Maternity Rider

Terms and Conditions

Preamble: The Rider is granted by Us under Base Policy based on the information provided by the Proposer / Policyholder in their proposal, and is subject to the definitions, terms and conditions, exclusions, and endorsements of the Base policy. The accuracy and completeness of the information provided by the policyholder is crucial in determining the Rider's terms and conditions. The meanings assigned to the terms defined below apply to their usage throughout the Rider and as applicable.

Standard Definition

MATERNITY EXPENSES shall mean:

a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization),

b. Expenses towards lawful medical termination of pregnancy during the Policy Period

Specific Definitions

SUB-LIMIT means a cost sharing requirement under a health insurance policy in which We would not be liable to pay any amount in excess of the pre-defined limit.

Base Policy- Health Retail policies of New India Assurance Co Ltd as listed below

1. New India Mediclaim
2. New India Floater Mediclaim
3. Young India Digi Health
4. Arogya Sanjeevani policy
5. New India Asha Kiran

Eligibility

i. This Rider can only be bought along with the Base Policy and cannot be bought in isolation or as a separate product.

ii. The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Policy.

iii. This Rider covers Women of age 18 Years and above.

iv. The Rider will be issued for a period of 1, 2 & 3 year(s) period depending on the period of Base Policy.

v. This Rider is available for Base Policy having sum insured of Rs.5 lakhs and above.

vi. These Benefits are admissible only if the expenses are incurred in Hospital as inpatients in India.

vii. Claim in respect of delivery for only first two children and / or surgeries associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof.

viii. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered. Pre-natal and post-natal expenses are not covered unless admitted in Hospital and treatment is taken there.

Waiting Period

A waiting period of **thirty-six** months is applicable, from the date of opting this cover (Either as a Rider or optional cover under base policy), for payment of any claim relating to normal delivery or caesarian section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of miscarriage or abortion induced by accident or other medical emergency.

Coverage

Our liability for claim admitted for Maternity Rider shall not exceed 10% of the average Sum Insured of the Insured Person in the preceding three years

Illustration:

Policy year	**1st year**	**2nd Year**	**3rd Year**	**Average Sum Insured**
Sum Insured of Base policy(In INR)	**5,00,000**	**8,00,000**	**8,00,000**	**2100000/3=700000**
Maximum Eligible amount under This Rider(In INR)	**10% of 7,00,000/- =70,000/-**			

Exclusions

All exclusions as mentioned in the Base Plan unless otherwise stated and covered in this Maternity Rider.

Premium

1% of Base Policy Sum Insured