

› **BOI National Swasthya Bima Policy**

FAQ

Q: Why do I need Health Insurance?

A: The advent of multi-specialty hospitals equipped with latest technology and facilities with availability of costly but more effective and newer medicines, lead to higher cost of treatment to be borne by the patient. Health Insurance takes care of the unforeseen hospitalization expenses, which you may require to incur in case of any ailment or accident.

Q: What is Mediclaim Policy?

A: Mediclaim Policy is a hospitalization benefit policy, which takes care of medical expenses incurred on Hospitalization / Domiciliary Hospitalization of the Insured for treatment of illness / disease / injury during the policy period.

Pre-hospitalization medical expenses incurred 30 days before admission and Post-hospitalization expenses 60 days after discharge from the hospital are also covered under the policy but all such expenses should be consistent with the diagnosis for which the patient was hospitalized.

BOI National Swasthya Bima Policy is a Mediclaim Policy exclusively approved for the customers of Bank of India, staff and Card holders. The premium is much lower than on similar policies available to non customers

Q: What are the medical expenses covered under Mediclaim policy?

A: The policy covers reimbursement of reasonable and necessary expenses incurred on treatment of illness / disease / injury during the currency of the policy like room rent, nursing care, Doctor's fee, investigations charges, medicine charges, operation theatre and like expenses, which fall within the available limit up to the maximum of Sum Insured in any one period of insurance stated in the policy schedule.

Q: What are the expenses not covered under Mediclaim policy?

A: Mediclaim policy does not cover the following:

1. Expenses incurred on cost of Spectacles, Contact Lenses, Hearing Aids, Dental Treatment unless requiring Hospitalization, Sterility, Intentional self injury and other exclusion clauses mentioned in the policy.
2. Expenses incurred at Hospitals/Nursing Homes primarily for Diagnostic, X-Rays or Laboratory examination, which are not consistent with or incidental to the diagnosis and treatment of the positive existence of any ailment.
3. Registration / admission / file charges, extra food charges, attendant charges etc.

Q: Who is to bear the cost of pre- insurance medical check-up?

A: The insured has to bear the cost of medical checkup.

Q: Can my whole family be covered under a single BOI National Swasthya Bima policy?

A: Yes, your spouse, 2 dependent children can be covered on the Premium paid for them.

Q: What is the age limit for Mediclaim policy?

A: The Insurance is available to persons between age of 3 months and 65 years. Renewal can be extended on payment of extra premium after age of 65 years.

Q: Does Mediclaim policy cover the treatment taken in hospital only?

A: Mediclaim policy covers the reimbursement of expenses incurred for the treatment taken in the Hospital/Nursing Home as indoor patient. It also covers the reimbursement of expenses for Domiciliary Hospitalization as per the conditions mentioned in the policy. However, for a claim to be processed under Domiciliary Hospitalization the following conditions should be satisfied:

- a) Medical treatment should be for more than 3 days.
- b) The treatment should be such for an Illness / Disease / Injury which in the normal course would require treatment and care in the Hospital / Nursing Home but actually taken whilst confined at home due to any of the following circumstances:
 1. Condition of the patient is such that he/she cannot be shifted to the Hospital/Nursing Home or
 2. The patient cannot be shifted to Hospital/Nursing Home for lack of accommodation there in.

Q: Whether Mediclaim policy covers the expenses for treatment of diseases from which the patient was suffering before taking the policy?

A: Yes, such expenses can be covered under the Policy after fourth year onwards.

Q: Are all the systems of medicine covered under Mediclaim?

A: No, Mediclaim policy covers treatment taken from Allopathic, Homeopathic, Ayurvedic and Unani systems of medicines but it does not cover Naturopathy treatment

Q: Does Mediclaim policy cover benefits for treatment taken outside India?

A: No but Mediclaim protection is available for illness / disease / injury contracted anywhere in the World provided the treatment is taken in India.

Q: What happens when I have to undergo a treatment like dialysis and I am discharged on the same day?

A: When treatment such as Dialysis, Chemotherapy, Radiotherapy etc. is taken in the Hospital / Nursing Home and the insured is discharged the same day, the treatment would be considered to be taken under Hospitalization section of the policy and the claim would be admissible.

Q: What about undergoing an operation of the eye by Laser Capsulotomy?

A: Operation of the Eye by Laser Capsulotomy is covered under Hospitalization benefits of Mediclaim Policy even when the treatment is taken in an Eye Clinic.

Q: What is a continuous treatment?

A: A treatment will be deemed to be continuous if the same illness relapses within 45 days from the date of last consultation with the Doctor. Any occurrence after a lapse of 45 days will be considered as a new illness.

Q: Who can avail BOI National Swasthya Bima Policy?

A: BOI National Swasthya Bima Policy is a Mediclaim Policy exclusively for the customers of Bank of India, staff and also card holders of the Bank

Q: When is a claim payable under Mediclaim Policy?

A: A claim is payable, when treatment is taken from a Hospital or Nursing Home registered with the Local Govt. Authority. However, in case of Non-Registered Hospital or Nursing Home the treatment can be covered under the policy subject to Hospital / Nursing Home conforming to the following features:

- The Hospital / Nursing Home should have 15 Inpatient beds.
- It should have qualified Nursing Staff round the clock.
- Qualified Doctors round the clock.
- Fully equipped Operation Theatre.

Q: What are the services offered by a TPA?

A: The TPA offers following services:

- Issues an Identity Card against your Policy, which gives you access to the TPA services.
- Cash less Service facilitation at Network Hospitals up to the available limit.
- Claim Processing and Reimbursement for Hospitalization at Non-Network Hospitals.
- Anytime access to the Call Center through a Toll Free Line & other Landlines.
- Online assistance during Hospitalization and filing of claim documents.

Q: What is the role of TPA?

A: TPA (Third Party Administrator) ensure speedy, transparent processing of your claims and facilitate Cash less Services in case of Hospitalization at Network Hospitals.

Q: When should I contact TPA?

A: You can contact TPA for any information regarding Policy

Coverage, Card Status, procedure to avail Cash less Hospitalization & to register / submit your claim.

Q: When I call TPA call center / office, how will they identify me?

A: Your Policy Number or ID Card Number confirms the identification. In case of an emergency situation, they can search your details through their Software.

Q: How do I avail of Cashless Facility?

A: Cashless facility is available only at Network Hospitals. To provide this, TPA require the information on a Pre-Authorization Form to be filled in and signed by your attending Doctor. On receipt of the same, their doctors adjudge the admissibility of the claim as per the terms & conditions of the policy and then the authorization of the expenses is granted to you or the network hospital.

Q: What documents are required for processing claims if the treatment has been taken at a non-network hospital or if the cashless facility was not granted in a network hospital?

A: Following documents, in original are required for processing your claims on reimbursement basis:

- a. Claim Form properly filled and signed by the Claimant.
- b. Photocopy of your Medclaim Policy / ID Card issued by us.
- c. Bill / Receipt and Discharge Certificate / Card from the Hospital.
- d. Cash Memos from the Hospital / Chemist(s) supported by the proper prescriptions.
- e. Receipt and Pathological Test Reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological Tests.
- f. Surgeon's Certificate stating nature of operation performed and Surgeon's Bill and receipt.
- g. Attending Doctor's, Consultant's, Specialist's / Anesthetist's Bill and Receipt along with Certificate regarding Diagnosis.

Record of any treatment taken prior to the hospitalization.

Q: When will my claim be reimbursed?

A: Normally within 3 days from the date of receipt of complete claim documents / information.

Q: What documents should we obtain before discharge from the hospital in case of cashless facility availed?

A: You are requested to check and sign the final Hospital Bill after verifying the charges mentioned there in for the services availed by you and to obtain the photocopies of the documents, which would facilitate treatment to be taken by you after discharge.

Q: Can I get Cashless facility / reimbursement within 30 days of policy commencement?

A: Mediciam Policy does not cover expenses incurred during the first 30 days of the policy. However, in case of Hospitalization expenses following Accidental Injury during this period are covered and Cashless facility / reimbursement of claim can be availed.

Q: How will the payment of claim be made?

A: All claims will be payable in Indian Currency through cheque only.

Q: Can TPA reject my claim? Do I have any remedy?

A: Yes, they can reject / deny your claim based on the evaluation in the light of the policy conditions and if the claim is not found admissible then a rejection letter mentioning the reason for rejection would be sent to you.

Remedy: You have the right of appeal and to approach the Insurers.

Q: In case I require my original medical papers back for future reference, what should I do?

A: Original documents can be returned on written request. However, we will stamp the Original Documents before return. Only X-Ray films, ECG reports etc. will be returned after approval of the claim.

Q: During the course of my treatment, can I change the hospital?

A: Yes it is possible to shift the patient to another Hospital for requirement of better medical facilities.

Q: Can I get Out Patient Treatment using my TPA Card?

A: No since Mediciam Policy does not cover the OPD treatment. The TPA Card is issued to you against your Mediciam Policy to avail Cashless Service for Hospitalization at Network Hospital.

Q: Does Mediciam Policy carry any Income Tax rebate?

A: Yes, there is a rebate in Income Tax available under section 80 D on Mediciam premium up to Rs. 15,000/-.

Q: I have lost my ID Card. What should I do?

A: A duplicate card can be issued to you on payment of Rs. 30/- only per card on confirmation of loss of card to us in writing with request for issuance of a new card.

Q: Who is the TPA for BOI National Swasthya Bima Policy?

There are different TPAs for different places hence it should be asked from National Insurance Co. The list of Cashless Hospitals may be down loaded from web site of TPA. All other details can be downloaded from the sites of TPA or help may be taken from Insurance Co. for knowing the procedure.

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