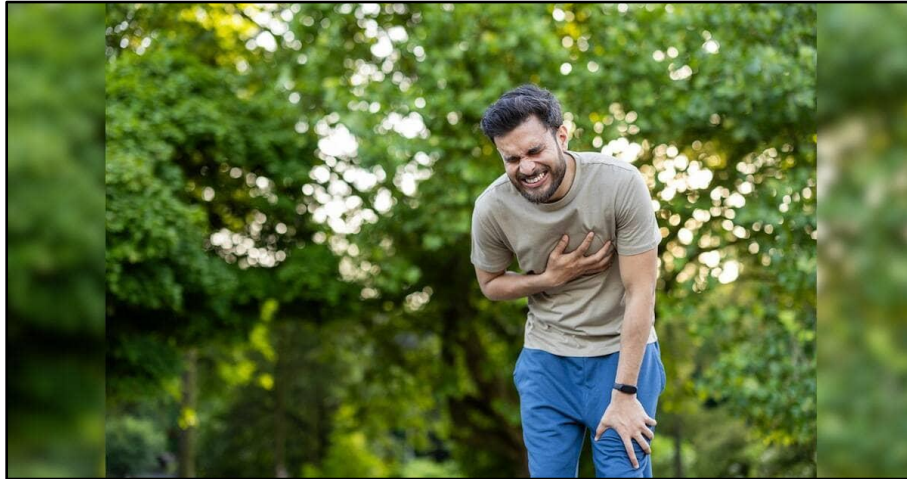


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World Heart Day: How to cover cardiac risks before an emergency strikes



September 29 is World Heart Day. Cardiac disease is striking a large number of Indians each year. The bill for treating cardiac ailments can run into several lakh. A base health policy, a super top-up, critical illness cover and an emergency corpus can help families manage the financial strain. They should check how each protection works before an emergency tests it.

Cardiac risk starts earlier: India recorded an estimated 31.65 lakh deaths from cardiovascular diseases in 2024, according to the World Heart Federation. “Cardiovascular diseases account for roughly one in three deaths in India, according to the 2022–24 Sample Registration System (SRS) cause-of-death report,” says Shilpa Arora, co-founder and chief operating officer (COO), Insurance Samadhan.

The National Statistical Office survey reports that cardiovascular and endocrine or metabolic diseases occur most frequently after age 30. “The onset of cardiac ailments appears to be occurring earlier than in previous decades,” says Vikas Gupta, head of the health administration team, Bajaj General Insurance.

Prepare for a large bill Admission for acute myocardial infarction or acute coronary syndrome can cost ₹2–4 lakh when intensive care is involved. Coronary angiography with hospitalisation costs ₹0.6–1.5 lakh, while angiography combined with angioplasty costs ₹3.5–5 lakh, depending on the type and number of stents. Complex cases may exceed ₹6 lakh. Complications that extend the stay in intensive care add to the bill. Coronary artery bypass grafting costs ₹4.5–6.5 lakh and may reach ₹7–8 lakh at premium centres. Mitral valve replacement or repeat replacement can cost ₹8–12 lakh. The cost of a repeat surgery sometimes exceeds ₹12 lakh. Aortic valve replacement can cost ₹12–16 lakh in premium metro settings.

Location affects the bill. “A sample check comparison of similar procedures in metros with tier 2 cities shows that they can on an average cost approximately 30–40 per cent less in the latter, excluding fixed cost implants,” says Varsha Gujarathi, chief customer officer, Universal Sompo General Insurance.

Layered covers: A metro resident should consider a base policy of ₹15–20 lakh. “Several hospitalisations in one year may exhaust a base cover, so supplement it with a super top-up of ₹40–50 lakh if living in a city,” says Gupta. A super top-up can provide another layer of cover after the annual deductible is met. The annual deductible should not be higher than the sum insured of the base cover. “Holding both policies from the same insurer can ease cashless approvals,” says Arora.

Check policy limits and hospital network: A policy should ideally not have a room rent cap as this can lead to proportionate deductions if the patient uses a more expensive room. “Choose a room entitlement that matches the room likely to be used,” says Gupta. Check sub-limits for intensive care unit (ICU), procedures and devices; co-payments and exclusions; and waiting periods for pre-existing diseases. “Check whether cardiac speciality centres situated nearby are in the insurer's cashless network,” says Gujarathi.

Read critical illness definitions: A critical illness policy pays a fixed lump sum when the diagnosis meets its wording. “Families can use it to cover for lost income, travel, long-term medication or debt payments,” says Siddharth Singhal, head of health insurance, Policybazaar. Covered conditions may include a first severe heart attack, open-chest bypass, open-heart valve surgery, aorta graft surgery and primary pulmonary arterial hypertension. “A heart attack claim under the cited wordings requires typical clinical symptoms, like new characteristic electrocardiogram changes, raised cardiac biomarkers or troponin without another explanation.

A bypass claim requires actual qualifying surgery supported by coronary angiography and confirmed by a cardiologist,” says Surinder Bhagat, president, employee benefits - large account practices, Prudent Insurance Brokers. Policies commonly require the insured person to survive for a minimum period, usually 28 days, says Singhal. Diagnostic angiography alone does not trigger a payout. “Angioplasty, stenting and other intra-arterial procedures are excluded under the cited definitions,” says Singhal.

Assess cardiac-specific policies: cardiac indemnity policies cater to people with existing cardiac conditions or prior surgery. “Such policies may help people declined, loaded or given a permanent cardiac exclusion under regular insurance,” says Bhagat. The wait for pre-existing cardiac ailments may be 31 days, 91 days or 24 months, depending on the policy. A general policy typically has a 36-month waiting period for a pre-existing disease. Premiums are roughly 20–25 per cent higher than for comparable general health plans. The sum insured on most such policies may not exceed ₹15 lakh.

“Age-based co-payments of 10–30 per cent apply in many such plans,” says Bhagat. Some hospitalisation policies now reduce the waiting period to one year if the customer buys a rider. Compare that option and its terms with a cardiac-specific policy before choosing a cover.

Keep cash for recovery: hospitalisation cover may not pay for travel and accommodation in case of treatment away from home. Special diets, home care and hired attendants after discharge, as well as rehabilitation, physiotherapy, medication and follow-up tests, can create continuing expenses. “A healthy individual should have an emergency fund of six to 12 months of household expenses. For a person with a cardiac condition, it should be 12–24 months,” says Singhal.

Check the tax regime: Under Section 80D, the deduction for premiums covering self, spouse and dependent children is up to ₹25,000 a year when they are below 60, or ₹50,000 when the relevant insured person is a senior citizen. A further deduction on parents' premiums is up to ₹25,000 for parents below 60 and ₹50,000 for senior-citizen parents. “The combined limit can reach ₹1 lakh when both the taxpayer and family and parents are senior citizens,” says Singhal. The Section 80D premium deduction is available under the old tax regime but not under the new tax regime.