
Baroda Health Policy

1. Salient Feature

Baroda Health policy is a unique Health cum Accident Policy designed especially for the a/c holders of Bank of Baroda. The entire family consisting of the a/c holder, spouse and 2 dependent children can be covered under this policy.

This policy covers Hospitalization expenses for a/c. holder and family. In case of Hospitalization Expenses, the entire family is covered for the Floater Sum Insured as opted for, i.e., either one or all members of the family can utilize the Sum Insured during the policy period.

Age: 3 months to 65 years.

2. Scope of Cover

- 1) Room, Boarding expenses as provided by the Hospital/Nursing Home.
- 2) Nursing expenses.
- 3) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
- 4) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines & Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs and cost of organs and similar expenses.

3. Additional Covers

- 1) Ambulance charges not exceeding Rs.1000/- (Rupees one thousand only) per Policy period.
- 2) In case of Hospitalisation of children below 12 years, a lump sum amount of Rs.1000/- (Rupees one thousand only) per policy period towards the out-of-pocket expenses. The payment will be made on the basis of a declaration from the parent without insisting on any supporting bill/cash memo.
- 3) Cost of health check-up : It is allowed at the rate of 1% of the sum insured after completion of three continuous claim free years of policy/policies issued by National Insurance Company Ltd. only.
- 4) Pre & Post Hospitalisation Expenses for first 30 days and 60 days respectively.
- 5) Pre-existing diseases will be covered after three consecutive continuous claims free policy years in respect of all diseases provided, there was no hospitalisation for pre-existing ailment during such three years of insurance.

4. Other Features

1. Floater Sum Insured where any one of the entire family can avail of the Sum Insured opted.
2. Tax benefit available under Section 80D of IT Act.
3. The premium will be deducted from Bank a/c. of the a/c. holder.
4. Period of insurance 01.03.2006 to 27.02.2007.
5. The claims will be serviced by TPAs.
6. Minimum hospitalisation for 24 hours.

5. Major Exclusions

1. All diseases/injuries, which are pre-existing when the cover incept for the first time. This exclusion will be deleted after three consecutive continuous claims free policy years in respect of all diseases provided, there was no hospitalisation for pre-existing ailment during such three years of insurance.
2. Any hospitalization expenses incurred in the first 30 days from the commencement date of Insurance cover except in case of Injury arising out of accident.
3. During the 1st year of operation of insurance cover the expenses on treatment of diseases such as Cataract, Benign, Prostatic Hypertrophy, and Hysterectomy for Hemorrhagic, or Fibromyoma, Hernia, Hydrocele, congenital internal disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre existing it will be covered after three consecutive continuous claims free policy years.
4. Circumcision, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as apart of any illness.
5. Cost of spectacles and contact lenses, hearing aids.
6. Dental treatment or surgery of any kind unless requiring hospitalization.
7. Convalescence, general debility, run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Infertility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol, AIDS.
8. Charges incurred at Hospital or Nursing Home primarily for diagnosis purpose.
9. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.

10. Treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy) and child birth (including Caesarean Section) and allied maternity benefits.
11. Naturopathy Treatment.
12. The benefits including continuity, enjoyed under the previous Policy/Policies, issued by any other Insurance Company shall not be available under this Policy.

(N.B. Company's Liability in respect of all claims admitted during the period of Insurance shall not exceed the Floater Sum Insured per FAMILY as mentioned in the schedule).

6. Premium Payable

Floater Sum Insured (Rs.)	Premium plus Service Tax (Rs.)
50,000	969/-
1 lac	1770/-
1.5 lacs	2577/-
2.0 lacs	3383/-
2.5 lacs	4041/-
3.0 lacs	4698/-
4.0 lacs	5840/-
5.0 lacs	6997/-

7. Claims Procedure

Hospitalisation Claims will be settled by the Third Party Administrators (TPA). They will send details of the claims procedure for emergency/planned hospitalisation.

Documents to be submitted:

- 1.Claim form
- 2.Discharge Summary
- 3.Prescription with bills
- 4.Test Reports
5. Any other documents required by TPA.

Procedure for availing Cashless Access Services in Network Hospital/Nursing Home:

Claims in respect of Cashless Access Services will be through the list of the network of Hospitals/Nursing Homes and is subject to pre admission authorization. The TPA shall, upon getting the related medical information from the insured persons/ network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre- authorisation letter/ guarantee of payment letter to the Hospital/Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as a patient.

The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his/her treating doctors advice and later on submit the full claim papers to the TPA for reimbursement.

The TPA may repudiate the claim, giving reasons, if not covered under the terms of the policy. The insured person shall have right of appeal to the insurance company if he/she feels that the claim is payable. The insurance company's decision in this regard will be final and binding on TPA.

8. General Instructions

- The proposal form attached to this Prospectus should be duly filled and submitted to the Bank of Baroda Branch, where the a/c. holder has an a/c.
- 2 stamp size photographs to be affixed in the Proposal form.
- A receipt will be given by the Bank.
- The Prospectus contains the details of the policy and no individual policy will be issued.
- Details of the policy will be available with Bank of Baroda, National Insurance Company Ltd., Third Party Administrators.
- IT Certificate will be issued by NICL and given to the bank. The a/c. holder can collect the same from the bank.
- Premium for hospitalization cover is eligible for IT benefit.
- The premium will be deducted from the a/c. by the bank and paid to National Insurance Co. Ltd.

The a/c. holder will be given:

1. Prospectus – which broadly contains the details of the policy.
2. Receipt
3. IT Certificate
4. ID Card / Instructions from TPA