

Product Details

STAR GROUP HEALTH INSURANCE POLICY - GOLD (FOR BANK CUSTOMERS)

SHAHLGP19115VO11819

Eligible Persons: Account holders of the bank who are already covered under “**BOI National Swashtya Bima**” policy issued by National Insurance Co. Ltd.

Entry Age: Adults: 18 yrs to 79 yrs. Dependent Children 5 months to 30 yrs. Dependent Children can be covered only if either of the parents are covered under this Group Policy.

Policy Type: Individual Sum Insured Basis / Floater Sum Insured Basis

Family Size Options for Floater Insured Basis: Self + Spouse / Self + Spouse + 1 Dependent Child / Self + Spouse + 2 Dependent Children

Pre-acceptance Medical Screening: No Pre-acceptance Medical Screening, However in case of any Self-declared preexisting diseases, the proposal will be subject to approval of Medical underwriting.

Sum Insured Options : Rs.2,00,000/-; Rs.3,00,000/-; Rs.4,00,000/-; Rs.5,00,000/-; and Rs.10,00,000/-

Special Feature: Account holders of the bank who are already covered under “**BOI National Swashtya Bima**” policy issued by National Insurance Co. Ltd. can get waiver of waiting periods depending on their coverage under their individual health insurance policy.

Coverage:

Health Insurance Section

- ❖ Room Rent: Room, boarding and nursing expenses up to 2% of the sum insured per day.
- ❖ ICU Charges: Up to 4% of the sum insured per day

Note: Hospitalization Expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room rent limit stated in the policy schedule or actuals whichever is less.

- ❖ **Pre hospitalization expenses** up to 60 days prior to date of admission
- ❖ **Post hospitalization expenses** up to 90 days after date of discharge
- ❖ **Road Ambulance expenses** up to Rs.2000/- per hospitalization for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy
- ❖ **Cataract:** Expenses incurred on treatment of Cataract is subject to the limit as per the following table

Sum Insured Rs.	Limit per eye Rs.	Limit per policy period Rs.
2,00,000/-	Up to 10,000/-per eye, per policy period	
3,00,000/-	Up to 20,000/-	Up to 30,000/-
4,00,000/-	Up to 25,000/-	Up to 35,000/-
5,00,000/-	Up to 35,000/-	Up to 50,000/-
10,00,000/-	Up to 40,000/-	Up to 60,000/-

- ❖ **Day Care Procedures :** All day care procedures covered
- ❖ **Organ Donor Expenses Organ Donor Expenses:** In patient hospitalization expenses incurred for organ transplantation from the Donor to the recipient insured person are

payable provided the claim for transplantation is payable. Donor screening expenses and post-donation complications of the donor are not payable.

- ❖ **Cost of Health Checkup:** Expenses incurred towards cost of health check-up up to Rs.1500/- per policy period for every claim free year is payable provided
 1. the health checkup is done at networked facility
 2. Payable on renewal when the policy is in force.

Payment under this benefit does not form part of the sum insured.

If a claim is made by any of the insured persons, the health checkup benefits will not be available under the policy for the other covered members of the family of that insured person who has made a claim.

Note: Payment of expenses towards cost of health checkup will not prejudice the company's right to deal with a claim in case of non-disclosure of material fact and / or Pre-Existing Diseases in terms of the policy.

- a) **Second Medical Opinion:** The Insured Person is given the facility of obtaining Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners. All the medical records provided by the Insured Person will be submitted to the Doctor chosen by him by him/her from the Company's network of Medical Practitioner either online or through post/courier and the medical opinion will be made available directly to the Insured by the Doctor.

Subject to the following conditions

- This should be specifically requested for by the Insured Person
 - This opinion is given without examining the patient, based only on the medical records submitted.
 - The second opinion should be only for medical reasons and not for medico-legal purposes.
 - The Company is not liable for any errors or omission or consequences of any action taken in reliance of the second opinion provided by the Medical Practitioner
 - Utilizing this facility alone will not amount to making a claim
- b) **Domiciliary hospitalization treatments for a period exceeding three days:** Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances
 - The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - The patient takes treatment at home on account of non-availability of room in a hospital.

However, this benefit shall not cover Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhea and all types of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, all Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout and Rheumatism. Pre-hospitalization and Post-hospitalization expenses are not payable for this cover

- c) **AYUSH Treatment:** In patient Hospitalizations Expenses incurred on treatment under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health is payable up to the limits given below:

Sum Insured Rs.	Limit per policy period Rs.
Up to 4,00,000/-	Up to 10,000/-
5,00,000/- and 10,00,000/-	Up to 15,000/-

Note:

1. Payment under this benefit forms part of the sum insured.
 2. Yoga and Naturopathy systems of treatment are excluded from the scope of coverage under AYUSH treatment
- d) **Bonus:** In respect of every claim free year of Insurance, the insured person would be entitled to benefit of bonus of 10% of the expiring Basic Sum Insured in the second year and additional 10% of the expiring Basic sum Insured for the subsequent years. The maximum allowable bonus shall not exceed 100%

Special Conditions

1. The Bonus will be calculated on the expiring sum insured or on the renewed sum insured whichever is less.
 2. If the insured opts to reduce the sum insured at the subsequent renewal, the limit of indemnity by way of such Bonus shall not exceed such reduced basic sum insured.
 3. In the event of a claim resulting in
 - a. Partial utilization of sum insured, such bonus so granted will be reduced at the same rate at which it has accrued.
 - b. Full utilization of sum insured and nil utilization of bonus accrued, such bonus so granted will be reduced at the same rate at which it has accrued.
 - c. Full utilization of sum insured and partial utilization of bonus accrued, the bonus granted on renewal will be the balance bonus available and will be reduced at the same rate at which it has accrued
 - d. Full utilization of sum insured and full utilization of bonus accrued, the bonus granted on renewal will be "nil" or "zero"
- e) **Personal Accident Section**
- Accidental Death
 - Permanent Total Disablement
 - Permanent Partial Disablement

EXCLUSIONS: (Applicable to Health Insurance Section)

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
This waiting period shall not apply in case of the insured person having been covered under any health insurance policy (Individual policy) with any of the Indian General Insurance companies / health insurance companies for a continuous period of preceding 12 months without a break
2. During the first year of continuous operation of Insurance Policy, any expenses on

- a) During the first year of operation of the Insurance cover, the expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 3 mentioned below.
- b) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumors of Epididymis, Spermatoocyte, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
- c) Desmoid tumor of anterior abdominal wall.
- d) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
- e) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
- f) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- g) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- h) Any transplant and related surgery

Note :

- a. If these are pre-existing at the time of proposal, they will be covered subject to exclusion number 3 mentioned below
 - b. This waiting period shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance policy with any of the Indian General/ Health Insurer for a continuous period of preceding 12 months without any break
3. Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed since inception of the first Individual health insurance policy with any Indian General / Health Insurer.

Note 1: In the event of this Star Group Health Insurance Policy - Gold (For Bank Customers) not being renewed or when the Individual member of the group leaves the group, such individual member has the option to migrate to any individual health insurance policy on indemnity basis offered by the Company. In such an event the continuity of benefits with respect to waiting periods under exclusions 1, 2, and 3 will be given in the individual health insurance policy according to the number of years covered continuously under this Star Group Health Insurance Policy –Gold (For Bank Customer Gold).

4. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)
5. Congenital External diseases/condition defects or anomalies
6. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
7. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states, Venereal disease and Sexually transmitted diseases (Other than HIV), intentional self-injury and use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
8. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
9. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
10. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment and all types of treatment for subfertility, Assisted Conception and or other related complications of the same.
11. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for endocrine disorders, treatment for sleep apnea
12. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no12
13. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
14. Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
16. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
17. Stem cell Therapy, Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy. Immunotherapy without proper indication.
18. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
19. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy
20. Hospital registration charges, admission charges, record charges, telephone charges and such other charges

21. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for Priapism and erectile dysfunctions.
22. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
23. Any hospitalizations which are not Medically Necessary
24. Other Excluded Expenses as detailed in the website "www.starhealth.in"

EXCLUSIONS: (Applicable to Personal Accident Section)

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused
 - a) intentionally or by committing a crime
Or
 - b) As a result of drunkenness or addiction (drugs, alcohol).
Or
 - c) Self-endangerment unless in self-defense or to save human life.
5. Any claim arising out of mental disorder, suicide or attempted suicide self-inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b) Nuclear weapons material
 - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof

- d) Nuclear, Chemical, biological terrorism
- 10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
- 11. Participation in Hazardous Sport / Hazardous Activities
- 12. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
- 13. Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured available for Section II.
- 14. Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.
- 15. Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

Claim Procedure

For claims under Health Insurance Section

In the event of any claim, intimation should be given to Star Health immediately, through toll free no: 1800 425 2255 or 1800 102 4477, or email: support@starhealth.in or fax - 1800 425 5522.

For Cashless Treatment:

- a) Call the 24 hour toll free no. for assistance - 1800 425 2255 / 1800 102 4477
- b) Inform the ID number for easy reference
- c) On admission in the hospital, produce the ID Card issued by Star Health at the Hospital Helpdesk
- d) Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e) The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment.
- f) This form should be submitted to Star Health
- g) Star Health will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h) Once all the details are furnished, Star Health will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i) In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j) Cashless facility can be availed only in Networked Hospitals. Please visit www.starhealth.in for information on Networked Hospitals.
- k) In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

Please note that denial of cashless is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

Documents to be submitted for Reimbursement claims:

- a) Duly completed claim form, and

- b) Pre Admission investigations and treatment papers.
- c) Discharge Summary from the hospital in original
- d) Cash receipts from hospital, chemists
- e) Cash receipts and reports for tests done
- f) Receipts from doctors, surgeons, anesthetist
- g) Certificate from the attending doctor regarding the diagnosis.
- h) Copy of PAN Card

Note: Star Health reserves the right to call for additional documents wherever required.

For claims under Personal Accident Section

Documents to be submitted for claims

Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person

Nominee / Legal Heir as the case may be

And

For Death Claims:-

- a. Death Certificate
- b. Post-mortem Certificate, if conducted
- c. FIR (wherever required)
- d. Police Investigation report / Panchanama (wherever required)
- e. Viscera Sample Report / Chemical analysis report (wherever required)
- f. Forensic Laboratory Report (wherever required)
- g. Legal Heir Certificate (wherever required)
- h. Succession Certificate (wherever required)

For Permanent Total Disablement and Permanent Partial Disablement

- a. Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required