



जारीकर्ता कार्यालय ISSUING OFFICE



MEDICLAIM INSURANCE POLICY

PROSPECTUS

1. SALIENT FEATURES OF THE POLICY :

- 1.1 The Policy covers reimbursement of Hospitalisation expenses for illness / diseases or injury sustained.
- 1.2 In the event of any claim becoming admissible under this scheme, the Company will pay to the Insured Person the amount of such expenses as would fall under different heads mentioned below, and as are reasonable and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate in any one period of Insurance stated in the schedule hereto.
 - A. Room, Boarding, Nursing expenses as provided by the Hospital / Nursing Home : **Room Rent Limit: 1% of Sum Insured per day subject to maximum of Rs.5000. If admitted in IC unit-2% of Sum Insured per day subject to maximum of Rs.10,000/-. Overall limit under this head: 25% of Sum Insured per illness.**
 - B. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists fees : **Maximum limit per illness- 25% of Sum Insured.**
 - C. Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, drugs, Diagnostic Material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs and **cost of stent and implant. Maximum limit per illness- 50% of Sum Insured.**

Note :(a) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the sub limits under "C" above applicable to the insured person.

(b) Ambulance charges up to 1% of Sum Insured subject to a maximum limit of Rs.Rs.1000/- in a policy year will be reimbursed provided registered ambulance is used. This benefit is available only for shifting patient from residence to hospital if admitted to ICU or Emergency Ward or from one hospital to another subject to the sub limits under "C" above applicable to the insured person.

© Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the Sum Insured for the person as mentioned in the Schedule.

1.3 This insurance scheme also provides for-

- a. Family discount in premium (ref item 8)
- b. Cumulative Bonus (refer item 11)
- c. Cost of Health Check-up (refer item 12)

(N.B.: Renewal of insurance without break is essential)

2 Definition

2.1 Insured Person: Means Person(s) named in the schedule of the policy

2.2 Entire Contract: This Policy, Prospectus, Proposal and declaration given by the insured constitute the complete contract of this policy. Any alteration with the mutual consent of the insured and the insurer shall only be evidenced by a duly signed and sealed endorsement on the policy.

- 2.3 **Period of Policy** : This Insurance policy is issued for a period of one year as shown in the schedule.
- 2.4 **Hospital / Nursing Home** means any institution in India established for indoor care and treatment of sickness and injuries and which either
- (a) **has been registered either as a hospital or Nursing Home with the local authorities and is under the supervision of the registered and qualified medical practitioner OR**
- (b) **should comply with minimum criteria as under:**
- i. It should have at least 15 inpatient beds. In Class "C" towns condition of number of beds may be reduced to 10
 - ii. Fully equipped Operation Theatre of its own wherever surgical operations are carried out.
 - iii. Fully qualified nursing staff under its employment round the clock
 - iv. Fully qualified Doctor(s) should be in charge round the clock
- 2.4.1 The term, '**Hospital / Nursing Home**', shall not include an establishment which is a place of rest, a place for the aged, a place for drug addiction or place of alcoholics, a hotel or a similar place.
- 2.5 **Surgical Operation** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life
- 2.6 Expenses of Hospitalisation for minimum period of 24 hours are admissible. However this time limit is not applied to specific treatments i.e. Dialysis, Parental Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy, **Dental Surgery due to accident, Hysterectomy, Coronary Angioplasty, Coronary Angiography, Surgery of Gall Bladder, Pancreas & Bile duct, surgery of Hernia, Surgery of Hydrocele, Surgery of Prostate, Gastrointestinal surgery, Genital Surgery, Surgery of Nose, Surgery of Throat, Surgery of Appendix, Surgery of Urinary System, Arthroscopic Knee Surgery, Laparoscopic Therapeutic Surgeries, Any surgery under Anaesthesia, Treatment of Fractures / Dislocation excluding hairline fracture, Contracture releases & minor reconstructive procedures of limbs which otherwise require hospitalization taken in the Hospital / Nursing Home under the network of TPA and the Insured is discharged on the same day.** The treatment will be considered under Hospitalisation Benefit.

Relaxation to 24 hours minimum duration for hospitalization is also applicable:

- A) **If they are carried out in day care center networked by TPAs where requirement of minimum number of beds are overlooked but it must have (a) Fully equipped Operation Theatre (b) Fully qualified Day care staff (c) Fully qualified Surgeons / Post Operative attending Doctors.**
- B) **If it necessitates hospitalization & involves specialized infrastructural facilities available only in hospital but due to technological advancement hospitalization is required for less than 24 hours and/or the surgical procedure involved has to be done under General anaesthesia.**

Note: Procedures / treatments usually done in Out Patient Department (OPD) are not payable under the policy even if converted to Day Care Surgery Procedure or as Inpatient in hospital for more than 24 hours.

- 3.0 **Any One Illness** will be deemed to mean continuous period of illness and it includes reapse within 105 days from the date of discharge from the Hospital / Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 105 days as stated above will be considered as fresh illness for the purpose of this policy.
- 3.1 **Pre Hospitalisation** : Relevant Medical Expenses incurred during period up to 30 days prior to hospitalisation on disease / illness / injury sustained will be considered as part of claim mentioned under item 1.0 above
- 3.2 **Post Hospitalisation** : Relevant Medical Expenses incurred up to 60 days after hospitalisation on disease / illness / injury sustained will be considered as part of claim mentioned under item 1.0 above
- 3.3 **Medical Practitioner** means a person who holds a degree/diploma as a recognised institution and is registered by Medical Council or respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.
- 3.4 **Qualified Nurse** means a person who holds a certificate of a recognised Nursing Council and who is employed on the recommendations of the attending Medical Practitioner.
- 3.5 **Pre existing Diseases** means any ailment / disease / injury that the person is suffering from (known / not known, treated / untreated, declared or not declared in the proposal) whilst taking the policy.

Any complications arising from pre-existing ailment / disease / injury will be considered as Preexisting Diseases.

- 3.6 Third Party Administrators (TPA) means a Third Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the Company, for the provision of health services.
- 3.7 ID card means the card issued to the insured person by the TPA to avail cashless facility in the Network Hospitals.
- 3.8 Network Hospital means hospital that has agreed with the TPA to participate for providing cashless health services to the insured persons. The list is maintained by and available with the TPA and the same is subject to amendment from time to time.
- 3.9 Cashless Facility means the TPA may authorize upon the Insureds' request for direct settlement of admissible claim as per agreed charges between Network Hospitals & the TPA. In such cases the TPA will directly settle all eligible amounts with the Network Hospitals and the insured person may not have to pay any bills after the end of the treatment at hospital to the extent the claim is covered under the policy.
- 3.10 In-Patient: An insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving the treatment for suffered ailment / illness / disease / injury/accident during the currency of the policy.
- 3.11 Hospitalization Period: The period for which an insured person is admitted in the hospital as inpatient and stays there for the sole purpose of receiving the necessary and reasonable treatment for the disease / ailment contracted / injuries sustained during the period of policy. The minimum period of stay shall be 24 hours.
- 3.12 Reasonable and Customary Expenses: means reasonable and customary surgical / medical treatment expenses within the scope of cover of this policy to treat the condition for which the insured person was hospitalised.
- 3.13 Limit of Indemnity: means the amount stated in the schedule against the name of each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person with regard to hospitalisation taking place during currency of the policy.

4 Exclusions

The Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any person in connection with or in respect of :

- 1 All diseases / injuries which are pre - existing when the cover incepts for the first time. However, those diseases will be covered after four continuous claim free policy years. For the purpose of applying this condition, the period of cover under Mediclaim policy taken from National Insurance Company only will be considered.

This exclusion will also to any complications arising from pre-existing ailment / disease / injuries. Such complications will be considered as a part of the pre existing health condition or disease. To illustrate, if a person is suffering from hypertension or diabetes or both hypertension and diabetes at the time of taking the policy, then policy shall be subject to following exclusions.

Heart Ailments : "This Policy excludes all Heart & Circulatory Disorders"

Diabetes	Hypertension	*Diabetes & Hypertension
Diabetic Retinopathy	Coronary Artery Disease	Diabetic Retinopathy
Diabetic Nephropathy	Cerebro Vascular Accident	Diabetic Nephropathy
Diabetic Foot / wound	Hypertensive Nephropathy	Diabetic Foot / wound
Diabetic Angiopathy	Internal Bleed / Haemorrhages	Diabetic Angiopathy
Diabetic Neuropathy		Diabetic Neuropathy
Hyper / Hypoglycaemic shocks		Hyper / Hypoglycaemic shocks
		Coronary Artery Disease
		Cerebro Vascular Accident
		Hypertensive Nephropathy
* and any consequences attributable to accelerated by or arising therefrom		Internal Bleed / Haemorrhages

2 **Any disease other than those stated in Clause 4.3, contracted by the Insured Person during the first 30 days from the commencement date of the policy. This condition 4.2 shall not however apply in case of the Insured Person having been covered under this Scheme or group insurance scheme with our company for a continuous period of preceding 12 months without any break or is hospitalized due to accidental injuries suffered after inception of the policy.**

3 **During the first one year of the operation of the policy the expenses on treatment of Benign ENT disorders & surgeries like Tonsilectomy / Adenoidectomy / Mastoidectomy / Tympanoplasty.**

Treatment of diseases such as Cataract, Benign Prostatic, Hyperthrophy, Hysterectomy, Hernia, Hydrocele, Congenital Internal Diseases, Fissures / Fistula in anus, Piles, Sinusitis and related disorders, Polycystic ovarian diseases, Non-infective arthritis, Undescended testis, Surgery of gall bladder & bile duct excluding malignancy, Surgery of Genito-urinary system excluding malignancy, Pilonidal Sinus, Gout & Rheumatism, Hypertension, Diabetes, Calculus diseases, Surgery for prolapsed intervertebral disc unless arising from accident, surgery of varicose veins are not payable for first two years of operation of the policy.

Treatment for Joint replacement due to degenerative conditions, Age related osteoarthritis and osteoporosis are not payable for first four years of operation of the policy.

If these diseases are pre-existing at the time of proposal, will be covered only after four continuous claim free policy years.

Note: If continuity of cover is not maintained with National Insurance Company Limited subsequent cover will be treated as fresh for application of clauses 4.1, 4.2 & 4.3 above.

4 **Injury or disease directly or indirectly caused by or arising from or attributable to War Invasion Act of Foreign Enemy Warlike operations (whether war be declared or not) and Injury or disease directly or indirectly caused by or contributed to by nuclear weapons / materials.**

5 **Circumcision unless necessary for treatment or a disease not excluded hereunder or as may be necessitated due to an accident, 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 as accident or as part of any illness.**

6 **Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.**

7 **Dental treatment or surgery-corrective, cosmetic or aesthetic procedure, filling of cavity, root canal, wear & tear unless arising due to an accident and requiring hospitalisation.**

8 **Convalescence general debility 'Run Down' condition or rest cure, congenital external disease or defects or anomalies, sterility, infertility/sub fertility or assisted conception procedures, venereal disease, intentional self-injury, suicide, all psychiatric & psychosomatic disorders/diseases, accidents due to misuse or abuse of drugs/alcohol or use of intoxicating substances.**

9 **All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition or a similar kind commonly referred to as AIDS, complications of AIDs and other sexually transmitted diseases(STD).**

10 **Expenses incurred primarily for evaluation / diagnostic purposes not followed by active treatment during hospitalization.**

11 **Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.**

12 **Treatment arising from or traceable to pregnancy / childbirth including caesarean section, miscarriage, abortion or complications thereof including changes in chronic conditions arising out of pregnancy.**

13 **Naturopathy, unproven procedure / treatment, experimental or alternative medicine / treatment including acupuncture, acupressure, magneto-therapy etc.**

14 **Expenses on irrelevant investigations / treatment; private nursing charges, referral fee to family physician, outstation Doctor / Surgeon / consultants' fees etc.**

15 **Genetical disorders / stem cell implantation/surgery**

16 **External / durable medical/Non-medical equipments of any kind used for diagnosis / treatment including CPAP, CAPD, infusion Pump etc., ambulatory devices like walker / crutches / belts / collars / caps / splints / slings/ braces / stockings / diabetic foot-wear / glucometer / thermometer & similar related items & any medical equipment which could be used at home subsequently.**

- 17 Non-medical expenses including personal comfort / convenience items / services such as telephone / television / aya / barber / beauty services / diet charges / baby food / cosmetics / napkins / toiletries / guest services etc.
- 18 Change of treatment from one pathy to another unless being agreed/allowed & recommended by the consultant under whom treatment is taken.
- 19 Treatment for obesity or condition arising therefrom (including morbid obesity) and any other weight control program / services / supplies.
- 20 Arising from any hazardous activity including scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing etc. unless agreed by insurer.
- 21 Treatment received in convalescent home / hospital, health hydro / nature care clinic & similar establishments.
- 22 Stay in hospital for domestic reason where no active regular treatment is given by specialist.
- 23 Out-patient diagnostic / medical / surgical procedures / treatments, non-prescribed drugs / medical supplies / hormone replacement therapy, sex change or any treatment related to this.
- 24 Massages / Steambath / Surodhara & alike Ayurvedic treatment.
- 25 Any kind of service charges / surcharges, admission fees / registration charges etc. levied by the hospital.
- 26 Doctor's home visit charges / attendant, nursing charges during pre & post hospitalization period.
- 27 Treatment which the insured was on before hospitalization and required to be on after discharge for the ailment / disease / injury different from the one for which hospitalization was necessary.

5. ENTRY AGE LIMIT

The insurance is available to persons between the age of 18 years and 59 years. However, the policy can be renewed up to an age of 80 years. Children above the age of 3 months can be covered provided parents are covered concurrently.

6. SUM INSURED

Minimum Rs.50,000/- and Maximum Rs.5,00,000/- in multiples of Rs.25,000/-.

7. PRE ACCEPTANCE MEDICAL CHECK UP :

No Medical Check up is required below 50 years of age. For persons in the age of 50 years and above Pre acceptance Medical Check Up is mandatory. However, if the insured was covered under any Health Insurance Policy of National Insurance Company uninterruptedly for preceding three years no Pre acceptance Medical Check up is required. Other persons have to undergo Pre acceptance medical check up at their own cost for Blood / Urine Sugar, Blood Pressure, Echo- cardiography and eye check up including retinoscopy.

Pre acceptance Medical Check Up can be done only in Network Diagnostic Centres of the Company.

8. FAMILY DISCOUNT

8.1 A discount of 10% in the total premium will be allowed comprising the Insured and any one or more of the following.

- i) Spouse
- ii) Dependent Children (i.e. legitimate or legally adopted children). Children above 18 years, if employed, can not be covered. Male children, if not employed, but a bonafide student can be covered up to age of 25 years. Female children, if not employed, can be covered until the time she is married.
- iii) Dependent parents

Midterm inclusion of member in the family cover can be considered only for:

- i) newborn between 3 months to 6 months
- ii) newly married spouse within 60 days of marriage

9. NOTICE OF CLAIM

9.1 Preliminary notice of claim with particulars relating to policy Numbers, Name of Insured person in respect of whom claim is made Nature of illness / Injury and Name and Address of the attending medical practitioner / Hospital / Nursing Home should be given to the TPA / Insurance Company within seven days from the date of Hospitalization / Injury / Death.

9.2 Final claim along with receipted Bills / Cash memos claim form and list of documents as listed in the claim form etc. should be submitted to the company within 30 days of discharge from the Hospital and where post hospitalization treatment is not completed within 30 days, from the date of completion of post-hospitalization treatment.

Note : Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the Insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

10. PAYMENT OF CLAIM

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

11. CUMULATIVE BONUS

Sum Insured under the policy shall be progressively increased by 5% in respect of each claim free year of insurance under this policy, subject to maximum accumulation of 10 claim free years of insurance.

In case of a claim under the policy in respect of Insured person who has earned the cumulative bonus the increased percentage will be reduced by 10% of sum insured at the next renewal. However, basic sum insured will be maintained and will not be reduced.

12. COST OF HEALTH CHECK UP

In addition to cumulative bonus, the insured shall be entitled for reimbursement of cost of medical check-up once at the end of block of every four underwriting years with **National Insurance Company Limited** provided there are no claims reported during the block. The cost so reimbursable shall not exceed the amount equal to 1% of the average Sum Insured **excluding Cumulative Bonus** during the block of four claims free underwriting years.

N.B.: For Cumulative Bonus and health Check-up provisions as aforesaid :

- i) Both Health Check-up and Cumulative Bonus provisions are applicable where period of insurance as stated in the schedule attached hereto has commence not later than a week after expiry of the last Mediclaim Insurance Policy, although Renewal is allowed subject to medical check-up.
 - ii) Cumulative Bonus as accrued to the credit of the same policy holder will be added to sum insured under this policy
 - iii) Health Check-up benefit will be accrued in case of the policy holder where policy year has commenced.
13. This Insurance policy is issued for a period of one year and subject to review. Continuation of Insurance cover will be available if the renewal premium is paid in time. On continuation of Insurance cover and timely remittance of premium Insured becomes eligible to following benefits from first day after renewal:
- a. Cumulative bonus if accrued (Ref. item 11)
 - b. Cost of health check-up if due (ref. item 12)
 - c. Payment for hospitalization cost for diseases / illness / injury sustained even during first 30 days of renewal (Ref. Deletion of 4.2)

RENEWAL OF INSURANCE COVER :

A Further period of 7 days from the date of expiry will be permissible in exceptional cases subject to Health Certificate from Medical Practitioner.

N.B. : Any diseases contracted during the period of 7 days extension will be excluded from the date of renewal in addition to other diseases excluded in the expiring policy, whereas other benefits mentioned above in item 13(a), (b), (c) will be permissible.

14. PAYMENT OF PREMIUM :

As per Table attached.

15. CANCELLATION CLAUSE :

The policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal and the Company may at any time cancel this policy by sending the Insured 30 days notice by registered letter at the Insureds last known address and in such event the Company shall **refund to the Insured** a pro-rata premium for unexpired period of Insurance. The Company shall, however, remain liable for any claim which arose prior to the **date of cancellation**. The Insured may at any time **cancel**

this policy and in such event the company shall allow refund of premium at company's short period rate only (table given here below) provided no claim has occurred upto the date of cancellation.

PERIOD OF RISK	RATE OF PREMIUM TO BE CHARGED
Upto one month	1/4th of the annual rate
Upto three months	1/2th of the annual rate
Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate

This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus.

SIGNATURE :.....

PLACE :.....

NAME :.....

DATE :.....

PREMIUM CHART OF REVISED MEDICLAIM POLICY w.e.f 01.04.2007 WITH TPA CHARGES								
	New 0 - 25 Years	New 26 - 35 Years	New 36 - 45. Years	New 46 - 55 Years	New 56 - 65 Years	New 66 - 70 Years	New 71 - 75 Years	New 75 - 80 Years
50000	541	710	956	1,635	2,158	2,688	2,881	3,555
75000	785	1,031	1,386	2,371	3,125	3,886	4,162	5,126
100000	1,049	1,377	1,852	3,161	4,180	5,196	5,567	6,890
125000	1,292	1,696	2,282	3,909	5,173	6,436	6,945	8,751
150000	1,536	2,016	2,713	4,656	6,165	7,677	8,323	10,611
175000	1,755	2,304	3,101	5,351	7,094	8,847	9,633	12,402
200000	1,975	2,592	3,488	6,045	8,025	10,019	10,941	14,193
225000	2,170	2,848	3,832	6,685	8,893	11,122	12,182	15,917
250000	2,365	3,104	4,177	7,326	9,761	12,224	13,422	17,638
275000	2,560	3,360	4,521	7,967	10,629	13,326	14,662	19,362
300000	2,755	3,616	4,866	8,608	11,498	14,429	15,902	21,083
325000	2,926	3,840	5,168	9,196	12,303	15,461	17,074	22,737
350000	3,096	4,064	5,469	9,782	13,110	16,496	18,245	24,391
375000	3,267	4,288	5,771	10,371	13,915	17,528	19,417	26,044
400000	3,438	4,512	6,071	10,957	14,722	18,563	20,587	27,698
425000	3,608	4,736	6,373	11,545	15,527	19,595	21,760	29,351
450000	3,779	4,960	6,675	12,132	16,334	20,630	22,930	31,005
475000	3,950	5,184	6,977	12,720	17,140	21,662	24,102	32,659
500000	4,120	5,408	7,277	13,307	17,947	22,697	25,273	34,312