

New India Premier Mediclaim Policy

Customer Information Sheet

Sr. No	Title	Description	Refer to Policy clause No.
1.	Product Name.	New India Premier Mediclaim Policy	Page. No 1 of Policy Document
2.	What am I (Customer) covered for	<ul style="list-style-type: none"> • You are covered for any Hospitalisation during the period of Insurance for any Illness or Injury admissible under the policy. • Hospitalisation should be for more than 24 hours except for specified / listed procedures requiring less than 24 hours Hospitalisation. (Annexure I) • The Plans offered in the policy are: Plan A: Sum Insured of Rs. 15,00,000 and Rs. 25,00,000 Plan B: Sum Insured of Rs. 50,00,000 and Rs. 100,00,000. • Room Rent, boarding and nursing expenses actually incurred will be paid. • Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expense, actually incurred. • Pre Hospitalisation expense incurred 60 days prior to the date of Hospitalisation. • Post Hospitalisation up to 90 days from the date of discharge. • AYUSH Treatment up to 20 % of Sum Insured. • Hospital cash will be paid at the rate of Rs. 2000 per day for Plan A and Rs. 4000 per day for Plan B; maximum for 10 days for Any One Illness. This benefit will reduce the Sum Insured. This benefit is payable only if the Hospitalisation is for more than 24 hours. • Expenses incurred towards Ambulance service including Air Ambulance will be paid subject to cap of Rs. 1,00,000. Payment under this benefit will reduce the Sum Insured. Ambulance charges will be paid once for Any One Illness for each Insured. If the Insured Person, after the discharge from the Hospital, has to be shifted from Hospital to their place of residence in an Ambulance, such expenses will also be reimbursed up to Rs. 10,000, provided the requirement of an 	<ul style="list-style-type: none"> • Clause 1.0 • Annexure I in the policy document • Clause 3.1.1 (1) • Clause 3.1.1 (2) • Clause 3.1.1 (5) • Clause 3.1.1 (6) • Clause 3.1.2 • Clause 3.1.3 • Clause 3.1.4

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		<p>Ambulance is certified by the Medical Practitioner.</p> <ul style="list-style-type: none"> • Congenital Internal Diseases are covered up to Sum Insured provided the Insured has Continuous Coverage of twenty four months. • Congenital External Diseases are covered up to 10% of Sum Insured provided the Insured has Continuous Coverage of thirty six months. • Maternity and Child Care expenses shall be payable up to Rs. 50,000 for Plan A and Rs. 1,00,000 for Plan B. The Insured should have Continuous Coverage for thirty six months in this Policy. • Expenses incurred necessarily for treatment of Infertility will be paid maximum up to Rs. 50,000 for Plan A and Rs. 1,00,000 for Plan B. This benefit can be availed once in lifetime for each Insured. • Rs. 2,00,000 for Plan A and Rs. 5,00,000 for Plan B will be paid as Critical Care Benefit in case the Insured is diagnosed to be suffering from Critical Illness after inception of this cover. This benefit will be payable once in a lifetime for each Insured. The payment under this clause will be over and above the Sum Insured. • OPD Cover: After every block of two Claim Free Years, You and all the members covered in this policy are entitled for OPD coverage of Rs. 5,000 for Plan A and Rs. 10,000 for Plan B. • Expenses incurred towards treatment of Sexually Transmitted Diseases, 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 Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS shall be paid maximum up to Rs. 2,00,000 for Plan A and Rs. 5,00,000 for Plan B. OPD Treatment for the above mentioned conditions will be payable up to Rs. 20,000 for Plan A and Rs. 50,000 for Plan B. The OPD limit will be part of overall limit of Rs. 2,00,000 for Plan A and Rs. 5,00,000 for Plan B as mentioned above. • Cataract: Our liability for any claim of Cataract shall not exceed Rs. 75,000 for Plan A and Rs. 1,00,000 for Plan B. • Second opinion for Surgery will be paid maximum up 	<ul style="list-style-type: none"> • Clause 3.1.5 • Clause 3.1.5 • Clause 3.1.6 • Clause 3.1.8 • Clause 3.1.9 • Clause 3.1.10 • Clause 3.1.11 • Clause 3.1.12 • Clause 3.1.13
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		<p>to Rs. 5000 for Plan A and Rs. 8000 for Plan B.</p> <ul style="list-style-type: none"> • Coverage for Hazardous Sports up to 10% of Sum Insured. • This cover is available only for Plan B. Psychiatric and Psychosomatic disorders diagnosed after inception of this policy will be covered maximum up to 5% of Sum Insured. • This cover is available only for Plan B. Treatment related to or for obesity is covered where Body Mass Index > 35 and with the life threatening co-morbidities mentioned below are covered up to Rs. 5,00,000 <ul style="list-style-type: none"> 1. Respiratory: Obstructive sleep apnea, Pickwickian syndrome (obesity hypoventilation syndrome) 2. Cardiovascular: Coronary artery disease, left ventricular hypertrophy, coronary pulmonale, obesity-associated cardiomyopathy, accelerated atherosclerosis, and pulmonary hypertension of obesity • This cover is available only for Plan B. Expenses incurred towards dietician counseling shall be reimbursed up to an aggregate amount of Rs. 5000 for all admissible claims. 	<ul style="list-style-type: none"> • Clause 3.1.14 • Clause 3.2.1 • Clause 3.2.2 • Clause 3.2.3
3.	What are the major exclusions under the policy	<ul style="list-style-type: none"> • Injury / Illness 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. • a. Circumcision unless necessary for treatment of an illness not excluded hereunder or as may be necessitated due to an accident • b. Change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc. • c. Plastic Surgery other than as may be necessitated due to an accident or as a part of any illness. • Vaccination and/or inoculation • Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment. • Dental treatment or Surgery of any kind unless 	Clause 4.4.1 to 4.4.22

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		<p>necessitated by Accident and requiring Hospitalisation, except to the extent provided under Clause 3.1.10.</p> <ul style="list-style-type: none"> • Convalescence, general debility, 'Run-down' condition or rest cure, Venereal disease, intentional self Injury and Illness or Injury caused by the use of intoxicating drugs/alcohol, Venereal disease. • Congenital Internal and External Disease or Defects or anomalies (except to the extent provided under Clause 3.1.5), • infertility (except to the extent provided under 3.1.8), • obesity treatment and its complications (except to the extent provided under 3.2.2), • treatment relating to or arising out of all Psychiatric and Psychosomatic disorders (except to the extent provided under Clause 3.2.1). • Bodily Injury or Illness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide, arising out of non-adherence to medical advice. • Treatment relating to any Bodily Injury or Illness sustained whilst or as a result of active participation in any hazardous sports of any kind (except to the extent provided under Clause 3.1.14). • Treatment of any Injury or Illness sustained whilst or as a result of participating in any criminal act. • Sexually Transmitted Diseases, and 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 Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS (except to the extent provided under Clause 3.1.11). • 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 any Illness or Injury for which confinement is required at a Hospital. This exclusion shall not apply for any payment under Clause 3.1.10. • Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the 	
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		<p>attending physician.</p> <ul style="list-style-type: none"> • Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated. This exclusion shall not apply for any payment under Clause 3.1.6. • Naturopathy Treatment. • External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), Sleep Apnea Syndrome (except to the extent provided under Clause 3.2.2) , CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Stockings, Elasto crepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer, alpha / water bed and similar related items etc., and also any medical equipment, which is subsequently used at home and outlives the use and life of the Insured Person. • Genetic disorders and stem cell implantation / Surgery. • Domiciliary Hospitalisation • Acupressure, acupuncture, magnetic therapies • Unproven / Experimental Treatment. • Any expenses relating to cost of items detailed in Annexure II. • Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. 	
4.	Waiting Period	<ul style="list-style-type: none"> • Treatment of any Pre-existing Condition / Disease, until thirty six months of Continuous Coverage of such Insured Person has elapsed. • Any Illness contracted by the Insured person during the first thirty days of the commencement date of this Policy. This exclusion shall not however, apply if the 	<ul style="list-style-type: none"> • Clause 4.1 to 4.3 (4.3.1 - 4.3.2)

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		<p>Insured person has Continuous Coverage for more than twelve months.</p> <ul style="list-style-type: none"> • Unless the Insured Person has Continuous Coverage in excess of twenty four months, expenses on treatment of the following Illnesses are not payable. <ol style="list-style-type: none"> 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. Cardiovascular and Circulatory Disorders 5. Cataract and age related eye ailments 6. Congenital Internal Disease 7. Diabetes Mellitus 8. Gastric/ Duodenal Ulcer 9. Gout and Rheumatism 10. Hernia of all types 11. Hydrocele 12. Hypertension 13. Non Infective Arthritis 14. Piles, Fissures and Fistula in anus 15. Pilonidal sinus, Sinusitis and related disorders 16. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 17. Renal Disorders 18. Skin Disorders 19. Stone in Gall Bladder and Bile duct, excluding malignancy 20. Stones in Urinary system 21. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus 22. Varicose Veins and Varicose Ulcers <p>Note: Even after twenty four months of Continuous Coverage, the above Illnesses will not be covered if they arise from a Pre-existing Condition, until thirty six months of Continuous Coverage have elapsed since inception of the first policy with the company.</p> <ul style="list-style-type: none"> • Unless the Insured Person has Continuous Coverage in excess of thirty six months with us, the expenses related to treatment of the following Illnesses are not payable: <ol style="list-style-type: none"> 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 	
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		<p>Note: In case of Portability or migration, Obesity, Infertility and Maternity will not be covered, until thirty six months of Continuous Coverage have elapsed since inception of New India Premier Policy.</p>	
5.	Payout basis	<ul style="list-style-type: none"> • Cashless / Reimbursement for Hospitalisation claims • In case of Hospital Cash, Critical Care Benefit, the benefit amount will be paid to the Insured. 	
6.	Cost Sharing	<ul style="list-style-type: none"> • There is no co-pay or deductible in the policy. 	
7.	Renewal Condition	<ul style="list-style-type: none"> • The company shall renew this Policy if you shall remit the requisite Premium prior to expiry of the Period of Insurance stated in the Schedule. • The company shall be entitled to decline renewal if: <ol style="list-style-type: none"> 1. Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person; or 2. We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or 3. You fail to remit Premium for renewal before expiry of the Period of Insurance. We may accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, We, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy. 	<ul style="list-style-type: none"> • Clause 5.10
8.	<ul style="list-style-type: none"> • Renewal Benefits 	<ul style="list-style-type: none"> • After every block of two claim free years, the members covered in this policy are entitled for OPD coverage of Rs. 5,000 for Plan A and Rs. 10,000 for Plan B. 	<ul style="list-style-type: none"> • Clause 3.1.10
9.	Cancellation	<ul style="list-style-type: none"> • The Company may at any time cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by Insured by 	<ul style="list-style-type: none"> • Clause 5.12

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	<p>sending 15 days' notice by registered letter at the Insured's last known address and in such event the Company shall not refund any premium.</p> <ul style="list-style-type: none"> • 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 in Annexure II) provided no claim has occurred up to the date of cancellation however the company shall remain liable for any claim/ claims arising prior to such cancellation. • In case of death, the refund of premium will be on pro-rata basis provided there has been no claim for that member in that policy period. 	
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ANNEXURE I: LIST OF DAY CARE PROCEDURES

1	Stapedotomy	2	Excision And Destruction Of A Lingual Tonsil
3	Stapedectomy	4	Other Operations On The Tonsils And Adenoids
5	Revision Of A Stapedectomy	6	Incision On Bone, Septic And Aseptic
7	Other Operations On The Auditory Ossicles	8	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
9	Myringoplasty (Type -I Tympanoplasty)	10	Suture And Other Operations On Tendons And Tendon Sheath
11	Tympanoplasty (Closure Of An Eardrum Perforation/Reconstruction Of The Auditory Ossicles)	12	Reduction Of Dislocation Under Ga
13	Revision Of A Tympanoplasty	14	Arthroscopic Knee Aspiration
15	Other Microsurgical Operations On The Middle Ear	16	Incision Of The Breast
17	Myringotomy	18	Operations On The Nipple
19	Removal Of A Tympanic Drain	20	Incision And Excision Of Tissue In The Perianal Region
21	Incision Of The Mastoid Process And Middle Ear	22	Surgical Treatment Of Anal Fistulas
23	Mastoidectomy	24	Surgical Treatment Of Haemorrhoids
25	Reconstruction Of The Middle Ear	26	Division Of The Anal Sphincter (Sphincterotomy)
27	Other Excisions Of The Middle And Inner Ear	28	Other Operations On The Anus
29	Fenestration Of The Inner Ear	30	Ultrasound Guided Aspirations
31	Revision Of A Fenestration Of The Inner Ear	32	Sclerotherapy Etc

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33	Incision (Opening) And Destruction (Elimination) Of The Inner Ear	34	Incision Of The Ovary
35	Other Operations On The Middle And Inner Ear	36	Insufflation Of The Fallopian Tubes
37	Excision And Destruction Of Diseased Tissue Of The Nose	38	Other Operations On The Fallopian Tube
39	Operations On The Turbinates (Nasal Concha)	40	Dilatation Of The Cervical Canal
41	Other Operations On The Nose	42	Conisation Of The Uterine Cervix
43	Nasal Sinus Aspiration	44	Other Operations On The Uterine Cervix
45	Incision Of Tear Glands	46	Incision Of The Uterus (Hysterotomy)
47	Other Operations On The Tear Ducts	48	Therapeutic Curettage
49	Incision Of Diseased Eyelids	50	Culdotomy
51	Excision And Destruction Of Diseased Tissue Of The Eyelid	52	Incision Of The Vagina
53	Operations On The Canthus And Epicanthus	54	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
55	Corrective Surgery For Entropion And Ectropion	56	Incision Of The Vulva
57	Corrective Surgery For Blepharoptosis	58	Operations On Bartholin'S Glands (Cyst)
59	Removal Of A Foreign Body From The Conjunctiva	60	Incision Of The Prostate
61	Removal Of A Foreign Body From The Cornea	62	Transurethral Excision And Destruction Of Prostate Tissue
63	Incision Of The Cornea	64	Transurethral And Percutaneous Destruction Of Prostate Tissue
65	Operations For Pterygium	66	Open Surgical Excision And Destruction Of Prostate Tissue
67	Other Operations On The Cornea	68	Radical Prostatovesiculectomy
69	Removal Of A Foreign Body From The Lens Of The Eye	70	Other Excision And Destruction Of Prostate Tissue
71	Removal Of A Foreign Body From The Posterior Chamber Of The Eye	72	Operations On The Seminal Vesicles
73	Removal Of A Foreign Body From The Orbit And Eyeball	74	Incision And Excision Of Periprostatic Tissue
75	Operation Of Cataract	76	Other Operations On The Prostate
77	Incision Of A Pilonidal Sinus	78	Incision Of The Scrotum And Tunica Vaginalis Testis
79	Other Incisions Of The Skin And Subcutaneous Tissues	80	Operation On A Testicular Hydrocele

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81	Cancer Chemotherapy	82	Excision And Destruction Of Diseased Scrotal Tissue
83	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues	84	Plastic Reconstruction Of The Scrotum And Tunica Vaginalis Testis
85	Other Excisions Of The Skin And Subcutaneous Tissues	86	Other Operations On The Scrotum And Tunica Vaginalis Testis
87	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues	88	Incision Of The Testes
89	Free Skin Transplantation, Donor Site	90	Excision And Destruction Of Diseased Tissue Of The Testes
91	Free Skin Transplantation, Recipient Site	92	Unilateral Orchiectomy
93	Revision Of Skin Plasty	94	Bilateral Orchiectomy
95	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues	96	Orchidopexy
97	Chemosurgery To The Skin	98	Abdominal Exploration In Cryptorchidism
99	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues	100	Surgical Repositioning Of An Abdominal Testis
101	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue	102	Reconstruction Of The Testis
103	Partial Glossectomy	104	Implantation, Exchange And Removal Of A Testicular Prosthesis
105	Glossectomy	106	Other Operations On The Testis
107	Reconstruction Of The Tongue	108	Surgical Treatment Of A Varicocele And A Hydrocele Of The Spermatic Cord
109	Other Operations On The Tongue	110	Excision In The Area Of The Epididymis
111	Incision And Lancing Of A Salivary Gland And A Salivary Duct	112	Epididymectomy
113	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct	114	Reconstruction Of The Spermatic Cord
115	Resection Of A Salivary Gland	116	Reconstruction Of The Ductus Deferens And Epididymis
117	Reconstruction Of A Salivary Gland And A Salivary Duct	118	Other Operations On The Spermatic Cord, Epididymis And Ductus Deferens
119	Other Operations On The Salivary Glands And Salivary Ducts	120	Operations On The Foreskin
121	External Incision And Drainage In The Region Of The Mouth, Jaw And Face	122	Local Excision And Destruction Of Diseased Tissue Of The Penis
123	Incision Of The Hard And Soft Palate	124	Amputation Of The Penis
125	Excision And Destruction Of Diseased Hard And Soft Palate	126	Plastic Reconstruction Of The Penis
127	Incision, Excision And Destruction In The Mouth	128	Other Operations On The Penis

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129	Plastic Surgery To The Floor Of The Mouth	130	Cystoscopic Removal Of Stones
131	Palatoplasty	132	Lithotripsy
133	Other Operations In The Mouth	134	Coronary Angiography
135	Transoral Incision And Drainage Of A Pharyngeal Abscess	136	Haemodialysis
137	Tonsillectomy Without Adenoidectomy	138	Radiotherapy For Cancer
139	Tonsillectomy With Adenoidectomy		

ANNEXURE II:

SHORT PERIOD REFUND RATE TABLE	
<u>PERIOD ON RISK</u>	<u>RATE OF PREMIUM TO BE CHARGED</u>
Up to one month	1/4th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate.

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