc.



Coverage for Critical Illnesses

Treatment cover for life-threatening conditions comes as a blessing, which is available as a separate cover.



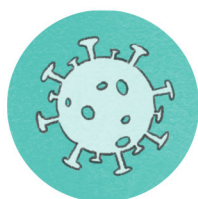
Protection above Corporate Health Insurance

In times of medical inflation, a standalone health policy always scores over employer-provided medical insurance.



Cashless Claim Benefit

Avail of cashless treatment at our network hospitals and be worry-free while we pay your hospital bills.



COVID-19 Policy

This covers your hospitalisation, pre-hospitalisation and post-hospitalisation expenses, and other medical expenses arising due to the treatment of COVID-19. It is available from day 1 after the insured is tested positive.

Customized Policies:

You need not wait for long to secure your loved ones anymore. You can get customized plans with various add-ons and generate health insurance quotes in few clicks.

Ease of Comparing Policies:

With the advent of the digital era, you get flexibility at your fingertips to compare different health care plans & their features to make a well-informed decision.

Faster and Time-Saving:

Browse through various health insurance policies at your comfort from anywhere across the globe to save time and effort.

Value-Added Services:

Get access to your health care policy-related documents, health card and claim processing journey through our easily accessible website or app.

Secure Transactions:

You need not worry about depositing cash or cheques to purchase a new policy. Thanks to digitalization, you can secure your loved ones' health through secure payment gateways.



Loop benefits

Apart from the benefits mentioned above, some of the extra benefits that Loop offers are -

- **Lifelong Renewability:** Choose plans that offer you the advantage of lifelong policy renewal.
- **No Claim Bonus:** Choose plans with benefits for a claim-free year like higher sum insured and discounts on premium costs.
- **Maternity Benefits:** Pick a health insurance plan that provides comprehensive maternity cover benefits.
- **Chat with MA 24*7/** Unlimited doctor consultation.
- **Claim Settlement:** Consider the benefits in terms of a high claim settlement ratio and hassle-free processing of claims.
- **Book lab tests** with discounted rates.
- Access to quality doctors.
- Blood tests/ health check up/ Covid test/ at home.
- Standard hospitalisations.
- Room rent and restrictions.
- **130+ Daycare procedures/** ambulance charges.
- Pre-post hospitalisation.
- Pre-existing illness.
- Education benefit, funeral expenses.
- Pharmacy, Dental, Vision.
- **Specialists** - Mental Health/ Dermat/ OG/ Paediatrics.

Step 6:

Making an enrollment and communication plan

An employer needs to start the process as early as six months before the start of the year. Typically plans are offered on a calendar-year basis. In fact, it is a good idea to start the program even earlier than that. Then, offer your employees a chance to enroll in the benefits before they begin at the start of the new year.

One way to announce the plan is through a quick email. Outline when the plan will begin, what insurance company was chosen and how much it will cost the employee pretaxes. Employees should have at least two weeks to decide whether they want to enroll.

And, it would not hurt to bring in a representative from the insurance company or the broker to explain the plan to all the employees at once.



Conclusion - Measurement

As each fiscal year draws to a close, it's time for the HR to look for ways to save money and control health care costs in the coming year. As part of this process, data should be gathered and analyzed that can give them a clear picture of health plan enrollees and total health plan costs.

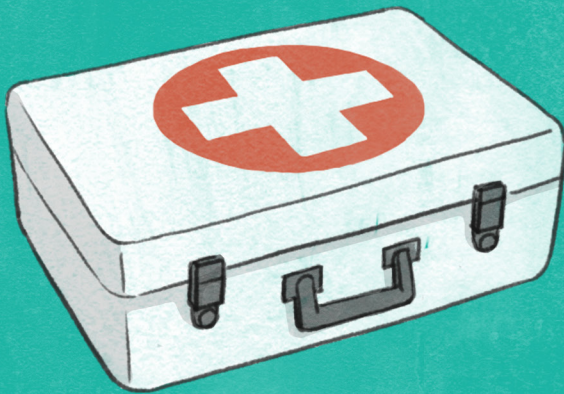
Some key metrics in these areas include:

- Enrollee information, such as the numbers of employees, spouses or partners, and dependents enrolled and using the health coverage.
- Direct costs such as paid claims and administrative costs.
- Indirect costs attributable to health issues, such as lost time because of disability.
- Use of benefits trends.
- Benchmark data on the cost of health care and employer cost-sharing trends.

Looking for holistic group health plans?

We've got you covered.

Founded in 2018, **Loop Health** is the first health insurance provider with an in-house medical team that helps you care for your employees. Health benefits should be simple, useful, and holistic. We're on a mission to bring quality and value back together in healthcare.



To know more about the latest updates on Loop Health, please visit www.loophealth.com

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