THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

NEW INDIA MEDICLAIM POLICY - PROSPECTUS

We welcome You as Our Customer. This document explains how the NEW INDIA MEDICLAIM could provide value to You. In the document the word 'You', ''Your' means you, the Insured under the Policy. 'We', 'Our', 'Us' means New India Assurance Co. Ltd.

NEW INDIA MEDICLAIM POLICY is a Policy designed to cover Hospitalisation expenses and/or services incurred in India.

1. **WHO CAN TAKE THIS POLICY?**

   All the persons proposed for this Insurance should be between the age of 18 years and 65 years. Children between the age of 3 months and 18 years can be covered under the policy. Children between 18 years to 25 years can also be covered provided they are financially dependent on the parents. On attaining the age of 18 years or ceasing to be financially dependent on the parents, they can, on renewal take a separate Policy. In such an event the benefits on Continuous Coverage can be ported to the new Policy. The upper age limit will not apply to a mentally challenged children and an unmarried dependent daughter(s). The persons beyond 65 years can continue their insurance provided they are Insured under the Policy with us without any break.

   Midterm inclusion is allowed for newly married spouse and child (after completing 3 months) by charging pro-rata Premium for the remaining period of the Policy.

   A New Born Baby, born during the Policy period to an Insured mother who is covered for a continuous period of 24 months, will be covered from date of birth till the expiry of the Policy, without any additional Premium. No coverage for the New Born Baby would be available during subsequent Renewals unless the child is declared for Insurance and covered as an Insured Person.

   Note: This coverage is available for a New Born Baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us.

2. **CAN I COVER MY FAMILY MEMBERS IN ONE POLICY?**

   Yes. You can cover Your family members in one policy, with separate Sum Insured for each Insured Person.

   The members of the family who could be covered under the Policy are:

   a) Proposer

   b) Proposer's Spouse

   c) Proposer's Children

   d) Proposer's Parents

   e) Proposer's Brother/Sister

   f) Proposer's Ward

   g) Employers can cover their Employees

   Note:

   i. Brother/Sister can only be covered when they are financially dependent on the proposer.

ii. For the relations Employer-Employee/Brother/Sister/Ward 80D certificate shall not be applicable.

3. **WHAT DOES THE POLICY COVER?**

This Policy is designed to give You, the Insured, protection against unforeseen Hospitalisation expenses.

4. **WHAT IS A PRE-EXISTING DISEASE?**

The term Pre-existing condition/disease is defined in the Policy. It means any condition, ailment, Injury or Illness

a   That is/are diagnosed by a physician within 36 months prior to the effective date of the Policy issued by Us and its reinstatement or

b   For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy or its reinstatement.

5. **IS PRE-ACCEPTANCE MEDICAL CHECK-UP REQUIRED?**

i.   Pre-acceptance test is required for all the members entering after the age of 50 for the first time.

ii.   However, the condition (i) shall be relaxed to 60 years' subject to the following conditions:

   a.   A minimum of 3 persons should be covered in the policy.

   b.   At least one of the members age should be less than 35 Years.

Irrespective of the (i) & (ii) a person needs to undergo this pre-acceptance medical check-up if he has an adverse medical history. The cost of this check-up will be borne by the proposer. But if the proposal is accepted, then 50% of the cost of this check-up will be reimbursed to the proposer.

Note: Adverse Medical History means a person:

i.   Who has undergone more than one Hospitalization in previous two years,

ii.   Who is suffering from Critical Illness, Recurring Illness or Chronic Illness.

iii. Is Suffering from Hypertension / Diabetes.

iv.   Is not in good health and free from Physical and mental diseases or infirmity or medical complaints.

6. **IS HOSPITALISATION ALWAYS NECESSARY TO GET A CLAIM?**

Yes. Unless the Insured Person is Hospitalised for a condition warranting Hospitalisation, no claim is payable under the Policy. The Policy does not cover outpatient treatments.

7. **HOW LONG DOES THE INSURED PERSON NEED TO BE HOSPITALISED?**

The Policy pays only where the Hospitalisation is for more than twenty-four hours. But for certain treatments specified in the Policy, period of stay at the Hospital could be less than twenty-four hours. Please refer to Annexure I of the Policy for details.

8. **WHAT DO I NEED TO DO AFTER I GET HOSPITALISED?**

Immediately on Hospitalisation or within twenty-four hours of such Hospitalisation, please intimate the TPA of this fact, with details of Your Policy Number, Name of the Hospital and treatment undertaken. This is an important condition of the Policy that you need to comply with.

9. **IS PAYMENT AVAILABLE FOR EXPENSES INCURRED BEFORE HOSPITALISATION?**

Yes. Relevant medical expenses incurred before hospitalization for a period of Thirty days prior to

the date of Hospitalisation are payable. Relevant medical expenses mean expenses related to the treatment of the disease for which the insured is Hospitalised.

10. **IS PAYMENT AVAILABLE FOR EXPENSES INCURRED AFTER HOSPITALISATION?**

Yes. Relevant medical expenses incurred after Discharge from the Hospital for a period of Sixty-days after the date of discharge are payable. Relevant medical expenses mean expenses related to the treatment of the disease for which the insured is Hospitalised.

11. **CAN I GET TREATED ANYWHERE?**

The Policy covers treatment and/or services rendered only in India.

12. **WHETHER THE PREMIUM IS UNIFORM ACROSS INDIA?**

Premium will be charged based on the classification of these namely.

Zone 1	Maharashtra and Gujarat
Zone 2	Rest Of India

13. **IS THERE A LIMIT TO WHAT THE COMPANY WILL PAY FOR HOSPITALISATION?**

Yes. Our liability for all claims admitted during the Period of Insurance will be only up to Sum Insured for which the Insured Person is covered as mentioned in the Schedule. In respect of those Insured Persons with Cumulative Bonus/Buffer, our liability for claims admitted under this Policy shall not exceed the aggregate of the Sum Insured and the Cumulative Bonus/Buffer.

In cases where the Insured Person was Hospitalised more than once, the total of all amounts paid

a) for all cases of Hospitalisation,

b) expenses paid for medical expenses prior to Hospitalisation,

c) expenses paid for medical expenses after discharge from hospital, and

d) any other payment made under the Policy shall not exceed the Sum Insured and Cumulative Bonus / Buffer as mentioned in the Schedule.

14. **WHAT SUM INSURED SHOULD I CHOOSE?**

You are free to choose any Sum Insured ranging from Rs. One Lakh to Fifteen Lakhs. The Premium You pay depends upon Your Age and the Sum Insured chosen. You are free to choose any Sum Insured available in the range specified above. But it is in your own interest to choose the Sum Insured which could satisfy your present as well as future needs. Sum Insured of Rs. 4 lakhs, 6 lakhs and 7 lakhs are not available for a fresh Policy and is only available in case of renewal with same Sum insured.

15. **WHAT IS THE POLICY TERM/PERIOD OF INSURANCE OR THE POLICY PERIOD?**

The Policy Period or the Period of Insurance is one year as stated in the Policy Schedule. However, the Policy Term can be 1 Year or 2 Years or 3 Years.

16. **WHAT IS THE BASIS OF CHARGING THE PREMIUM?**

The premium will be charged as per the completed age of the insured at the time of taking the policy. Please refer Annexure A for premium chart.

17. **HOW IS THE PREMIUM CHARGED AGE BANDWISE OR AGE WISE?**

The premium will be charged as per the age of the insured. Please refer premium chart age wise as per Annexure A.

18. **WHAT ARE THE SPECIAL CONDITIONS APPLICABLE FOR LONG TERM POLICIES AND IS THERE ANY**

DISCOUNT FOR TAKING THE POLICY UP TO 3 YEARS?

- Policy Term, Discounts and Sum Insured applicable are illustrated with example as follows:

Policy Term	Policy Period	Sum Insured	Discount in %
One year	1.1.2024 to 31.12.2024	10,00,000	0
Two years	1.1.2024 to 31.12.2024	10,00,000	5
	1.1.2025 to 31.12.2025	10,00,000	
Three years	1.1.2024 to 31.12.2024	10,00,000	7
	1.1.2025 to 31.12.2025	10,00,000	
	1.1.2026 to 31.12.2026	10,00,000	

- No modifications during midterm of policy term for the following is allowed:

    i.   Increase of Sum Insured

    ii. Decrease of Sum Insured

    iii. Plan Change

    iv. Opting in or out of optional covers

    v.   Addition of members except newly wedded spouse of new born baby (after completion of 3 months).

- In cases where the policy term exceeds one year, Sum Insured, including any sub-limits are applicable or reckoned separately for each year.

- There is no provision for carrying over these benefits from one policy year to another. It's essential to understand that benefits and coverages specific to the second or third year cannot be utilized during the initial year meaning the benefits are not cumulative. In cases where the policy term exceeds one year, Sum Insured, Sub-limits (If applicable), Cumulative Bonus (If applicable), Reinstatement of Sum Insured (If applicable) or Auto TOP-UP of Sum Insured (If applicable) are applicable or reckoned separately for each year.

- There is no provision for carrying over these benefits from one policy year to another. It's essential to understand that benefits and coverages specific to the second or third year cannot be utilized during the first year itself meaning the benefits are not cumulative.

- The terms, conditions, and exclusions stipulated in the Policy or any associated Endorsements are integral to the contract and must be adhered to. These provisions apply separately to each policy year.

19. **IS THERE ANY BENEFIT FOR TAKING THE POLICY FOR UP TO 3 YEARS?**

- **Renewal Burden:** Long-term health insurance policy reduces the burden of renewing the policy every year. You can purchase a policy with a duration of multiple years (e.g., 2 to 3 years), providing continuous coverage without annual renewals.

- **Premium Stability:** Health insurance premiums can be revised periodically, often leading to increased costs. Long-term health insurance can help you avoid these premium hikes, ensuring that your hard-earned money is safeguarded.

- **Cost-Effective Premiums:** We offer discounts on the policy premium for long-term health insurance plans. Buying a policy with a duration of two to three years is more cost-effective than renewing insurance every year for the same duration.

- **Peace of Mind:** Ultimately, a long-term health insurance policy provides peace of mind,

knowing that you have a reliable and stable insurance plan in place.

20. **IN CASE OF AYURVEDIC TREATMENT, WILL THE ENTIRE AMOUNT BE PAID?**

Yes. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy system of medicines is covered up to 100% of the Sum Insured during each policy year as specified in the policy schedule.

21. **CAN THE POLICY BE RENEWED WHEN THE PRESENT POLICY EXPIRES?**

Yes. You can, and to get all Continuity benefits under the Policy, you should renew the Policy before the expiry of the present policy. For instance, if Your Policy commences from 2nd October, 2022 date of expiry is usually on 1st October, 2023. You should renew Your Policy by paying the Renewal Premium on or before 1st October 2023.

22. **IS THERE ANY GRACE PERIOD FOR RENEWAL OF THE POLICY?**

Yes. If Your Policy is renewed within thirty days of the expiry of the previous Policy, then the Continuity Benefits would not be affected. But even if You renew Your Policy within thirty days of expiry of previous Policy, any disease contracted or injuries sustained or Hospitalisation commencing during the break in insurance is not covered. Therefore, it is in Your own interest to see that You renew the Policy before it expires.

23. **WHAT IS CONTINUITY BENEFIT?**

There are certain treatments which are payable only after the Insured Person is continuously covered for a specified period. For example, Cataract is covered only after twenty-four months of continuous insurance. If an Insured took a Fresh Policy in October2020, does not renew it on time and takes the Policy only in December 2021, and after that renewed it on time in December 2022. In this case any claim for Cataract would not become payable, as the Insured person was not continuously covered for twenty-four months. If, the Insured had renewed the Policy in time in October 2021 and then in October 2022, then the Insured would have been continuously covered for twenty-four months and therefore the claim for Cataract in the Policy beginning from October 2022 would be payable. For other benefits under the Policy such as cost of health check-up, continuous Insurance is necessary. Therefore, you should always ensure that you pay Your Renewal Premium before Your Policy expires.

24. **WHAT IS CUMULATIVE BONUS?**

Cumulative Bonus means any increase or addition in the Sum Insured granted by Us without an associated increase in premium.

The Sum Insured under Policy shall be increased by 25% at each renewal in respect of each claim free year of insurance, subject to maximum of 50%. If a claim is made in any particular year; the cumulative bonus accrued shall be reduced at the same rate at which it is accrued.

Cumulative bonus will be lost if policy is not renewed before or within 30 days from the date of expiry. In case sum insured under the policy is reduced at the time of renewal, the applicable Cumulative Bonus percentage shall be applied on the reduced Sum Insured.

In case the insured is having more than one policy, the Cumulative Bonus shall be reduced from the policy/policies in which claim is made irrespective of number of policies.

Note: Unless otherwise specified, Cumulative Bonus shall not be treated as part of the Sum Insured for the purposes of reckoning any limit specified in the Policy.

25. **WHAT IS CUMULATIVE BONUS BUFFER?**

The Cumulative Bonus Buffer accrued to your Mediclaim 2012 Policy, on migration to New India Mediclaim is protected. But for claim free renewal after migration to New India Mediclaim No

accrual would be made to the Cumulative Bonus Buffer. The Cumulative Bonus Buffer will be available until it is completely used and is applicable for only 1 L Sum Insured.

26. **WHAT WILL HAPPEN TO MY CUMULATIVE BONUS BUFFER?**

The Cumulative Bonus Buffer under the policy, if any, shall be converted to Cumulative Bonus for 2 L & above Sum Insured.

The following scenarios may arise on a claim free renewal after converting the Cumulative Bonus Buffer to Cumulative Bonus.

Earlier Cumulative Bonus Buffer is	Cumulative Bonus shall be capped at
<=25% of the Sum Insured	25% of the Sum Insured
>25% of the Sum Insured	50% of the Sum Insured

Example:

Sum Insured in theexpiring policy	Cumulative Bonus Bufferin the expiring policy	Cumulative Bonus in the renewed policy
200000	30000 (<25% of SI)	50000 (25% of SI)
200000	70000 (>25% of SI)	100000 (50% of SI)

For all the fresh policies or policies having no Cumulative Bonus Buffer in the expiring Policy, Cumulative Bonus shall be accrued as defined in the clause 3.18 of the Policy Document.

27. **CAN THE SUM INSURED BE INCREASED AT THE TIME OF RENEWAL?**

We may agree for a request for increase in Sum Insured at the time of renewal. But We are not obliged to agree to this request, if the Insured is not in good health. Moreover, for persons aged over 60, such a request could entail subjecting the Person for Medical Examination and other medical tests. (In case the risk is accepted, 50% of the reasonable cost of Medical Examination would be reimbursed).

Enhancement of Sum Insured is subject to the limits mentioned below:

Age <= 50 years	Up to Sum Insured of 15 lakhs without Medical Examination.
Age 51-60 Years	By two slabs without Medical Examination
Age 51-60 Years	Up to 15 L with Medical Examination
Age 61 – 65 Years	By one slab with Medical Examination

Enhancement of Sum Insured shall not be considered for:

1) Any Insured Person over 65 years of age.

2) Any Insured Person who had undergone more than one Hospitalisation in the preceding two years.

3) Any Insured Person suffering from one or more of the following Illnesses / Conditions:

    a) Any chronic Illness

    b) Any recurring Illness

    c) Any Critical Illness

    In respect of any enhancement of Sum Insured, exclusions 4.1, 4.2 and 4.3 would apply to the additional Sum Insured from such date.

28. **IS THERE AN AGE LIMIT UPTO WHICH THE POLICY WOULD BE RENEWED?**

No. Your Policy can be renewed, as long as You pay the Renewal Premium before the date of expiry

of the Policy. There is an age limit for taking a fresh Policy, but there is no age limit for renewal. However, if You do not renew Your Policy before the date of expiry or within thirty days of the date of expiry, the Policy may not be renewed, and only a fresh Policy could be issued, subject to Our underwriting rules. In such cases, it is possible that a fresh Policy could not be issued by Us. It is therefore in Your interest to ensure that Your Policy is renewed before expiry.

29. CAN THE INSURANCE COMPANY REFUSE TO RENEW THE POLICY?

We may refuse to renew the Policy only on rare occasions such as fraud, misrepresentation or suppression or non-cooperation being committed by You or any one acting on Your behalf in obtaining insurance or subsequently in relation thereto.

If We discontinue selling this Policy, it might not be possible to renew this Policy on the same terms and conditions. In such a case You shall however have the option for renewal under any similar Policy being issued by the Company, provided the benefits payable shall be subject to the terms contained in such other Policy.

In case of revision or modification or withdrawal of the Policy a notice will be provided to You 90 days before such revision or modification or withdrawal.

Renewal can also be refused if the Policy is not renewed before expiry of the Policy or within the Grace Period.

30. CAN I MAKE A CLAIM IMMEDIATELY AFTER TAKING A POLICY?

Claims for Illnesses cannot be made during the first thirty days of a fresh Insurance policy. However, claims for Hospitalization due to accidents occurring during the first thirty days are payable. There are certain treatments where the waiting period is 90 days, two, three or four years. Please see Conditions 4.1, 4.2 and 4.3 of the Policy.

31. WHAT IS THIRD PARTY ADMINISTRATOR (TPA)?

Third Party Administrator (TPA) is a service provider to facilitate service to You for providing Cashless facility for all hospitalizations that come under the scope of Your policy. The TPA also settles reimbursement claims within the scope of the Policy.

32. IS THERE ANY CO-PAY APPLICABLE UNDER THE CLAIM?

Co-Pay is applicable as per the following conditions:

- Insured Person opting for Zone 1 premium can avail treatment anywhere in India and No Co-pay shall be applicable.

- Insured Person residing in zone 2 will be allowed to opt for zone 1 and the premium will be calculated as per selected zone.

- The condition of 20% Co-payment will be applicable, if the insured Person from zone 2, gets treated in zone 1.

- Co-Pay shall not be applicable for immediate hospitalization arising out of Accident. Co-Pay shall also not be applicable for Illness or Treatments having sub-limit.

  Note: The insured can opt the zone at the time of proposal but can change it only at the time of renewal.

33. WHAT IS CASHLESS HOSPITALIZATION?

Cashless hospitalization is service provided by the TPA on Our behalf whereby you are not required to settle the hospitalization expenses at the time of discharge from hospital. The settlement is done directly by the TPA on Our behalf. However, those expenses which are not admissible under

the Policy would not be paid, and You would have to pay such inadmissible expenses to the Hospital. Cashless facility is available only in Networked Hospitals. Prior approval is required from the TPA before the patient is admitted into the Network Hospital. You may visit our website at http://newindia.co.in/listofhospitals.aspxThe list of Network Hospitals can also be obtained from the TPA or from their website. You will have full freedom to choose the hospitals from the Network Hospitals and avail Cashless facility on production of proof of Insurance and Your identity, subject to the claim being admissible. The TPA might not agree to provide Cashless facility at a hospital which is not a Network Hospital. In such cases You may avail treatment at any Hospital of Your choice and seek reimbursement of the claim subject to the terms and conditions of the Policy. In cases where the admissibility of the claim could not be determined with the available documents, even if the treatment is at a Network Hospital, the TPA may refuse to provide Cashless facility. Such refusal may not necessarily mean denial of the claim. You may seek reimbursement of the expenses incurred by producing all relevant documents and the TPA may pay the claim, if it is admissible under the terms and conditions of the Policy.

34. **WHAT IS A PPN? CAN I GO FOR REIMBURSEMENT IN A PPN?**

Preferred provider network (PPN) means network providers in specific cities which have agreed to a cashless packaged pricing for specified planned procedures for the policyholders of the Company. The list of planned procedures is available with the Company/TPA and subject to amendment from time to time.

Yes, your claim will be admissible but Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.

35. **CAN I CHANGE HOSPITALS DURING THE COURSE OF MY TREATMENT?**

Yes, it is possible to shift to another hospital for reasons of requirement of better medical procedure. However, this will be evaluated by the TPA on the merits of the case and as per policy terms and conditions.

36. **HOW TO GET REIMBURSEMENTS IN CASE OF TREATMENT IN NON-NETWORKHOSPITALS OR DENIAL OF CASHLESS FACILITY?**

In case of treatment in a non-Network Hospital, TPA will reimburse You the amount of bills subject to the conditions of the Policy. You must ensure that the Hospital where treatment is taken fulfils the conditions of definition of Hospital in the Policy. Within twenty-four hours of

Hospitalisation the TPA should be intimated. The following documents in original should be submitted to the TPA within Fifteen days from the date of Discharge from the Hospital:

i. Claim Form duly filled and signed by the claimant

ii. All documents pertaining to the illness starting from the date it was first detected i.e.

Doctor's consultation reports/history

iii. Numbered Bill/Receipt and Discharge certificate / card from the Hospital.

iv. Cash Memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.

v. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests/ pathological.

vi. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.

vii. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate

regarding diagnosis.

viii. Details of previous policies if the details are not already with TPA or any other information needed by the TPA for considering the claim.

ix. In case of post-Hospitalisation treatment, submit all claim documents within 15 days after completion of such treatment.

x. Provide TPA with authorization to obtain medical and other records from any Hospital, Laboratory or other agency.

37. HOW TO GET REIMBURSEMENT FOR PRE AND POST HOSPITALIZATION EXPENSES?

The Policy allows reimbursement of medical expenses incurred before and after admissible Hospitalisation up to a certain number of days. For reimbursement, send all bills in original with supporting documents along with a copy of the discharge summary and a copy of the authorization letter to your TPA. The bills must be sent to the TPA within 15 days from the date of completion of treatment. You must also provide the TPA with additional information and assistance as may be required by the company/TPA in dealing with the claim.

38. WILL THE ENTIRE AMOUNT OF THE CLAIMED EXPENSES BE PAID?

The entire amount of the claim is payable, if it is within the Sum Insured and is related with the Hospitalization as per Policy conditions and is supported by proper documents, except the expenses which are excluded.

39. HOW MUCH WE WILL REIMBURSE?

Our liability for all claims admitted during the Period of Insurance will be only up to Sum Insured for which the Insured Person is covered as mentioned in the Schedule. In respect of those Insured Persons with Cumulative Bonus/Buffer, our liability for claims admitted under this Policy shall not exceed the aggregate of the Sum Insured and the Cumulative Bonus/Buffer. Subject to this, we will reimburse the following Reasonable and Customary, and Medically Necessary Expenses admissible as per the terms and conditions of the Policy:

Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses), not exceeding 1% of the Sum Insured per day
Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses not exceeding 2% of the Sum Insured per day.
Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Anaesthesia, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.
Cost of Pharmacy and Consumables, Cost of Implants, Artificial Limbs and Medical Devices and Cost of Diagnostics
Pre-Hospitalization Medical expenses for up to 30 days
Post-Hospitalization Medical expenses for up to 60days

Note:

• **Dental Treatment (Inpatient):** We will cover for medical expenses incurred towards dental treatment done under anaesthesia necessitated due to an accident/injury/illness requiring Hospitalization as Inpatient treatment.

• **PROPORTIONATE DEDUCTION:** Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate

per day of Room Rent. However, it is not applicable on

a. Cost of Pharmacy and Consumables

b. Cost of Implants, Artificial Limbs and Medical Devices

c. Cost of Diagnostics.

Proportionate Deduction shall also not be applied in respect of Hospitals which do not follow differential billing or for those expenses in which differential billing is not adopted based on the room category, as evidenced by the Hospital's schedule of charges / tariff.

- **LIMIT ON PAYMENT FOR CATARACT:** Our liability for payment of any claim relating to Cataract, for each eye, shall not exceed 20% of the Sum Insured subject to a maximum of Rs. 50,000.

  The limit mentioned above shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit.

- **COVERAGE UNDER AYUSH TREATMENT**

  Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.

- **HOSPITAL CASH:** For those Insured Persons, whose Sum Insured is more than or equal to Rs. three lakhs, we will pay Hospital Cash at the rate of 0.1% of the Sum Insured, for each day of Hospitalisation admissible under the Policy. The payment under this Clause for Any One Illness shall not exceed 1% of the Sum Insured. The payment under this Clause is applicable only where the period of Hospitalisation exceeds twenty-four consecutive hours. Payment under this clause shall reduce the Sum Insured.

  Hospital Cash will be payable for completion of every twenty-four hours and not part thereof.

- **HEALTH CHECK-UP:** The Insured Person shall be entitled for reimbursement of the cost of medical check-up at the end of a block of every three Claim Free Years. Such payment shall be restricted to Rs. 5,000 or 1% of the average Sum Insured of the Insured Person in the preceding three years, whichever is less. This benefit is available only once in three years.

  Any payment made under this clause shall not be considered as a claim.

- **PAYMENT OF AMBULANCE CHARGES:** We will pay You the charges for Ambulance services not exceeding 1% of the Sum Insured per Insured event, Reasonably and Medically Necessarily incurred for shifting any Insured Person to Hospital for admission in Emergency Ward or ICU, or from one Hospital to another Hospital for better medical facilities.

- **PAYMENTS ONLY IF INCLUDED IN HOSPITAL BILL:** No payment shall be made for any Hospitalisation expenses incurred, unless they form part of the Hospital Bill. However, the bills raised by Surgeon, Anaesthetist directly and not included in the Hospital Bill shall be paid provided a numbered Bill is produced in support thereof, for an amount not exceeding Rs. Ten thousand, where such payment is made in cash and for an amount not exceeding Rs. Twenty thousand, where such payment is made by cheque.

- **MEDICAL EXPENSES FOR ORGAN TRANSPLANT:** If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient shall not exceed the aggregate of the Sum Insured and Cumulative Bonus, if

any, of the Insured Person receiving the organ.

- **REINSTATEMENT OF SUM INSURED**

If the Sum Insured is exhausted due to a claim admissible under the Policy, then the Sum Insured shall be reinstated to the Sum Insured stated in the Schedule, provided our liability under the Reinstated Sum Insured shall be subject to the following conditions:

1. Such Reinstatement of Sum Insured shall be effected only where the Sum Insured is Rs. Five Lakhs or more.

2. Such Reinstatement shall take effect only after the Date of Discharge from the Hospital and for the subsequent Hospitalisation

3. No Illness or Injury, for a Hospitalisation occurring during the Period of Insurance till the Date of Reinstatement, for which a Claim is paid or admissible, shall be considered under the Reinstated Sum Insured.

4. Such Reinstatement shall be available only once for each Insured Person during a Period of Insurance.

5. The sequence of utilization of Sum Insured will be as below:

   a. Sum Insured;

   b. Cumulative Bonus/Buffer (if any);

   c. Reinstated Sum Insured

6. This benefit is not available for Modern Treatments listed below.

- **DAY ONE BABY COVER**

A New Born Baby is covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the terms of this Policy. Any expense incurred towards post-natal care, pre-term or pre-mature care or any such expense incurred in connection with delivery of such New Born Baby would not be covered.

Congenital External Anomaly of the New Born Baby is covered only after 36 months Waiting Period. Waiting Period for Congenital Internal Disease would not apply to a New Born Baby during the year of Birth and also subsequent renewals, if Premium is paid for such New Born Baby and the renewals are effected before or within thirty days of expiry of the Policy.

Any Illness or Disease will be covered within the Sum Insured of the mother till the expiry of the Policy and No coverage for the New Born Baby would be available during subsequent renewals unless the child is declared for insurance and covered as an Insured Person.

Note: New Born Baby means a baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us.

- **MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:**

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the Renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

- **CUMULATIVE BONUS**

The Sum Insured under Policy shall be increased by 25% at each renewal in respect of each

claim free year of insurance, subject to maximum of 50%. If a claim is made in any particular year; the cumulative bonus accrued shall be reduced at the same rate at which it is accrued.

Cumulative bonus will be lost if policy is not renewed before or within 30 days from the date of expiry. In case sum insured under the policy is reduced at the time of renewal, the applicable Cumulative Bonus percentage shall be applied on the reduced Sum Insured.

In case the insured is having more than one policy, the Cumulative Bonus shall be reduced from the policy/policies in which claim is made irrespective of number of policies.

Note: Unless otherwise specified, Cumulative Bonus shall not be treated as part of the Sum Insured for the purposes of reckoning any limit specified in the Policy.

Note:

i. Cumulative Bonus shall be applicable for persons having Sum Insured of 2 Lakh & above.

ii. The Cumulative Bonus Buffer under the expiring policy having Sum Insured of 2 Lakh & above, if any, shall be converted to Cumulative Bonus.

iii. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person who has not claimed under the expiring policy.

iv. CB shall be available only if the Policy is renewed within the Grace Period.

v. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for each Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the Lowest among all the Insured Persons.

vi. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies, the same CB of the expiring policy shall be applicable to each Individual of such Renewed Policies.

vii. If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus percentage shall be applied on the reduced Sum Insured.

viii. If the Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.

ix. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

- **SPECIFIC COVERAGES:**

  a) **Artificial life maintenance,** including life support machine use, where such treatment will not result in recovery or restoration of normal state of Health under any circumstances. We cover the expenses up to 10% of the Sum Insured and for a maximum of 15 days per policy period for covered illness. This sub limit is applicable only for person who is declared to be in a vegetative state as certified by the treating medical practitioner.

  b) **Puberty and Menopause related Disorders:** Treatment for any symptoms, Illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing is covered only as Inpatient procedure after 24 months of continuous coverage. This cover will have a sub-limit of up to 25% of Sum Insured per policy period.

c) **Age Related Macular Degeneration (ARMD)** is covered after 36 months of continuous coverage only for Intravitreal Injections and anti - VEGF medication. This cover will have a sub-limit of 10% of Sum Insured, maximum up to Rs. 75,000 per policy period.

d) **Genetic diseases or disorders** are covered with a sub-limit of 25% of Sum Insured per policy period with 36 months waiting periods.

e) **Treatment of Mental Illness:** The Company shall indemnify the Medical Expenses incurred towards treatment of Mental Illness subject to the condition that Treatment shall be undertaken at a Hospital categorized as Mental Health Establishment or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional.

The following Mental Illnesses are covered after completion of 36 months of Continuous Coverage with a sub-limit up to 25% of Sum Insured per policy period.

ICD Code	ICD Code Description
F01-F09	Mental disorders due to known physiological conditions
F10-F19	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities

Exclusion: Any kind of psychological counselling, cognitive/ family/ group/ behaviour/ palliative therapy or psychotherapy shall not be covered.

- **COVERAGE FOR MODERN TREATMENTS or PROCEDURES:** The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the limit specified against each procedure during the policy period.

Treatment or Procedure	Limit (Per Policy Period)
Uterine Artery Embolization and HIFU (High intensityfocused ultrasound)	Up to 20% of Sum Insured subject to aMaximum upto Rs. 2 Lakh
Balloon Sinuplasty.	Up to 20% of Sum Insured subject to aMaximum upto Rs. 2 Lakh
Deep Brain stimulation.	Up to 50% of Sum Insured subject to amaximum upto Rs. 5 Lakh
Oral chemotherapy.	Up to 10% of Sum Insured subject toMaximum upto Rs. 1 Lakh
Immunotherapy- Monoclonal Antibody to be given as injection.	Up to 25% of Sum Insured subject to a Maximum of Rs 2 Lakh.
Intravitreal injections.	Up to 10% of Sum Insured subject to aMaximum of Rs.75,000.
Robotic surgeries.	Up to 50% of Sum Insured subject toMaximum of Rs. 5 Lakh.
Stereotactic radio surgeries.	Up to 50% of Sum Insured subject toMaximum Rs. 3 Lakh.
Bronchial Thermoplasty.	Up to 50% of Sum Insured subject

	toMaximum of Rs. 2.5 Lakh.
Vaporisation of the prostrate (Green laser treatmentor holmium laser treatment).	Up to 50% of Sum Insured subject toMaximum of Rs. 2.5 Lakh.
IONM - (Intra Operative Neuro Monitoring).	Up to 10% of Sum Insured subject toMaximum of Rs. 50,000.
Stem cell therapy: Hematopoietic stem cells for bonemarrow transplant for haematological conditions to be covered.	Up to 50% of Sum Insured subject toMaximum of Rs. 2.5 Lakh.

- **TREATMENT FOR CONGENITAL DISEASES**

  Congenital Internal Disease or Defects or anomalies shall be covered after twenty-four months of Continuous Coverage.

  Congenital External Disease or Defects or anomalies shall be covered after thirty-six months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to 10% of the average Sum Insured in the preceding four years.

40. **WHAT ARE THE OPTIONAL COVERS AVAILABLE IN THE POLICY?**

Following are the optional covers available under the policy.

- **OPTIONAL COVER I: NO PROPORTIONATE DEDUCTION**

  On payment of additional Premium as mentioned in Schedule, it is hereby agreed and declared that Policy Clause 3.2 stands deleted for the members covered in the Policy as stated in the Schedule.

  You shall continue to bear the differential between actual and eligible Room Rent.

- **OPTIONAL COVER II: MATERNITY EXPENSES BENEFIT**

  On the payment of additional Premium as mentioned in Schedule, it is hereby agreed and declared that Clause 4.4.15 stands deleted for the members as mentioned in the Schedule.

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

  Special conditions applicable to Maternity Expenses Benefit:

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

  2. A waiting period of thirty-six months is applicable, from the date of opting this cover, 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.

  3. 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.

  4. 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.

- **OPTIONAL COVER III: REVISION IN LIMIT OF CATARACT**

  This optional cover, if opted, will be in addition to limit specified in Policy Clause 3.3

On payment of additional Premium as mentioned in Schedule, it is declared and agreed that following additional amount for Cataract shall become payable but not exceeding the actual expenses incurred:

Sum Insured	Additional Cataract limit
Rs. 8,00,000	Rs. 80,000
Rs. 10,00,000	Rs. 1,00,000
Rs. 12,00,000	Rs. 1,20,000
Rs. 15,00,000	Rs. 1,50,000

Note: Benefit of this cover will be available after the expiry of thirty-six months from the date of opting this cover.

- **OPTIONAL COVER IV: VOLUNTARY CO-PAY**

If the Insured person opts for voluntary co-pay of 20%, a discount of 15% shall be of given on the premium payable for the Insured Person.

- **OPTIONAL COVER V: NON-MEDICAL ITEMS (CONSUMABLES)**

On payment of additional Premium as mentioned in Schedule, it is declared and agreed that items listed in Annexure II (List 1) of the Policy Clause shall become payable up to Rs. 15,000/- in a policy period. This Optional Cover is available for Sum Insured of 8 L & above.

Once this optional cover is opted and a claim has been admitted under the policy, you cannot opt out of this optional cover.

41. **WHAT WILL HAPPEN WHEN MY SUM INSURED IS EXHAUSTED DURING POLICYPERIOD?**

If during the Policy period the Sum Insured is exhausted for any Insured, then the Sum Insured shall be reinstated back to the original Sum Insured chosen by the Insured, provided our liability under the Reinstated Sum Insured shall be subject to the following conditions:

1. Such Reinstatement of Sum Insured shall be effected only where the Sum Insured is Rs. Five Lakhs or more.

2. Such Reinstatement shall take effect only after the Date of Discharge from the Hospital and for the subsequent Hospitalisation

3. No Illness or Injury, for a Hospitalisation occurring during the Period of Insurance till the Date of Reinstatement, for which a Claim is paid or admissible, shall be considered under the Reinstated Sum Insured.

4. Such Reinstatement shall be available only once for each Insured Person during a Period of Insurance.

5. The sequence of utilization of Sum Insured will be as below:

   a. Sum Insured;

   b. Cumulative Bonus/Buffer (if any);

   c. Reinstated Sum Insured

6. This benefit is not available for Modern Treatments.

42. **CAN ANY CLAIM BE REJECTED OR REFUSED?**

Yes, a claim, which is not covered under the Policy conditions, can be rejected. In case You are not satisfied by the reasons for rejection, you can represent to Us within 15 days of such denial. If You do not receive a response to Your representation or if You are not satisfied with the response, You

may write to our Grievance Cell, the details of which are provided at our website at https://www.newindia.co.in/portal/readMore/Grievances

You may also call our Call Centre at the Toll-free number 1800-209-1415, which is available 24x7.

You also have the right to represent your case to the Insurance Ombudsman. The contact details of the office of the Insurance Ombudsman could be obtained from https://www.cioins.co.in/Ombudsman

43. CAN I CANCEL THE POLICY?

The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall

   a. Refunds proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.

   b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non- disclosure of material facts or fraud.

44. WHAT IS FREE LOOK PERIOD?

The Free Look Period shall be applicable on new individual health insurance policies, except for those policies of less than a year, renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

   i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

   ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

   iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

45. IS THERE ANY BENEFIT UNDER THE INCOME TAX ACT FOR THE PREMIUM PAID FORTHIS INSURANCE?

Yes. Payments made for health insurance in any mode other than cash are eligible for deduction

from taxable income as per Section 80 D of the Income Tax Act, 1961. For details, please refer to the relevant Section of the Income Tax Act.

46. **WHAT IS PORTABILITY AND MIGRATION?**

Migration: means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

You will have the option to migrate the policy to other Health Insurance products/plans offered by the company by applying for migration of the policy at-least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If You are presently covered and has been continuously covered without any lapses under any Health Insurance product/plan offered by the Company, then You will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration. For detailed guidelines on Migration. Kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_NoYearList.aspx?DF=RL&mid=4.2

Portability:

You will have the option to port the policy to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at-least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any Health Insurance policy with an India General/Health Insurer, the proposed Insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For detailed guidelines on Portability. Kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_NoYearList.aspx?DF=RL&mid=4.2

47. **WHAT ARE EXCLUDED UNDER THIS POLICY**

No claim will be payable under this Policy for the following

- **PRE-EXISTING DISEASES (Code- Excl01)**

  a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.

  b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

  c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

  d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

- **SPECIFIC WAITING PERIOD (Code- Excl02)**

  a. Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 24 / 36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.

  b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of

sum insured increase.

c.   If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

d.   The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e.   If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

(i) 90 Days Waiting Period

1. Diabetes Mellitus
2. Hypertension
3. Cardiac Conditions

(ii) 24 Months waiting period

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age-related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types
8. Hydrocele
9. Non-Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Internal Congenital Diseases

(iii) 36 Months waiting period

1. Congenital External Disease
2. Joint Replacement due to Degenerative Condition

3. Age-related Osteoarthritis & Osteoporosis

4. Treatment of Mental Illness

5. Age Related Macular Degeneration (ARMD)

6. Genetic diseases or disorders

- **FIRST THIRTY DAYS WAITING PERIOD (Code- Excl03)**

   a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

   b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

   c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

- **INVESTIGATION & EVALUATION (Code- Excl04)**

   a. Expenses related to any admission primarily for diagnostics and evaluation purposes.

   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

- **REST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05)** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

   a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- **OBESITY/ WEIGHT CONTROL (Code- Excl06)** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

   a. Surgery to be conducted is upon the advice of the Doctor

   b. The surgery/Procedure conducted should be supported by clinical protocols

   c. The member has to be 18 years of age or older and

   d. Body Mass Index (BMI);

      1. greater than or equal to 40 or

      2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

         i. Obesity-related cardiomyopathy

         ii. Coronary heart disease

         iii. Severe Sleep Apnea

         iv. Uncontrolled Type2 Diabetes

- **CHANGE-OF-GENDER TREATMENTS (Code- Excl07):** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

- **COSMETIC OR PLASTIC SURGERY (Code- Excl08):** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- **HAZARDOUS OR ADVENTURE SPORTS (Code- Excl09):** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

- **BREACH OF LAW (Code- Excl10):** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

- **EXCLUDED PROVIDERS (Code-Excl11):** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

- Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**

- Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **(Code- Excl14)**

- **REFRACTIVE ERROR (Code- Excl15):** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

- **UNPROVEN TREATMENTS (Code- Excl16):** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

- **STERILITY AND INFERTILITY (Code- Excl17)**

  Expenses related to sterility and infertility. This includes:

  a. Any type of contraception, sterilization

  b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

  c. Gestational Surrogacy

  d. Reversal of sterilization

- **MATERNITY EXPENSES (Code - Excl18)**

  a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

  b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination

of pregnancy during the policy period.

SPECIFIC EXCLUSIONS

- Acupressure, acupuncture, magnetic therapies.

- Any expenses incurred on Domiciliary Hospitalization.

- Service charges, Surcharges, Luxury Tax, Admission fees, Registration fees, Record Charges and Telephone Charges levied by the Hospital.

- Bodily Injury or Illness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury and attempted suicide.

- Circumcision unless Medically Necessary or as may be necessitated due to an Accident.

- Convalescence and General debility.

- Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants.

- External Medical / Non-medical equipment used for diagnosis and/or treatment including CPAP/BIPAP, Oxygen Concentrator, Infusion pump , Ambulatory devices (walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads) and sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and equipment, which is subsequently used at home and outlives the use and life of the Insured Person.

- Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

  a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

  b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

  c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

- Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.20.12

- Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

- Treatment and/or services taken outside the geographical limits of India

- Vaccination and/or inoculation

- War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

- Procedures/treatments usually done in outpatient department are not payable under the Policy even if converted as an in-patient in the Hospital for more than 24 hours.

- Change of treatment from one system to another unless recommended by the consultant / Hospital under which the treatment is taken

New India Mediclaim Policy - Premium Chart

(Excluding GST)

ANNEXURE A:

Zone 1: Maharashtra and Gujarat

Age/SI	1L	2L	3L	4L	5L	6L	7L	8L	10L	12L	15L
0	3401	4621	5089	5949	6808	7352	7896	8444	9547	10380	11768
1	3421	4648	5118	5984	6848	7395	7942	8493	9602	10440	11837
2	3441	4675	5148	6019	6888	7438	7988	8543	9658	10501	11906
3	3460	4702	5178	6053	6928	7481	8034	8592	9714	10562	11975
4	3480	4729	5208	6088	6967	7524	8080	8641	9770	10622	12044
5	3500	4756	5237	6123	7007	7567	8127	8691	9826	10683	12113
6	3520	4783	5267	6158	7047	7610	8173	8740	9882	10744	12181
7	3540	4810	5297	6192	7087	7653	8219	8789	9937	10805	12250
8	3560	4837	5327	6227	7127	7696	8265	8839	9993	10865	12319
9	3580	4864	5357	6262	7166	7739	8311	8888	10049	10926	12388
10	3589	4900	5418	6302	7185	7758	8332	8911	10074	10954	12419
11	3598	4937	5480	6342	7203	7778	8353	8933	10100	10981	12450
12	3607	4973	5542	6382	7221	7797	8374	8956	10125	11009	12482
13	3616	5009	5603	6422	7239	7817	8395	8978	10151	11036	12513
14	3625	5045	5665	6461	7257	7836	8416	9000	10176	11064	12544
15	3634	5081	5727	6501	7275	7856	8437	9023	10201	11091	12576
16	3643	5118	5788	6541	7293	7876	8458	9045	10227	11119	12607
17	3652	5154	5850	6581	7311	7895	8479	9068	10252	11146	12638
18	3661	5190	5912	6621	7330	7915	8500	9090	10277	11174	12670
19	3670	5226	5973	6661	7348	7934	8521	9113	10303	11201	12701
20	3679	5262	6035	6701	7366	7954	8542	9135	10328	11229	12732
21	3688	5299	6097	6741	7384	7973	8563	9158	10354	11256	12763
22	3697	5335	6159	6780	7402	7993	8584	9180	10379	11284	12795
23	3706	5371	6220	6820	7420	8012	8605	9203	10404	11312	12826
24	3715	5407	6282	6860	7438	8032	8626	9225	10430	11339	12857
25	3724	5443	6344	6900	7456	8051	8647	9247	10455	11367	12889
26	3733	5479	6405	6940	7475	8071	8668	9270	10480	11394	12920
27	3742	5516	6467	6980	7493	8090	8689	9292	10506	11422	12951
28	3845	5703	6689	7207	7725	8341	8958	9580	10830	11774	13351
29	3948	5891	6911	7434	7957	8592	9227	9867	11155	12127	13750
30	4051	6079	7133	7661	8189	8842	9496	10154	11479	12480	14149
31	4154	6266	7355	7888	8421	9093	9765	10442	11804	12832	14549
32	4257	6454	7577	8115	8653	9344	10035	10729	12128	13185	14948
33	4360	6642	7800	8343	8885	9595	10304	11016	12453	13538	15348
34	4463	6829	8022	8570	9117	9845	10573	11304	12777	13890	15747

35	4566	7017	8244	8797	9349	10096	10842	11591	13102	14243	16147
36	4669	7205	8466	9024	9581	10347	11111	11878	13426	14596	16546
37	4772	7392	8688	9251	9813	10597	11380	12166	13751	14949	16946
38	4875	7580	8910	9478	10045	10848	11649	12453	14075	15301	17345
39	4978	7768	9132	9705	10277	11099	11918	12740	14400	15654	17744
40	5081	7955	9354	9932	10509	11350	12188	13028	14724	16007	18144
41	5361	8406	9888	10500	11112	12000	12886	13779	15568	16924	19184
42	5642	8857	10422	11068	11714	12650	13584	14531	16412	17841	20223
43	5923	9308	10955	11636	12316	13300	14283	15283	17256	18758	21263
44	6204	9759	11489	12204	12918	13951	14981	16034	18100	19676	22303
45	6484	10210	12023	12772	13521	14601	15680	16786	18944	20593	23343
46	6765	10661	12557	13340	14123	15251	16378	17537	19788	21510	24383
47	7046	11112	13091	13908	14725	15901	17077	18289	20631	22427	25422
48	7327	11562	13624	14476	15328	16552	17775	19040	21475	23345	26462
49	7776	12201	14381	15314	16248	17546	18843	20168	22765	24747	28052
50	8225	12840	15137	16153	17169	18540	19911	21296	24055	26150	29641
51	8674	13479	15893	16991	18090	19535	20978	22425	25345	27552	31231
52	9123	14118	16649	17830	19010	20529	22046	23553	26635	28954	32821
53	9572	14756	17406	18668	19931	21523	23114	24681	27925	30357	34410
54	10129	15320	17998	19769	21539	23250	24959	27211	30129	32742	37098
55	10687	15884	18591	20869	23147	24977	26805	29742	32334	35127	39785
56	11244	16448	19184	21970	24756	26703	28651	32272	34538	37512	42472
57	11802	17012	19777	23071	26364	28430	30497	34803	36742	39897	45160
58	12359	17576	20369	24171	27972	30156	32343	37333	38946	42282	47847
59	12873	18735	21832	25911	29990	32332	34676	40035	41755	45332	51298
60	13387	19894	23295	27651	32008	34507	37009	42736	44565	48382	54750
61	13901	21053	24757	29392	34026	36682	39342	45438	47374	51432	58201
62	14415	22212	26220	31132	36043	38858	41674	48139	50183	54482	61652
63	14929	23371	27682	32872	38061	41033	44007	50841	52993	57532	65104
64	15316	23989	28738	34128	39518	42603	45691	52790	55020	59733	67595
65	15703	24607	29793	35383	40974	44173	47375	54740	57048	61934	70086
66	16089	25224	30849	36639	42430	45743	49059	56690	59076	64136	72577
67	16476	25842	31904	37895	43887	47313	50743	58640	61103	66337	75068
68	16863	26460	32960	39151	45343	48883	52427	60590	63131	68538	77559
69	16976	26639	33184	39418	45652	49216	52784	61003	63561	69005	78087
70	17090	26818	33408	39684	45961	49549	53142	61416	63991	69472	78616
71	17203	26998	33632	39951	46270	49882	53499	61830	64421	69939	79144
72	17316	27177	33856	40217	46579	50216	53856	62243	64851	70406	79673
73	17430	27356	34080	40484	46888	50549	54213	62656	65281	70873	80201
74	18012	28276	35228	41850	48473	52258	56046	64779	67488	73269	82913

75	18594	29197	36377	43217	50058	53967	57878	66901	69695	75665	85624
76	19176	30117	37526	44584	51643	55676	59711	69023	71902	78061	88335
77	19758	31037	38675	45951	53228	57384	61544	71146	74109	80457	91047
78	20340	31957	39824	47318	54813	59093	63376	73268	76316	82853	93758
79	20648	32444	40432	48041	55652	59998	64346	74391	77484	84120	95193
80	20955	32931	41040	48765	56490	60902	65316	75514	78651	85388	96627
81	21263	33417	41648	49488	57329	61806	66286	76637	79819	86656	98062
82	21571	33904	42256	50211	58168	62710	67255	77759	80987	87924	99496
83	21879	34391	42864	50935	59007	63615	68225	78882	82155	89192	100931
84	22187	34877	43471	51658	59845	64519	69195	80005	83323	90460	102366
85	22495	35364	44079	52381	60684	65423	70165	81128	84490	91727	103800
86	22803	35851	44687	53105	61523	66327	71135	82251	85658	92995	105235
87	23110	36338	45295	53828	62361	67231	72105	83373	86826	94263	106669
88	23418	36824	45903	54551	63200	68136	73074	84496	87994	95531	108104
89	23726	37311	46511	55275	64039	69040	74044	85619	89161	96799	109539
90	24034	37798	47119	55998	64877	69944	75014	86742	90329	98066	110973
91	24342	38284	47727	56721	65716	70848	75984	87865	91497	99334	112408
92	24477	38497	47992	57037	66081	71242	76406	88353	92005	99886	113032
93	24612	38710	48257	57352	66446	71635	76828	88841	92514	100438	113657
94	24748	38922	48522	57667	66811	72029	77250	89329	93022	100990	114281
95	24883	39135	48787	57982	67176	72423	77672	89817	93530	101542	114906
96	25018	39348	49052	58297	67542	72816	78094	90305	94039	102094	115530
97	25153	39561	49318	58612	67907	73210	78517	90793	94547	102645	116155
98	25289	39773	49583	58927	68272	73603	78939	91281	95055	103197	116779
99	25424	39986	49848	59242	68637	73997	79361	91770	95564	103749	117404
>=100	25559	40199	50113	59557	69002	74391	79783	92258	96072	104301	118028

Zone 2: Rest of India

Age/SI	1L	2L	3L	4L	5L	6L	7L	8L	10L	12L	15L
0	2897	3936	4335	5068	5800	6263	6726	7193	8132	8842	10025
1	2914	3959	4360	5097	5833	6299	6765	7235	8180	8894	10084
2	2931	3982	4386	5127	5867	6336	6805	7277	8227	8945	10142
3	2948	4006	4411	5157	5901	6373	6844	7319	8275	8997	10201
4	2965	4029	4436	5186	5935	6409	6883	7361	8323	9049	10260
5	2982	4052	4462	5216	5969	6446	6923	7403	8370	9100	10318
6	2999	4075	4487	5245	6003	6482	6962	7445	8418	9152	10377
7	3016	4098	4512	5275	6037	6519	7001	7487	8465	9204	10435
8	3033	4121	4538	5305	6071	6556	7041	7529	8513	9256	10494
9	3049	4144	4563	5334	6105	6592	7080	7571	8560	9307	10553
10	3057	4174	4616	5368	6120	6609	7098	7591	8582	9331	10579
12	3073	4236	4721	5436	6151	6642	7134	7629	8625	9378	10633
13	3080	4267	4773	5470	6167	6659	7151	7648	8647	9401	10659
14	3088	4298	4826	5504	6182	6676	7169	7667	8668	9425	10686
15	3096	4329	4878	5538	6197	6692	7187	7686	8690	9448	10713
16	3103	4359	4931	5572	6213	6709	7205	7705	8712	9472	10739
17	3111	4390	4983	5606	6228	6725	7223	7724	8733	9495	10766
18	3119	4421	5036	5640	6244	6742	7241	7744	8755	9518	10793
19	3126	4452	5088	5674	6259	6759	7259	7763	8776	9542	10819
20	3134	4483	5141	5708	6275	6775	7277	7782	8798	9565	10846
21	3142	4514	5194	5742	6290	6792	7294	7801	8820	9589	10873
22	3149	4544	5246	5776	6305	6809	7312	7820	8841	9612	10899
23	3157	4575	5299	5810	6321	6825	7330	7839	8863	9636	10926
24	3165	4606	5351	5844	6336	6842	7348	7858	8885	9659	10952
25	3173	4637	5404	5878	6352	6858	7366	7877	8906	9683	10979
26	3180	4668	5456	5912	6367	6875	7384	7897	8928	9706	11006
27	3188	4699	5509	5946	6383	6892	7402	7916	8949	9730	11032
28	3276	4858	5698	6139	6580	7105	7631	8160	9226	10030	11373
29	3363	5018	5887		6778	7319	7860	8405	9502	10330	11713
30	3451	5178	6076	6526	6976	7532	8090	8650	9779	10631	12053
31	3539	5338	6266	6720	7173	7746	8319	8895	10055	10931	12394
32	3626	5498	6455	6913	7371	7960	8548	9140	10332	11232	12734
33	3714	5658	6644	7107	7569	8173	8777	9384	10608	11532	13074
34	3802	5818	6833	7300	7766	8387	9006	9629	10884	11833	13414
35	3889	5977	7022	7494	7964	8600	9236	9874	11161	12133	13755
36	3977	6137	7212	7687	8162	8814	9465	10119	11437	12433	14095
37	4065	6297	7401	7880	8359	9027	9694	10363	11714	12734	14435
38	4153	6457	7590	8074	8557	9241	9923	10608	11990	13034	14775

39	4240	6617	7779	8267	8755	9455	10153	10853	12267	13335	15116
40	4328	6777	7968	8461	8952	9668	10382	11098	12543	13635	15456
41	4567	7161	8423	8945	9465	10222	10977	11738	13262	14417	16342
42	4806	7545	8878	9428	9978	10776	11572	12378	13981	15198	17227
43	5045	7929	9332	9912	10492	11330	12167	13018	14700	15979	18113
44	5285	8313	9787	10396	11005	11884	12762	13659	15418	16761	18999
45	5524	8697	10242	10880	11518	12438	13357	14299	16137	17542	19885
46	5763	9081	10696	11364	12031	12992	13952	14939	16856	18324	20770
47	6002	9465	11151	11848	12544	13546	14547	15579	17575	19105	21656
48	6241	9850	11606	12331	13057	14099	15142	16220	18294	19886	22542
49	6624	10394	12250	13046	13841	14947	16051	17180	19393	21081	23896
50	7006	10938	12894	13760	14625	15794	16961	18141	20491	22276	25250
51	7389	11482	13539	14474	15410	16641	17870	19102	21590	23470	26604
52	7771	12026	14183	15188	16194	17488	18780	20063	22689	24665	27958
53	8154	12570	14827	15903	16978	18335	19689	21024	23788	25859	29313
54	8629	13051	15332	16840	18348	19806	21262	23180	25666	27891	31602
55	9103	13531	15837	17778	19718	21276	22834	25336	27543	29923	33891
56	9578	14011	16342	18715	21088	22747	24407	27491	29421	31955	36180
57	10053	14492	16847	19653	22458	24218	25979	29647	31299	33986	38469
58	10528	14972	17352	20590	23828	25689	27551	31802	33176	36018	40758
59	10966	15960	18598	22073	25547	27542	29539	34104	35569	38616	43699
60	11404	16947	19844	23555	27266	29395	31526	36405	37963	41214	46639
61	11842	17934	21089	25037	28985	31248	33513	38706	40356	43812	49579
62	12280	18921	22335	26520	30704	33101	35500	41007	42749	46411	52519
63	12718	19909	23581	28002	32422	34954	37488	43309	45142	49009	55459
64	13047	20435	24480	29072	33663	36291	38922	44970	46869	50884	57581
65	13376	20961	25380	30141	34904	37629	40357	46631	48597	52759	59703
66	13706	21487	26279	31211	36144	38966	41791	48292	50324	54634	61825
67	14035	22014	27178	32281	37385	40304	43226	49952	52051	56509	63947
68	14365	22540	28077	33351	38626	41641	44660	51613	53778	58384	66069
69	14461	22693	28268	33578	38889	41925	44965	51965	54145	58782	66519
70	14558	22845	28458	33805	39152	42209	45269	52318	54511	59180	66969
71	14654	22998	28649	34032	39415	42492	45573	52670	54877	59578	67419
72	14751	23151	28840	34259	39678	42776	45877	53022	55244	59976	67869
73	14847	23303	29031	34486	39941	43060	46182	53374	55610	60374	68320
74	15343	24087	30009	35650	41292	44516	47743	55182	57490	62415	70629
75	15839	24871	30988	36815	42642	45972	49304	56990	59370	64455	72939
76	16335	25655	31967	37979	43992	47427	50865	58798	61250	66496	75249
77	16831	26439	32946	39144	45342	48883	52426	60606	63130	68537	77558
78	17326	27223	33924	40308	46693	50339	53987	62414	65010	70578	79868

79	17589	27637	34442	40924	47407	51109	54813	63370	66005	71658	81090
80	17851	28052	34960	41540	48121	51879	55639	64327	66999	72738	82312
81	18113	28467	35478	42156	48836	52650	56466	65283	67994	73818	83534
82	18375	28881	35996	42773	49550	53420	57292	66240	68989	74898	84756
83	18638	29296	36513	43389	50265	54190	58118	67196	69984	75978	85978
84	18900	29710	37031	44005	50979	54960	58944	68152	70978	77058	87200
85	19162	30125	37549	44621	51694	55731	59770	69109	71973	78138	88422
86	19424	30540	38067	45237	52408	56501	60596	70065	72968	79218	89645
87	19687	30954	38585	45854	53123	57271	61422	71022	73963	80298	90867
88	19949	31369	39103	46470	53837	58041	62249	71978	74958	81378	92089
89	20211	31783	39620	47086	54551	58812	63075	72935	75952	82458	93311
90	20473	32198	40138	47702	55266	59582	63901	73891	76947	83538	94533
91	20736	32613	40656	48318	55980	60352	64727	74848	77942	84618	95755
92	20851	32794	40882	48587	56291	60687	65087	75263	78375	85088	96287
93	20966	32975	41108	48855	56602	61023	65446	75679	78808	85558	96819
94	21081	33156	41334	49124	56913	61358	65806	76095	79241	86028	97351
95	21196	33337	41560	49392	57224	61693	66165	76511	79674	86499	97883
96	21312	33519	41785	49660	57535	62029	66525	76927	80107	86969	98415
97	21427	33700	42011	49929	57846	62364	66885	77342	80540	87439	98947
98	21542	33881	42237	50197	58157	62699	67244	77758	80973	87909	99479
99	21657	34062	42463	50466	58468	63035	67604	78174	81406	88379	100011
>=100	21772	34243	42689	50734	58779	63370	67963	78590	81839	88849	100543

- **Optional cover I: No Proportionate deduction**- On payment of additional Premium as mentioned in Schedule, it is hereby agreed and declared that Policy Clause 3.1(g) stands deleted for the members covered in the Policy as stated in the Schedule. This optional cover is available for sum insured of Rs.2 lakhs and above. You shall continue to bear the differential between actual and eligible Room Rent.

Sum Insured (Rs.)	OPTIONAL COVER I : NO PROPORTIONATE DEDUCTION						
	<35	36-45	46-50	51-55	56-60	61-65	>65
2,00,000	1,418	1,506	2,483	3,741	4,852	6,419	9,201
3,00,000	980	1,040	1,715	2,584	3,351	4,434	6,355
4,00,000	875	929	1,531	2,307	2,993	3,960	5,675
5,00,000	770	817	1,348	2,031	2,634	3,485	4,995
6,00,000	729	774	1,276	1,922	2,493	3,298	4,727
7,00,000	687	730	1,203	1,813	2,351	3,111	4,459
8,00,000	646	686	1,131	1,704	2,210	2,924	4,191
10,00,000	662	703	1,159	1,747	2,265	2,997	4,296
12,00,000	644	684	1,127	1,699	2,203	2,915	4,178
15,00,000	458	487	802	1,209	1,568	2,075	2,974

- **Optional cover II: Maternity expenses benefit -** On the payment of additional Premium as mentioned in Schedule, it is hereby agreed and declared that Clause 4.4.15 stands deleted for Insured Person as mentioned in the Schedule. Our liability for claim admitted for Maternity shall not exceed 10% of the average Sum Insured of the Insured Person in the preceding three years. This optional cover is available for sum insured of Rs.5 lakhs and above

OPTIONAL COVER II : MATERNITY EXPENSES BENEFIT							
Sum Insured	5,00,000	6,00,000	7,00,000	8,00,000	10,00,000	12,00,000	15,00,000
Premium	5,000	6,000	7,000	8,000	10,000	12,000	15,000

- **Optional cover III: Revision in limit of Cataract** This optional cover, if opted, will be in addition to limit specified in Policy Clause 3.2. On payment of additional Premium as mentioned in Schedule, it is declared and agreed that following additional amount for Cataract shall become payable but not exceeding the actual expenses incurred. This optional cover is available for sum insured of Rs.8 lakhs and above.

Sum Insured	Additional Cataract limit
Rs. 8,00,000	Rs. 80,000
Rs. 10,00,000	Rs. 1,00,000
Rs. 12,00,000	Rs. 1,20,000
Rs. 15,00,000	Rs. 1,50,000

Note: Benefit of this cover will be available after the expiry of thirty-six months from the date of opting this cover.

- **Optional Cover IV:** Voluntary Co-Pay: If the Insured person opts for voluntary co-pay of 20%, a discount of 15% shall be of given on the premium payable for the Insured Person.

- **Optional Cover V: For Non-Medical Items (Consumables**)- This optional cover is for medical consumables (non-payable items) applicable for Sum Insured of 8 L & above, benefit limit subject to a maximum of Rs. 15,000. The premium charged for this add on cover will be rated Rs 1500.

- **Long Term Policy Discount**

Policy Term	Discount in %
One year	0
Two years	5
Three years	7