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[NRI's Coming Home for Surgery Are Hitting an Unexpected Roadblock: Their Global Insurance Doesn't Always Pay](#)



Many NRIs return to India for affordable surgeries, but most are shocked to find their global health plans don't cover elective procedures done in India

Summary of this article

- Many NRIs discover overseas health insurance excludes elective surgeries done in India.
- Most global policies require pre-authorization and rarely cover planned India treatments.
- Indian health plans bought briefly offer limited coverage due to residency rules.
- Incomplete documentation often triggers claim rejection for NRI medical procedures.

India's growing appeal as a dependable, affordable medical destination has drawn many non-resident Indians (NRIs) back for surgeries, especially those frustrated with long wait times, high costs, or restricted treatment options in the countries where they live. But a surprising number are discovering only later that their international health policies don't automatically cover procedures done in India.

Orthopaedic, cardiac, oncology, and fertility treatments are among the most common reasons for return travel. But once they land, many NRIs encounter an unexpected financial jolt: their overseas health insurance refuses to reimburse surgeries done in India.

This gap usually comes from the way most overseas policies are structured. Many of them don't cover planned or elective procedures done outside the country where the policyholder lives. Some treat India as a non-network region, while others insist on advance approvals, something most travellers don't think of arranging before they fly back. At the same time, Indian health insurance comes with residency rules and waiting periods that limit meaningful coverage for NRIs who buy a policy during short visits. The combination creates a significant risk gap.

#### Overseas Health Plans Rarely Cover Elective Surgeries In India

Most NRIs have the mistaken impression that global insurance equals global reimbursement. In reality, planned procedures performed in India are typically excluded unless the policy explicitly allows worldwide elective treatment.

"NRIs are considering India as their destination for medical treatment mainly due to affordable healthcare compared to Western countries. However, before planning for an overseas medical treatment plan, make sure that you are aware of the policy details," said Bhaskar Nerurkar, head – health administration team, Bajaj General Insurance. He noted that NRIs must check if their plan recognises Indian hospitals for cashless or reimbursement settlement and obtain pre-authorisation for any major procedure. "It is also important to obtain pre-authorisation for a major procedure before the start of any treatment," added Nerurkar.

Global insurers are even stricter. "In most cases, overseas health insurance providers will not reimburse planned or elective treatment received in India," said Arun Ramamurthy, co-founder, Staywell.Health. He explained that most policies reimburse only emergency stabilisation outside the country of residence unless worldwide elective care is explicitly included. "Unless a plan specifically states that worldwide elective care is included, insurers will only reimburse acute medical care," Ramamurthy added.

In practice, NRIs must secure a detailed treatment plan from the Indian hospital, a cost estimate, and confirmation of medical necessity, along with insurer-approved pre-authorisation, before they fly.

#### Buying An Indian Policy During A Short Visit Rarely Helps

Many returning NRIs assume they can simply purchase an Indian health plan during a holiday and receive immediate coverage. The reality is more complicated. Indian insurers often require applicants to be residents of India for policy issuance and apply the same waiting periods that apply to Indian citizens. These include one to four year waiting periods for pre-existing illnesses and specified treatments, plus the standard 30-day initial waiting period.

NRIs can buy a policy, but coverage will be restricted to treatment in India. Claims for procedures performed abroad are not admissible unless the customer purchases a global extension. Residency proofs and identity documents are also required at the time of claim.

Also, many policies require the insured to spend at least 182 days in India during a policy year; otherwise, future claims may be denied due to non-residency. Buying a policy during a two-week visit does not meet this requirement and does not override waiting periods.

#### Documentation Is Critical To Avoid Claim Rejection

Experts emphasise that NRIs must maintain far more paperwork than domestic customers. Required documents include a valid passport, overseas and Indian address proofs, treatment plans, diagnostic reports, admission and discharge summaries, hospital bills with GST details, pre-authorisation letters, and a complete digital payment trail. Cash payments may trigger rejection.

Nerurkar says that insurers do not compromise when it comes to paperwork. “Your identity proof, medical records, insurer approvals, and financial documents must all be in place,” he cautions. Ramamurthy adds that even the smallest oversight can backfire. “Something as basic as a missing timestamp or not having evidence of an online payment can become grounds for rejection,” he explains.

For NRIs who fly back to India for medical procedures, the cost advantage is undeniable, but it holds true only when they know exactly what their policy expects of them. Understanding the fine print of their overseas cover, avoiding hurried purchases of Indian policies just before surgery, getting pre-authorisation well in advance, and keeping every single document handy can make the difference between a smooth claim and an unexpected financial shock.

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