



The specialists in Health Insurance



DIKSHA TECHNOLOGIES P LTD GROUP HEALTH POLICY

— Diksha provides Group Medical Insurance with one of the best Insurance providers “**STAR HEALTH INSURANCE COMPANY Ltd**” and Personal Accident Insurance with “**FUTURE GENRALI INSURANCE Ltd**”.



Star Health and Allied Insurance Company Limited



Coverage

Hospitalization Expenses incurred as an **in-patient** for

- Sickness
- Illness
- Diseases
- Accidental injuries



Star Health and Allied Insurance Company Limited



What is a Hospital?

- **Hospital, Nursing Home** means any institution in India established for indoor care and treatment of sickness and injuries and which
 - Either
 - It has been registered with the local authorities and is under the supervision of a registered and qualified **Medical Practitioner**
 - or
 - **Should comply with minimum criteria as under**
 - It should have at least 15 inpatient beds (10 in Class 'C' Towns). Fully equipped operation theatre of its own wherever surgical operation is carried out.
 - Fully **qualified nursing** staff under its employment round the clock
 - Fully qualified Doctor(s) should be in charge round the clock.





POLICY Benefits- Employee + Spouse

SUM INSURED – Differential

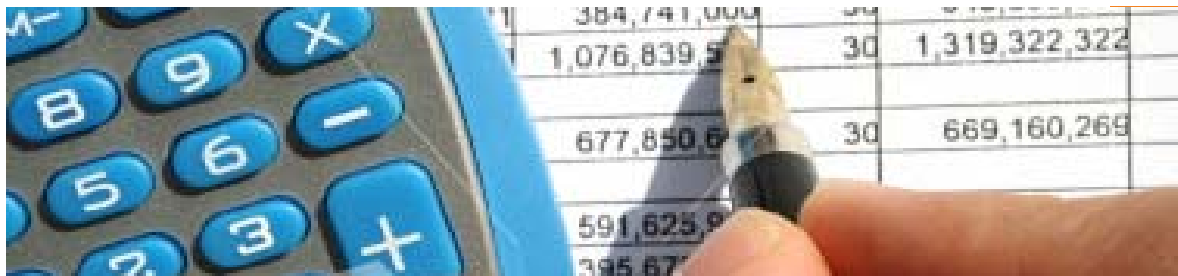
Rs.1 lac for single employee & Rs. 2 lacs on floater basis for married employee including spouse.

Policy No : P/141125/01/2014/000327.

VALIDITY : 25-04-2013 to 24-04-2014



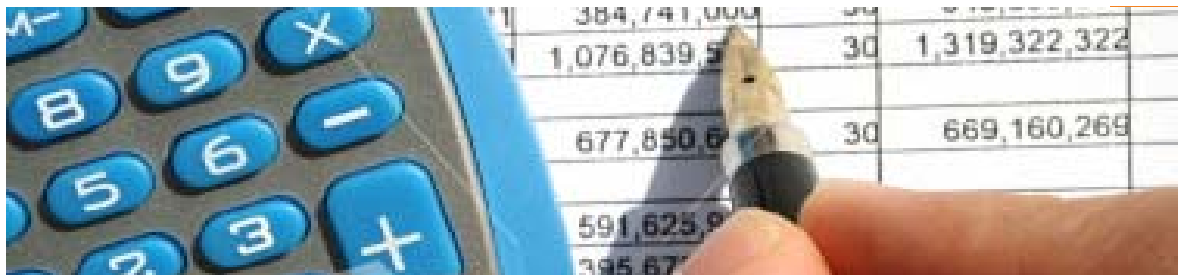
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Allowable Expenses

- Room rent & boarding charges :
2% of SI Rs.2,000/- per day.
- Nursing charges (reasonable)
- Surgeons, Anesthetist, Consultants and Specialists fees (reasonable)
- Operation Theatre charges, drugs and medicines diagnostic materials, cost of pacemaker etc
- Emergency Ambulance charges to go to Hospital for treatment @ Rs 750/- per hospitalisation upto a maximum of Rs 1,500/- per policy period.
- **IMPORTANT NOTE :- 10% CO-PAY APPLICABLE FOR ALL CLAIMS.**





SUB LIMITS

| Name of the Ailment / Surgery / Procedure | Sub Limit (Rs.) |
|--|-----------------|
| Cataract | 20,000 & 30,000 |
| Tonsillectomy | 7,500 |
| Lithotripsy (Kidney Stone Removal) | 20,000 |
| Cutting & Draining of Abscess | 1,500 |
| Liver Aspiration (removal of fluid) | 2,000 |
| Pleural Effusion Aspiration (fluid - chest/lungs) | 2,000 |
| Colonoscopy (test for colon in rectum) | 2,000 |
| Sclerotherapy (injection in Veins) | 5,000 |
| - All other terms and conditions as per GMC Policy Clause. | |



Day Care Treatment

Minimum of 24 hours Hospitalization is NOT necessary for the following

- Dialysis,
- Chemotherapy,
- Radiotherapy,
- Cataract surgery,
- Dental Surgery, (only due to accident)
- Lithotripsy (Kidney stone removal),
- Tonsillectomy,
- Cutting and Draining of Abscess,
- Liver Aspiration,
- Pleural Effusion Aspiration,
- Colonoscopy,
- Sclerotherapy,

The above treatment shall be taken in the Hospital / Nursing Home and the Insured is discharged on the same day.



CONDITIONS WAIVED

- **30 days waiting period:-** Treatment for illness/disease/sickness contracted by the insured person during the first 30 days from the commencement date of the policy / date of commencement of risk is not payable except accident hospitalization. (waived)
- **Ist year exclusions :** Benign Prostate Hypertrophy, Hernia, Hycrocele, Fistula in anus, Piles, Sinusitis and related disorders, Congenital internal Disease/defects, removal of Gall Stone & Renal Stone are not payable until completion of 1 year from the date of commencement of risk. (waived)
- **IInd year exclusions:** Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Replacement surgery of Knee and/or joint (other than caused by an accident), Prolapse of intervertebral disc(other than caused by accident), varicose veins and varicose ulcers. are not payable until completion of 2 years from the date of commencement of risk. (waived)
- **Pre existing Diseases:** Expenses for treatment of any illness/disease/condition which is pre- existing not payable are not payable until completion of 48 months from the date of commencement of risk. (waived)



CONDITIONS WAIVED

- **Maternity Coverage :** This policy is extended to cover Maternity expenses incurred by the insured person as per the limits shown in the Special Conditions. Consequently exclusion No.15 of the policy stands deleted. The extension will not apply to insured persons having 2 or more living children.
- **Waiting period of 9 months for Maternity expenses. (Waived).** Maternity related claims payable from day 1.
- **Baby day one Cover :** For new born baby from '0' Day upto '5' months, cover for hospitalization expenses (other than immunization expenses, expenses incurred for treatment of any congenital diseases external/internal and post - natal expenses), incurred for treatment of any disease/sickness/illness not specifically excluded, for the new born from 0 day upto 5 months provided the mother is covered under the policy. The benefit payable hereunder shall be restricted to 10% of the sum insured in respect of the mother's sum insured but deemed to be a part of it.
- New Born Baby cover provided @ 10% of the Mothers Sum Insured till the baby attains 5 months of Age. Post which the cover for baby ceases (since children are not covered in the policy)



Claim Procedure – NET WORK HOSPITAL

- Immediate intimation to the Call Centre (1800 425 2255/1800 102 4477/ 044-28263300). And don't forget to obtain the **CLAIM INTIMATION NUMBER.**
- The insured has to **request the hospital to send the 'Pre Authorization Form'** to Star Health duly signed by the Doctor in the Network Hospital.
- Based on the intimation a field visit will be done by the Star Doctor.
- Pre Authorization will be issued to the Hospital.
- Based on the Pre Authorization and the Report by the Star Doctor, Cash Less Treatment will be given by the Network Hospital. This authorisation amount is only an acceptance of claim and is only a kind of token advance.
- Later at the time of Discharge, the insured has to request the hospital to send the final discharge summary along with all the relevant documents like Hospital bill with break up, reports, scan, prescriptions, medicine bills etc.
- Based on the above, final claim settlement amount after deducting the non payable amounts (non medical , luxury tax, regn fees, insurance processing fees etc.,) will be communicated to the hospital.
- The insured has to pay the difference of amount to the hospital directly .



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Claim Procedure – **NON NET WORK HOSPITAL**

- Immediate intimation to the Call Centre.
(1800 425 2255 / 1800 102 44 77 / 044-28263300)
- Claim form will be sent to the Insured.
- Based on the intimation a field visit will be done by the Star Doctor.
- Bills has to be settled by the Insured and will be reimbursed by Star on Submitting the following documents :-
 - Original Discharge Summary.
 - Main Hospital Bill with Break Up.
 - Investigation Reports with X-Ray Film.
 - Medical Bills with Prescriptions.
 - Receipt for payment made .





IMPORTANT DETAILS

- TOLL FREE : 1800 425 2255
: 1800 102 4477
- Claims Mail id : claims.bangalore@starhealth.in
- POL.NO: P/141125/01/2014/000327
- FOR CLAIMS : 080 -4087 4087 (for any claim queries)





Contact Us

Branch Office

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CORPORATE OFFICE

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www.starhealth.in
Star Health and Allied Insurance Company Limited



Thank you



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