## NEW INDIA CANCER GUARD

## PROSPECTUS

We welcome You as Our Customer. This document explains how the NEW INDIA CANCER GUARD 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 CANCER GUARD is a Policy designed to cover treatment for Cancer taken as Inpatient or Outpatient or Day Care.

### 1. WHO CAN TAKE THIS POLICY?

The Proposer for this Insurance should be between the age of 18 years and 65 years. Children above the age of 3 months can be covered by the parents / guardians provided they are financially dependent on the parents / guardians. On ceasing to be financially dependent on the parents / guardians, they can take a separate Policy on renewal. In such an event the benefits on Continuous Coverage can be ported to the new Policy. This limit will not apply to a mentally challenged child. The persons beyond 65 years can continue their insurance provided they are Insured under the Policy with us without any break.

Midterm inclusion is not allowed. Newly married spouse can be added only at the time of renewal.

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

Yes. You can cover Your family members in one policy on Individual basis. The members of the family who could be covered under the Policy are:

a) Proposer

b) Spouse

c) Children

d) Parents

e) Ward

f) Employer can cover their Employees

Each Insured Person shall be covered with separate Sum Insured.

**Note:**

- In case an Employer is seeking this policy to cover his employees, their spouses, and dependents, then the Proposer will be the Employer and the Beneficiary under the policy will be the Employees and their Dependents.
- For the Relation Employer–Employees/Ward 80D certificate shall not be applicable.

### 3. WHAT DOES THE POLICY COVER?

This Policy is designed to give You, protection against unforeseen expenses towards treatment of Cancer.

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

The term Pre-existing condition/disease is defined in the Policy. If You had:

a) Signs or symptoms, or

b) Been diagnosed or received Medical Advice, or

c) Been Treated for any condition or disease within forty-eight months prior to the commencement of the first policy with us, Such a condition or disease shall be considered as Pre-existing. Any Cancer treatment arising out of such pre-existing disease or condition is not covered under the Policy.

**5. WHAT IS ABHA NUMBER?**

ABHA stands for AYUSHMAN BHARAT HEALTH ACCOUNT (ABHA), a number is a hassle-free method of accessing and sharing health records digitally. It enables interaction with participating healthcare providers, and allows to receive digital lab reports, prescription and diagnosis seamlessly from a verified healthcare professionals and health service providers.

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

Sum Insured option available for this policy are Rs. 5, 10, 15, 25 & 50 Lakhs. The Premium You pay depends upon Your Age and the Sum Insured chosen. The eligibility of the Sum Insured is based on your age when you choose to buy your first Policy as below:

| AGE | ELIGIBLE SUM INSURED |
|---|---|
| <= 50 years | Rs. 5, 10, 15, 25 & 50 lakhs |
| 51 - 55 Years | Rs. 5, 10 & 15 lakhs |
| 56 - 60 Years | Rs. 5 & 10 lakhs |
| 61 - 65 Years | Rs. 5 lakhs |

Once you have been issued a Policy, you can continue to renew it with the same Sum Insured.

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

No, This Policy does not have any Pre-Acceptance Medical Examination. But Sum Insured shall be restricted, based on your age at the time of applying for this Policy, as shown in the above table.

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

Yes. You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted subject to the underwriting guidelines. Before granting such request for enhancement of Sum Insured, we have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner.

Enhancement of Sum Insured shall be allowed based on the following table:

| | |
|---|---|
| Age<=50 years | Enhancement up to Sum Insured of 50 Lakhs |
| Age 51-55 Years | Enhancement up to Sum Insured of 15 Lakhs |
| Age 56-60 Years | Enhancement up to Sum Insured of 10 Lakhs |

Enhancement of Sum Insured will not be considered for:

1) Insured Persons over 60 years of age.

2) Insured Person who diagnosed for Cancer (including Cancer survivors).

In respect of any increase in Sum Insured, exclusion 4.2 and 4.3 of the policy Clause and point 2 and 3 of Q No 43 of the prospectus would apply to the additional Sum Insured from the

date of such increase.

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

No. Once the Insured Person is diagnosed for positive existence of Cancer, the claims for Outpatient, Inpatient and Day-care towards the treatment of Cancer is payable under the Policy.

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

The Policy pays 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.

**11. WHAT DO I NEED TO DO WHILE RECEIVING TREAMENT?**

Intimate the TPA immediately or within twenty-four hours of such Hospitalisation, Day-care treatment or Outpatient treatment, 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.

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

Yes. Relevant medical expenses, towards treatment of Cancer, incurred before admission in the Hospital for a period of THIRTY days prior to the date of admission are payable.

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

Yes. Relevant medical expenses, towards treatment of Cancer, incurred after Discharge from the Hospital for a period of SIXTY days after the date of discharge are payable.

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

Yes, the Policy covers treatment and/or services rendered anywhere in India.

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

Yes. We will pay treatment expenses up to a limit, known as Sum Insured. In cases where the Insured Person has received treatment more than once, the total of all amounts paid for

- All hospitalization / Day-care treatment / Outpatient treatment
- expenses paid for medical expenses prior to Hospitalisation,
- expenses paid for medical expenses after discharge from hospital, and
- any other payment made under the Policy, except Cancer Care Benefit shall not exceed the Sum Insured as mentioned in the Schedule.

**16. 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 on 1st April, 2020 date of expiry shall be on 31st March, 2021. You should renew Your Policy by paying the Renewal Premium on or before 31st March 2021.

**17. WHAT IS CUMULATIVE BONUS?**

For each Claim-free year, Your Sum Insured will be increased by 10%, subject to maximum of 50%. If you lodge a claim in any particular year; the cumulative bonus accrued shall be reduced at the same rate.

Cumulative bonus will be lost if policy is not renewed before or within 30 days from the date of expiry of Policy.

If you choose to reduce the Sum Insured under the policy at the time of renewal, the applicable Cumulative Bonus shall also be reduced in the same proportion.

**18. 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 Cancer contracted or treatment 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.

**19. IS THERE AN AGE LIMIT UP TO 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 or within grace period. 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 grace period, 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.

**20. IS THE PROPOSAL ACCEPTED, IF ANY IMMEDIATE FAMILY MEMBERS OF INSURED HAS EVER BEEN DIAGNOSED WITH ANY FORM OF CANCER?**

Yes. The proposal is acceptable. The insured must pay a 10% loading on the premium for this condition.

**Note:** Immediate family member can be parents or Sibling or Children.

**21. 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 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 Us, provided the benefits payable shall be subject to the terms contained in such other Policy.

In case of revision including the premium 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.

**22. WHAT IS THE 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

**23. 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. Addition of members except newly wedded spouse and / or new born baby (after completion of 3 months).
- In cases where the policy term exceeds one year, Sum Insured, Sub-limits (If applicable), Cumulative Bonus (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.

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

- **Renewal Burden:** Long-term health insurance policy reduce 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.

**25. 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.

**26. CAN I MAKE A CLAIM IMMEDIATELY AFTER TAKING A POLICY?**

If You are diagnosed with Cancer during the first ninety days of the commencement date of first Policy, Your Policy shall be cancelled ab-initio and entire premium will be refunded. If there are more than one Insured Person covered in the Policy, cover shall seize for that Insured Person and the premium collected for him/her shall be refunded.

**27. 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.

**28. 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 https://www.newindia.co.in/portal/readMore/HospitalsList. The 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.

**29. 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.

**30. HOW TO GET REIMBURSEMENTS IN CASE OF TREATMENT IN NON-NETWORK HOSPITALS 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 seventy-two 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:

- Duly completed claim form
- Numbered Bill, Receipt and Discharge certificate / card from the Hospital.
- Numbered Cash Memos from the Hospitals(s) / Chemists(s), supported by proper prescriptions.
- Numbered Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such tests.
- Surgeon's certificate stating nature of operation performed and Surgeons' numbered bill and receipt.
- Attending Medical Practitioner's / Anaesthetist's numbered bill and receipt, and certificate regarding diagnosis.
- Copy of PAN Card and NEFT Details.

**31. 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 fifteen days from the date of completion of that period. You must also provide the TPA with additional information and assistance as may be required by Us/TPA in dealing with the claim.

**32. 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 treatment of Cancer as per Policy conditions and is supported by proper documents, except the expenses which are excluded.

**33. HOW MUCH WE WILL REIMBURSE?**

Our liability for all claims admitted during the Period of Insurance will be only up to aggregate of Sum Insured for which the Insured Person is covered as mentioned in the Schedule. In respect of those Insured Persons with Cumulative Bonus, our liability for claims admitted under this Policy shall not exceed the aggregate of the Sum Insured and the Cumulative Bonus. 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 including Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses) as provided by the hospital | |
| Sum insured of Rs. 5,00,000 /10,00,000/15,00,000 | Single AC room |
| Sum insured of Rs. 25,00,000 /50,00,000 | Deluxe AC room |
| Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses. | |
| Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to Cancer. | |
| Cost of Pharmacy and Consumables including Anaesthesia, Blood, Oxygen, Cost of Implants and Medical Devices and Cost of Diagnostics. | |
| Pre-Hospitalization Medical expenses up to 30 days prior to the date of admission to the hospital. | |
| Post-Hospitalization Medical expenses up to 60 days from the date of discharge from the hospital. | |

**Note:**

- All the above expenses will be available for the treatment of Cancer as defined in the Policy Document.
- 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

  i. Cost of Pharmacy and Consumables

  ii. Cost of Implants and Medical Devices

  iii. 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.

**Note:**

- All the above expenses will be available for the treatment of Cancer as defined in the Policy Document.
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  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.

**PAYMENT OF AMBULANCE CHARGES**

We will pay You the charges for Ambulance services not exceeding Rs. 3,000 per Hospitalization incurred for shifting any Insured Person.

**MEDICAL EXPENSES FOR ORGAN TRANSPLANT:**

If treatment involves Organ transplant, as part of Cancer treatment, 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.

**POST TREATMENT FOLLOW UP:**

Medical Expenses incurred on follow up check-up shall be payable up to Rs. 10,000 once in a Period of Insurance, provided treatment for Cancer has been discontinued on recommendation of Medical Practitioner for at least six months with "No evidence of disease (NED)".

**RECONSTRUCTION OF AFFECTED BODY PART POST SURGERY:**

We will pay for Medical Expenses incurred for the reconstruction of affected body part to restore your essential physical functioning as a direct result of Cancer Surgery, so long as the Cancer surgery was during continuous period of cover under this Policy without a break in your cover.

**SECOND OPINION FOR SURGERY:**

In case any Insured Person requires to undergo a Surgery as advised by a Medical Practitioner, the expenses incurred towards consultation with another Medical Practitioner to seek advice on the Surgery shall be payable, up to Rs. 5,000 for Sum Insured of Rs. 5, 10 & 15 Lakhs and up to Rs. 10,000 for Sum Insured of Rs. 25 & 50 Lakhs. Cashless facility for availing such second opinion may be provided by the TPA with enlisted Network Providers.

**CANCER CARE BENEFIT:**

If during the Period of Insurance any Insured Person is first time diagnosed for Cancer and is in Stage IV (based on TNM classification) or advanced metastatic cancer, 50% of the Sum Insured would be paid as Critical Care Benefit in addition to the admissible claim amount.

Cancer Care Benefit is payable only once in the lifetime of each Insured Person. It will not be applicable for whom it is a Pre- Existing Condition. Any payment under this Clause would be in addition to the Sum Insured.

**34. 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. Senior Citizens may write to seniorcitizencare.ho@newindia.co.in

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 http://ecoi.co.in/ombudsman.html

**35. IN HOW MANY DAYS MY CLAIM WILL BE SETTLED?**

i. We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document.

ii. In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Insurer, we shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, we shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. While efforts will be made by Us to not call for any document not listed, where any additional document or clarification is necessary to take a decision on the claim, such additional documents will be called for.

vi. All necessary claim documents pertaining to Hospitalisation should be furnished by the Insured Person in original to the TPA (as mentioned in the Schedule), within fifteen (15) days from the date of discharge from the Hospital. However, claims filed even beyond such period will be considered, if there are valid reasons for delay in submission.

a) In case of any deficiency in submission of documents, the TPA shall issue a deficiency request.

b) In case of non-submission of documents requested in the deficiency request within seven days from the date of receipt of the deficiency request, three reminders shall be sent by the TPA at an interval of seven days each.

c) The claim shall stand repudiated if the documents, mandatory for taking the decision of

admissibility of the Claim, are not submitted within seven days of the third reminder.

If the required documents are such that it does not affect the admissibility of the claim and is limited to payment of certain expenditure only, the Claim will be paid after reducing such amount from the admissible amount.

**36. CAN I CANCEL THE POLICY?**

Yes. You may cancel this policy by giving 7 days written notice and in such an event, the Company shall refund premium for the unexpired policy period at pro rata basis

The insurer shall refund-

a. Refund 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

In the event of death of insured in the middle of policy year/during the course of policy period, the premium for the unexpired policy period shall be refunded proportionately.

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.

**37. 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;

**38. IF THE CLAIM EVENT FALLS WITHIN TWO POLICY PERIODS, HOW MUCH WILL BE PAID?**

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.

**39. IS THERE ANY BENEFIT UNDER THE INCOME TAX ACT FOR THE PREMIUM PAID FOR THIS 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, as amended from time to time. For details, please refer to the relevant Section of the Income Tax Act.

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

Migration means, a facility provided to policyholders (including all members under family cover and group Health insurance policy), to transfer the credit gained for pre-existing conditions and specific waiting period, from one health insurance policy to another 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 can transfer the credit gained to the extent of the sum insured, no claim bonus, specific waiting period for pre-existing diseases, moratorium period etc. in the previous policy to the migrated policy

Portability means the facility provided to the health insurance policyholder (including all members under family cover), to transfer the credits gained for pre-existing diseases and specific waiting periods, from one insurer to another insurer.

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 policyholder is presently covered and has been continuously covered without any lapses under any Health Insurance policy with an Indian General or Health Insurer, then policyholder can transfer the credit gained to the extent of the sum insured, no claim bonus, specific waiting period for pre-existing diseases, moratorium period etc from the existing insurer to the acquiring insurer in the previous policy

**41. IS PORTABILITY ALLOWED?**

This Policy is subject to Guidelines of IRDAI on Portability under Master Circular on IRDAI (Insurance Products) Regulations 2024 Health Insurance Subject to the above Portability will be allowed only from any other Critical Illness or similar Cancer product offered by Us or other companies. Porting will not be allowed from any other product. Migration will be not be allowed from any of our other products to this product.

**42. CAN I TAKE MULTIPLE POLICIES OF NEW INDIA CANCER GUARD?**

No. You are not allowed to take multiple policies of New India Cancer Guard. This condition shall be applicable to all the Insured persons taking New India Cancer Guard Policy.

**43. IS THERE ANY DISCOUNT BEING OFFERED IN NEW INDIA CANCER GUARD?**

Yes, 10% Digital Discount is offered for customers taking the policy in Customer portals. This discount is applicable on Fresh policies and their subsequent renewals.

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

No claim will be payable under this Policy for the following:

i. Any Treatment other than for Cancer.

ii. Pre-Existing Condition for Cancer for which Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment prior to the first policy issued by Us (as mentioned in the Schedule).

iii. Cancer diagnosed / contracted by the Insured person during the first ninety days of the commencement date of first Policy.

iv. Any treatment for Cancer directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon / ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel.

v. Plastic Surgery, cosmetic, aesthetic treatment.

vi. Cost of external prosthetic devices, non-durable implants, external medical equipment.

vii. Dental treatment or Surgery of any kind unless necessitated due to treatment of Cancer.

viii. Kaposi Sarcoma.

ix. Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of Cancer for which confinement is required at a Hospital.

x. Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner.

xi. Any expenses relating to cost of items detailed in Annexure II.

xii. Unproven/Experimental Treatment and pharmacological regimens.

xiii. Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.

xiv. Treatment including investigation / diagnostic services availed outside India.

xv. Rest Cure, Rehabilitation and Respite care.

xvi. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- Custodial care either at home or in a hospital / nursing facility for personal care either by skilled nurses or assistants or unskilled persons.
- Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

xvii. Specified healthcare providers

- Treatment rendered by a Medical Practitioner, which is outside his discipline or the discipline for which he is licensed.
- Treatments rendered by a Medical Practitioner, who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement

in accordance with the applicable cover.

- Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments that are not supported by treating doctor's prescription.
- Charges related to a hospital stay not expressly mentioned as being covered in this Policy, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- Any non-medical expenses mentioned on our website and/or attached with this policy.

## PREMIUM TABLE

| MALE (NON-TOBACCO USER / NON-SMOKER) | | | | | |
|---|---|---|---|---|---|
| **Age band** | **5 Lakhs** | **10 Lakhs** | **15 Lakhs** | **25 Lakhs** | **50 Lakhs** |
| **<10** | 639 | 703 | 882 | 1,189 | 1,815 |
| **11-17** | 563 | 619 | 777 | 1,047 | 1,599 |
| **18-25** | 902 | 992 | 1,245 | 1,678 | 2,562 |
| **26-30** | 929 | 1,022 | 1,282 | 1,728 | 2,638 |
| **31-35** | 941 | 1,035 | 1,299 | 1,750 | 2,672 |
| **36-40** | 961 | 1,057 | 1,326 | 1,787 | 2,729 |
| **41-45** | 1,196 | 1,316 | 1,650 | 2,225 | 3,397 |
| **46-50** | 1,799 | 2,968 | 3,706 | 5,019 | 7,682 |
| **51-55** | 2,760 | 4,554 | 5,686 | 7,700 | 11,785 |
| **56-60** | 4,279 | 7,060 | 8,815 | 11,938 | 18,271 |
| **61-65** | 6,248 | 10,309 | 12,871 | 17,432 | 26,679 |
| **66-70** | 8,867 | 14,631 | 18,266 | 24,739 | 37,862 |
| **71-75** | 12,481 | 20,594 | 25,711 | 34,822 | 53,294 |
| **76-80** | 15,757 | 25,999 | 32,459 | 43,962 | 67,282 |
| **81-85** | 19,224 | 31,720 | 39,601 | 53,635 | 82,086 |
| **86-90** | 21,859 | 36,067 | 45,030 | 60,987 | 93,338 |
| **91-95** | 27,434 | 45,266 | 56,514 | 76,541 | 1,17,143 |
| **>95** | 35,309 | 58,260 | 72,737 | 98,512 | 1,50,769 |

| MALE (AGGREGATE) | | | | | |
|---|---|---|---|---|---|
| **Age band** | **5 Lakhs** | **10 Lakhs** | **15 Lakhs** | **25 Lakhs** | **50 Lakhs** |
| **<10** | 735 | 809 | 1,014 | 1,367 | 2,087 |
| **11-17** | 648 | 713 | 894 | 1,205 | 1,840 |
| **18-25** | 1,037 | 1,141 | 1,431 | 1,929 | 2,945 |
| **26-30** | 1,068 | 1,175 | 1,474 | 1,986 | 3,033 |
| **31-35** | 1,082 | 1,190 | 1,493 | 2,013 | 3,073 |
| **36-40** | 1,105 | 1,216 | 1,525 | 2,055 | 3,138 |
| **41-45** | 1,375 | 1,513 | 1,898 | 2,558 | 3,905 |
| **46-50** | 2,069 | 3,414 | 4,262 | 5,773 | 8,835 |
| **51-55** | 3,174 | 5,237 | 6,538 | 8,855 | 13,553 |
| **56-60** | 4,921 | 8,120 | 10,137 | 13,730 | 21,013 |
| **61-65** | 7,185 | 11,855 | 14,801 | 20,046 | 30,680 |
| **66-70** | 10,197 | 16,825 | 21,006 | 28,450 | 43,541 |
| **71-75** | 14,353 | 23,682 | 29,567 | 40,045 | 61,287 |
| **76-80** | 18,121 | 29,900 | 37,329 | 50,558 | 77,377 |
| **81-85** | 22,108 | 36,478 | 45,542 | 61,681 | 94,401 |
| **86-90** | 25,138 | 41,478 | 51,784 | 70,135 | 1,07,339 |
| **91-95** | 31,549 | 52,056 | 64,991 | 88,022 | 1,34,714 |
| **>95** | 40,606 | 67,000 | 83,648 | 1,13,291 | 1,73,388 |

* Tobacco users in any form shall be considered as Aggregate (including Smokers)

| FEMALE (NON-TOBACCO USER / NON-SMOKER) | | | | | |
|---|---|---|---|---|---|
| **Age band** | **5 Lakhs** | **10 Lakhs** | **15 Lakhs** | **25 Lakhs** | **50 Lakhs** |
| **<10** | 591 | 650 | 816 | 1,099 | 1,678 |
| **11-17** | 555 | 611 | 766 | 1,032 | 1,576 |
| **18-25** | 958 | 1,054 | 1,322 | 1,782 | 2,721 |
| **26-30** | 1,101 | 1,211 | 1,519 | 2,048 | 3,127 |
| **31-35** | 1,282 | 1,410 | 1,769 | 2,385 | 3,641 |
| **36-40** | 1,602 | 1,762 | 2,211 | 2,980 | 4,550 |
| **41-45** | 2,197 | 2,417 | 3,032 | 4,086 | 6,239 |
| **46-50** | 3,012 | 4,970 | 6,205 | 8,403 | 12,861 |
| **51-55** | 4,108 | 6,778 | 8,462 | 11,461 | 17,541 |
| **56-60** | 5,545 | 9,149 | 11,423 | 15,471 | 23,677 |
| **61-65** | 7,091 | 11,700 | 14,607 | 19,784 | 30,279 |
| **66-70** | 8,859 | 14,617 | 18,250 | 24,717 | 37,828 |
| **71-75** | 11,042 | 18,219 | 22,747 | 30,807 | 47,149 |
| **76-80** | 12,904 | 21,292 | 26,582 | 36,002 | 55,100 |
| **81-85** | 14,747 | 24,333 | 30,379 | 41,144 | 62,970 |
| **86-90** | 15,913 | 26,256 | 32,781 | 44,397 | 67,949 |
| **91-95** | 18,885 | 31,160 | 38,903 | 52,689 | 80,639 |
| **>95** | 23,322 | 38,481 | 48,043 | 65,068 | 99,585 |

| MALE (AGGREGATE) | | | | | |
|---|---|---|---|---|---|
| **Age band** | **5 Lakhs** | **10 Lakhs** | **15 Lakhs** | **25 Lakhs** | **50 Lakhs** |
| **<10** | 679 | 747 | 937 | 1,263 | 1,928 |
| **11-17** | 638 | 702 | 880 | 1,187 | 1,812 |
| **18-25** | 1,102 | 1,212 | 1,521 | 2,050 | 3,130 |
| **26-30** | 1,266 | 1,393 | 1,747 | 2,355 | 3,595 |
| **31-35** | 1,474 | 1,621 | 2,034 | 2,742 | 4,186 |
| **36-40** | 1,842 | 2,026 | 2,542 | 3,426 | 5,231 |
| **41-45** | 2,526 | 2,779 | 3,486 | 4,698 | 7,174 |
| **46-50** | 3,463 | 5,714 | 7,134 | 9,662 | 14,787 |
| **51-55** | 4,724 | 7,795 | 9,731 | 13,180 | 20,171 |
| **56-60** | 6,377 | 10,522 | 13,137 | 17,792 | 27,230 |
| **61-65** | 8,155 | 13,456 | 16,799 | 22,752 | 34,822 |
| **66-70** | 10,188 | 16,810 | 20,987 | 28,425 | 43,503 |
| **71-75** | 12,698 | 20,952 | 26,158 | 35,427 | 54,220 |
| **76-80** | 14,840 | 24,486 | 30,570 | 41,404 | 63,367 |
| **81-85** | 16,959 | 27,982 | 34,936 | 47,316 | 72,415 |
| **86-90** | 18,300 | 30,195 | 37,698 | 51,057 | 78,141 |
| **91-95** | 21,717 | 35,833 | 44,737 | 60,590 | 92,732 |
| **>95** | 26,820 | 44,253 | 55,249 | 74,828 | 1,14,521 |

* Tobacco users in any form shall be considered as Aggregate (including Smokers)

| THIRD GENDER (NON-TOBACCO USER / NON-SMOKER) | | | | | |
|---|---|---|---|---|---|
| **Age band** | **5 Lakhs** | **10 Lakhs** | **15 Lakhs** | **25 Lakhs** | **50 Lakhs** |
| **<10** | 639 | 703 | 882 | 1,189 | 1,815 |
| **11-17** | 563 | 619 | 777 | 1,047 | 1,599 |
| **18-25** | 902 | 992 | 1,245 | 1,678 | 2,562 |
| **26-30** | 929 | 1,022 | 1,282 | 1,728 | 2,638 |
| **31-35** | 941 | 1,035 | 1,299 | 1,750 | 2,672 |
| **36-40** | 961 | 1,057 | 1,326 | 1,787 | 2,729 |
| **41-45** | 1,196 | 1,316 | 1,650 | 2,225 | 3,397 |
| **46-50** | 1,799 | 2,968 | 3,706 | 5,019 | 7,682 |
| **51-55** | 2,760 | 4,554 | 5,686 | 7,700 | 11,785 |
| **56-60** | 4,279 | 7,060 | 8,815 | 11,938 | 18,271 |
| **61-65** | 6,248 | 10,309 | 12,871 | 17,432 | 26,679 |
| **66-70** | 8,867 | 14,631 | 18,266 | 24,739 | 37,862 |
| **71-75** | 12,481 | 20,594 | 25,711 | 34,822 | 53,294 |
| **76-80** | 15,757 | 25,999 | 32,459 | 43,962 | 67,282 |
| **81-85** | 19,224 | 31,720 | 39,601 | 53,635 | 82,086 |
| **86-90** | 21,859 | 36,067 | 45,030 | 60,987 | 93,338 |
| **91-95** | 27,434 | 45,266 | 56,514 | 76,541 | 1,17,143 |
| **>95** | 35,309 | 58,260 | 72,737 | 98,512 | 1,50,769 |

| THIRD GENDER (AGGREGATE) | | | | | |
|---|---|---|---|---|---|
| **Age band** | **5 Lakhs** | **10 Lakhs** | **15 Lakhs** | **25 Lakhs** | **50 Lakhs** |
| **<10** | 735 | 809 | 1,014 | 1,367 | 2,087 |
| **11-17** | 648 | 713 | 894 | 1,205 | 1,840 |
| **18-25** | 1,037 | 1,141 | 1,431 | 1,929 | 2,945 |
| **26-30** | 1,068 | 1,175 | 1,474 | 1,986 | 3,033 |
| **31-35** | 1,082 | 1,190 | 1,493 | 2,013 | 3,073 |
| **36-40** | 1,105 | 1,216 | 1,525 | 2,055 | 3,138 |
| **41-45** | 1,375 | 1,513 | 1,898 | 2,558 | 3,905 |
| **46-50** | 2,069 | 3,414 | 4,262 | 5,773 | 8,835 |
| **51-55** | 3,174 | 5,237 | 6,538 | 8,855 | 13,553 |
| **56-60** | 4,921 | 8,120 | 10,137 | 13,730 | 21,013 |
| **61-65** | 7,185 | 11,855 | 14,801 | 20,046 | 30,680 |
| **66-70** | 10,197 | 16,825 | 21,006 | 28,450 | 43,541 |
| **71-75** | 14,353 | 23,682 | 29,567 | 40,045 | 61,287 |
| **76-80** | 18,121 | 29,900 | 37,329 | 50,558 | 77,377 |
| **81-85** | 22,108 | 36,478 | 45,542 | 61,681 | 94,401 |
| **86-90** | 25,138 | 41,478 | 51,784 | 70,135 | 1,07,339 |
| **91-95** | 31,549 | 52,056 | 64,991 | 88,022 | 1,34,714 |
| **>95** | 40,606 | 67,000 | 83,648 | 1,13,291 | 1,73,388 |

* Tobacco users in any form shall be considered as Aggregate (including Smokers)

## Long Term Policy Discount

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