THE NEW INDIA ASSURANCE CO. LTD.

Registered& Head Office: 87, M.G. Road, Fort, Mumbai- 400 001.

NEW INDIA TOP-UP MEDICLAIM POLICY PROSPECTUS

SALIENT FEATURES OF THE POLICY

- This Policy covers In-Patient Hospitalisation Expenses incurred in India.
- This policy will respond only when the aggregate of all Hospitalisation expenses (except Pre / Post hospitalization expenses) of one or all members of the policy, exceeds the "Threshold" stated in the policy.
- This Policy will respond for each and every Hospitalisation after the Threshold has been exceeded by previous Hospitalisation expenses subject only to the Sum Insured stated in the Policy.
- The Sum Insured is the maximum liability of the company for all members of the policy.
- Thus, this Policy offers protection in excess of any Primary Health Policy/Benefit scheme that the Insured may have.
- If there is any expense in excess of Threshold, receivable from any other entity, the Insured Person has an option to recover it from either that entity or this policy, but not both.
- However, the Sum Insured under the policy will be available over and above any reimbursement received from any other entity if such amounts exceed the Threshold.

WHO CAN TAKE THE POLICY

- Any person fulfilling the eligibility norms given below.
- The person may or may not have any other Health Insurance Policy.
- This policy can be taken in addition to any other Health Insurance Policy.

ELIGIBILITY

The policy can be issued on Individual or Floater Sum Insured basis covering up to 6 members of the family. If the policy is to be issued on Individual Sum Insured basis, then separate document will be issued to each Insured. Family comprises of Self, Legal Spouse, dependent Children and dependent Parents.

Age of Entry:

Proposer	:	18 to 65 years.
Other members	:	3 month to 65 years.

There is no cover ceasing age in case of renewal.

Children between the age of 3 months and 18 years are covered provided either or both parents are covered concurrently. Children between the age of 18 years and 25 years are covered only if either or both the parents are also covered and they are financially dependent on the parents. But this upper limit is not applicable for Unmarried Daughter and Mentally Challenged Children. Exclusion for treatment related to Psychiatric and Psychosomatic disorder will apply for such Mentally Challenged Children regardless of Continuous Coverage.

PROCEDURE FOR TAKING A POLICY

The following are to be submitted -

- ✓ Proposal form duly completed & signed and details of Insured Person/s.
- ✓ The details of existing and previous Health Insurance policies in respect of each Insured Person are to be provided without fail in the proposal form along with claim history. Copy of current/expiring policy may be attached.
- ✓ Signed copy of Prospectus.

Pre-acceptance health check-ups will be required in the following instances:

1. For persons above 50 years of age OR
2. For persons with Adverse Medical/claims history.

Note: No Pre-acceptance Health Check-up for persons above 50 years of age, if the person has Health insurance policy from our company and there is no claim for previous two years.

A person is said to have Adverse Medical History if he/she:

a) Has / Have undergone more than two hospitalisation in previous two years,
b) Is Suffering from incurable/chronic diseases needing recurring treatment of any kind, such as Renal Failure, Cancer, Parkinson's disease, and Diabetes Mellitus type II
c) Is Suffering from Hypertension / Diabetes.
d) is not in good health and free from Physical and mental diseases or infirmity or medical complaints

Following are the test to be carried out as pre-acceptance health check-up:

CBC	ROUTINE URINE
BLOOD SUGAR (FASTING & PP)	ECG
SGPT	X-RAY CHEST PA VIEW
SGOT	PHYSICIAN CHECK-UP
CHOLESTEROL	HDL CHOLESTEROL
TRIGLYCERIDES	EYE CHECK-UP FOR CATARACT & GLUCOMA

The above tests will have to be carried out at proposer's cost. However if the proposal is accepted then 50% of such cost will be reimbursed to the proposer.

The tests have to be taken not more than 30 days prior to the date of submission of the proposal.

TENURE OF THE POLICY

This policy will be valid for a period of one year from the date of inception.

SUM INSURED

The Sum Insured available are:

Coverage Type	Sum Insured	Threshold
A	5,00,000	5,00,000

B	10,00,000	5,00,000
C	15,00,000	5,00,000
D	7,00,000	8,00,000
E	12,00,000	8,00,000
F	17,00,000	8,00,000
G	22,00,000	8,00,000

"Proposers are advised to exercise care in choosing the amount of Threshold, as such choice will have an impact on benefits available under the Policy such as Room Rent limit, Hospital Cash, Ambulance Charges, and Get Well Benefit."

THRESHOLDS

The following Hospitalisation expenses incurred in respect of all the Insured members shall be considered for determining the Threshold under the Policy:

- The admission in the Hospital should have happened during the policy period.
- The Insured should have been admitted as an inpatient (outpatient treatments are not to be considered).
- The Hospitalisation should be for an Injury or Illness.
- Pre-Hospitalisation and Post-Hospitalisation expenses will not be considered.

ENHANCEMENT OF SUM INSURED AND THRESHOLD

- Enhancement of Sum Insured and Threshold will not be considered during the currency of the Policy.
- Enhancement of Sum Insured and Threshold is available only at the time of renewal.
- Sum Insured can be enhanced only to next band.
- Enhancement of Sum Insured will not be considered for persons
  - Over 65 years
  - Suffering from Diabetes, Hypertension, any chronic Illness, any recurring Illness, Any Critical Illness.
  - who have preferred any claim under this policy in the previous two policy periods.

PAYMENT OF PREMIUM

As per table attached.

PREMIUM COMPUTATION

New India Top-Up Mediclaim Policy- Eldest member of family is to be considered as Primary Member.

All other members of family will be considered as additional members.

Note: The Proposer may not be the primary member.

DETAILS OF COVERAGE

Hospitalisation Expenses,

1. Room rent, Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses), actually incurred subject to a cap

of Rs. 5,000 per day for Rs. 5,00,000 Threshold and Rs. 8,000 per day for Rs. 8,00,000 Threshold.

2. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses, actually incurred subject to a cap of Rs. 10,000 per day for Rs. 5,00,000 Threshold and Rs. 16,000 per day for Rs. 8,00,000 Threshold.
3. Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Anaesthesia, Blood, Oxygen, Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.
4. Cost of Pharmacy and Consumables, Cost of Implants and Medical Devices and Cost of Diagnostics.

Note: Proportionate Deduction Clause 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

1. Cost of Pharmacy and Consumables
2. Cost of Implants and Medical Devices
3. Cost of Diagnostics.

Proportionate Deduction Clause 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.

5. Hospitalization expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the insured person. The Company's liability towards expenses incurred on the donor and the insured recipient shall not exceed the Sum Insured of the insured person receiving the organ.
6. Get Well Benefit of Rs. 5000 for Rs. 5,00,000 Threshold and Rs. 8000 for Rs. 8,00,000 Threshold, will be paid for Any One Illness. This benefit will be payable only for the first four admissible claims under the Policy. This benefit will reduce the Sum Insured.
7. Ambulance service expenses actually incurred subject to cap of Rs. 5000 for Rs. 5,00,000 Threshold and Rs. 8000 for Rs. 8,00,000 Threshold. Payment under this benefit will reduce the Sum Insured. Ambulance charges will be paid once for Any One Illness for each Insured.
8. Hospital cash will be paid at the rate of Rs. 500 per day for Rs. 5,00,000 Threshold and Rs. 800 per day for Rs. 8,00,000 Threshold; maximum for 10 days for Any One Illness.This benefit will reduce the Sum Insured. Hospital cash will be paid for completion of every 24 hours as a day but not part thereof.
9. Payment of any claim relating to Cataract for each eye shall not exceed Rs.50,000/-.
10. AYUSH Treatments are payable provided the treatment has been undergone in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
11. **SPECIFIC COVERAGES**:
    a) **Impairment of Persons' intellectual faculties** by usage of drugs, stimulants or depressants as prescribed by a medical practitioner is covered up to 5% of Sum Insured, maximum upto Rs. 25,000 per policy period, subject to it arising during treatment of covered illness.

b) **Artificial life maintenance**, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of Health under any circumstances unless in a vegetative state as certified by the treating medical practitioner, is covered up to 10% of Sum Insured and for a maximum of 15 days per policy period following admission for a covered illness. (Explanation: Expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the policy contract).

c) **Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders:** Our shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalisation Expenses) related to following and they are covered after a waiting period of 48 months with a sub-limit up to 25% of Sum Insured per policy period.

The below covers are subject to the patient simultaneously exhibiting the following traits and requiring Hospitalisation as per the treating Psychiatrist's advice

1. Major Depressive Disorder- when the patient is aggressive or violent.
2. Acute psychotic conditions- aggressive/violent behavior or hallucinations, incoherent talking or agitation.
3. Schizophrenia- esp. Psychotic episodes.
4. Bipolar disorder- manic phase.

Treatment of any Injury due to exhibiting Suicidality shall not be covered.

Condition

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.

Exclusions

Any kind of Psychological counselling, cognitive / family / group / behavior / palliative therapy or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered.

d) **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.

e) **Age Related Macular Degeneration (ARMD)** is covered after 48 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 upto Rs. 75,000 per policy period.

f) **Behavioural and Neuro developmental Disorders**: Disorders of adult personality and Disorders of speech and language including stammering, dyslexia; are covered as Inpatient procedure after 24 months of continuous coverage. This cover will have a sub-limit of 25% of Sum Insured per policy period.

g) **Genetic diseases or disorders** are covered with a sub-limit of 25% of Sum Insured per policy period with 48 months waiting periods.

Note: For the coverages defined in 3.9, Waiting Period's, if any, shall be applicable afresh i.e. for both New and Existing Policyholders w.e.f. 1st October 2020. Coverage for such Illness or procedures shall only be available after completion of the said waiting periods.

12. **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.

S No	Treatment or Procedure	Limit (Per Policy Period)
1.	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh
2.	Balloon Sinuplasty.	Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh
3.	Deep Brain stimulation.	Upto 50% of Sum Insured subject to Maximum Rs. 5 Lakh
4.	Oral chemotherapy.	Upto 10% of Sum Insured subject to Maximum Rs. 1 Lakh
5.	Immunotherapy- Monoclonal Antibody to be given as injection.	Upto 25% of Sum Insured subject to Maximum Rs 2 Lakh.
6.	Intravitreal injections.	Upto 10% of Sum Insured subject to Maximum Rs.75,000.
7.	Robotic surgeries.	Upto 50% of Sum Insured subject to Maximum Rs. 5 Lakh.
8.	Stereotactic radio surgeries.	Upto 50% of Sum Insured subject to Maximum Rs. 3 Lakh.
9.	Bronchial Thermoplasty.	Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.
10.	Vaporisation of the prostrate (Green laser treatment or holmium laser treatment).	Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.
11.	IONM - (Intra Operative Neuro Monitoring).	Upto 10% of Sum Insured subject to Maximum Rs. 50,000.
12.	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.

Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied for some specific treatments like Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy or where treatment involves technological advances necessitating hospitalisation for less than 24 hours.

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

Note: 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 or carried out in Day Care Centres.

EXCLUSIONS

- **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 48 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 48 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 / 48 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. Puberty and Menopause related Disorders
19. Behavioural and Neuro-Developmental Disorders:
    a. Disorders of adult personality
    b. Disorders of speech and language including stammering, dyslexia
20. Internal Congenital Diseases

(iii) 48 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders
6. External Congenital Diseases

- **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

However, Treatment for any symptoms, Illness, complications arising due to physiological conditions for which aetiology is unknown is not excluded. It is covered

with a Sub-Limit of upto 10% of Sum Insured per policy period.

- **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.

    However, Expenses related to any admission primarily for enteral feedings is not excluded, if the Oral intake is absent for a period of at-least 5 days. It will be covered for a Maximum period of 14 days in a Policy Period.

- **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.

However, Treatment related to Injury or Illness associated with Hazardous activities related to particular line of employment or occupation (not for recreational purpose) is not excluded.

- **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 include`es:

  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.

- 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.
- 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.

- Pre-Hospitalisation Medical Expenses and Post HospitalisationMedical Expenses.
- Expenses incurred for Naturopathy Treatment, acupressure, acupuncture, magnetic and such other therapies.
- Circumcision unless necessary for treatment of an Illness not excluded hereunder or as may be necessitated due to an accident.
- Vaccination 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 necessitated by Accident and requiring Hospitalisation.
- Convalescence, general debility, Venereal disease and intentional self-injury.
- Bodily Injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide.
  However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period.

- Treatment of Injury or Illness sustained whilst or as a result of participating in any criminal act.
- stem cell implantation / Surgery for other than those treatments mentioned in clause 3.10.12.
- External and or durable Medical/Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), Sleep Apnoea Syndrome, 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, elastocrepe 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.
- Domiciliary Hospitalisation.
- Change of treatment from one system to another unless recommended by the consultant/ Hospital under which the treatment is taken.
- Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the Hospital.
- Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.
- Treatment or Investigation taken outside India.

CLAIM PROCEDURE

All claims will be processed and settled by specified Third Party Administrator (TPA) licensed by IRDA.

Intimation of Hospitalisation to be given to the TPA 48 hours before Hospitalisation, for planned Hospitalisation. For emergency Hospitalisation, intimation is to be given within 48 hours from the time of Hospitalisation.

To avail Cashless facility - Pre-authorisation request to be sent or faxed to TPA immediately on admission.

In Reimbursement cases - Insured to intimate TPA about Hospitalisation of Insured Persons immediately on admission. Claim bills to be submitted to TPA within seven days of discharge.

In case of Hospitalisation where the expenses are likely to involve the TPAs of both regular Health Policy and New India Top-Up Mediclaim Policy, the intimation/pre-authorisation request with regard to a Hospitalisation is to be given to both the TPAs of these Policies.

In the case of a covered Hospitalisation, the costs of which were not initially estimated to exceed the Threshold but were subsequently found likely to exceed the Threshold, the intimation to the named TPA should be submitted along with a copy of intimation made to the Primary Health Policy TPA/Reimbursement Provider immediately on knowing that the Threshold is likely to be exceeded.

The payment will be made either to Hospital in case of Cashless treatment or to the Proposer/Insured Person in other cases.

The TPA of the regular Health Insurance Policy/Reimbursement Provider will first process the claims and the TPA for this policy will make the balance admissible payments either to the Hospital in the case of cashless settlement or to Insured in case of reimbursement. The Insured has to submit the details of settlement made by the TPA of regular Health Insurance Policy in the case of cashless settlement. In the case of reimbursement, the above details along with photo-copies of bills attested by Primary TPA/Reimbursement Provider are to be submitted to TPA of New India Top-Up Mediclaim Policy.

The details of claims lodged and settlement details under regular Health Policy since inception of this policy should be furnished to the TPA of New India Top-Up Mediclaim Policy even when the claim is not under the New India Top-Up Mediclaim Policy. These documents are to be submitted to the TPA not later than thirty days from the date of discharge from the Hospital.This will enable faster response by the TPA in case of future Hospitalisation requiring the services of this policy.

All claims under this policy shall be payable in Indian currency.

CLAIMS ADJUDICATION

Any Claim which goes beyond the Threshold and Insured makes a claim in this policy, will be adjudicated as examples given below:

Claim lodged by the Insured				**Insured having an Individual policy of 8 Lakhs**		**Insured having a Top-Up of 12 Lakhs with Threshold 8 Lakhs**	
	Charges	Days	Amount	**Sum Insured**	**8,00,000**	**Threshold**	**8,00,000**
Room Rent	10,000	20	2,00,000	Room Rent (1% of Sum Insured)	1,60,000	Room Rent (Maximum Rs. 8000 for opted Threshold of Rs. 8 lakhs)	1,60,000
Surgeon Charges			4,00,000	Surgeon Charges (proportionate on SI)	3,20,000	Surgeon Charges (proportionate on SI)	3,20,000
Diagnostics			3,20,000	Diagnostics (proportionate on SI)	2,56,000	Diagnostics (proportionate on SI)	2,56,000
Medicines			2,50,000	Medicines (Actual)	2,50,000	Medicines (Actual)	2,50,000
Total Cost			11,70,000				
				Admissible	9,86,000	Admissible	9,86,000
				Payable under policy	8,00,000	Deductible under Top-Up	8,00,000
				Not Admissible	1,86,000	Payable under Top-Up	1,86,000
Insured Incurred				Rs. 11,70,000			
Total Paid under the Policy				Rs. 8,00,000		Rs. 1,86,000	
Expense borne by Insured				Rs. 1,84,000			

Claim lodged by the Insured				**Insured having an Individual policy of 5 Lakhs**		**Insured having a Top-Up of 10 Lakhs with Threshold 5 Lakhs**	
	Charges	Days	Amount	**Sum Insured**	**5,00,000**	**Threshold**	**5,00,000**
Room Rent	5,000	20	1,00,000	Room Rent	1,00,000	Room Rent	1,00,000

				(1% of Sum Insured)		(Maximum Rs. 5000 for opted Threshold of Rs. 5 lakhs)	
Surgeon Charges			4,00,000	Surgeon Charges (Actual)	4,00,000	Surgeon Charges (Actual)	4,00,000
Diagnostics			3,20,000	Diagnostics (Actual)	3,20,000	Diagnostics (Actual)	3,20,000
Medicines			2,50,000	Medicines (Actual)	2,50,000	Medicines (Actual)	2,50,000
Total Cost			10,70,000				
				Admissible	10,70,000	Admissible	10,70,000
				Payable under policy	5,00,000	Deductible under Top-Up	5,00,000
				Not Admissible	5,70,000	Payable under Top-Up	5,70,000
Insured Incurred				Rs. 10,70,000			
Total Paid under the Policy				Rs. 5,00,000		Rs. 5,70,000	
Expense borne by Insured				Rs. 0			

Insured is not eligible to receive any amount more than the admissible claim. If he goes to a higher Room Rent category than his eligible Room Rent category, the claimed amount will be proportionately deducted and the deducted amount will not be payable even in Top-Up. But if he goes to his eligible Room Rent category, the claim will be settled in full without any deductions in the admissible amount.

CANCELLATION

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 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.

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 below) 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.

SHORT PERIOD REFUND RATE TABLE	
PERIOD ON RISK	**RATE OF PREMIUM TO BE CHARGED (RETAINED)**
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

TAX REBATE

Tax rebate, as per provision of Income Tax rules, under Section 80-D.

RENEWAL

The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent

renewal thereof and in any case not later than 30 days from the date of expiry of the current policy.

If, during the grace period of 30 days, any Insured Person incurs any Hospitalisation expenses, he shall not be entitled for any claim.

The Company shall not be bound to give notice that such renewal premium is due, provided however that if the Insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not be refused, unless the Company has reasonable justification to do so.

A policy that is sought to be renewed after the grace period of 30 days will be underwritten as a Fresh Policy.

Request for increase in Sum Insured at renewals may be considered, after a satisfactory pre-acceptance health check-up.

This Prospectus shall form part of the proposal form. Please sign in token of having noted the contents of Prospectus.

Signature **Place:**
Name: **Date:**

PREMIUM TABLE

Threshold (Rs)	Sum Insured (Rs)	Premiums applicable at different ages (excluding GST)			
		PRIMARY MEMBER			
		18-44	45-54	55-60	61-65
5,00,000	5,00,000	1,800	2,900	4,020	6,700
	10,00,000	2,800	4,500	6,300	10,500
	15,00,000	3,500	5,600	8,040	13,400
8,00,000	7,00,000	1,600	2,500	3,840	6,400
	12,00,000	2,300	3,700	5,760	9,600
	17,00,000	3,000	4,700	7,440	12,400
	22,00,000	3,600	5,600	8,940	14,900

Threshold (Rs)	Sum Insured (Rs)	Premiums applicable at different ages (excluding GST)				
		ADDITIONAL MEMBER				
		0-17	18-44	45-54	55-60	61-65
5,00,000	5,00,000	700	900	1,450	2,010	3,350
	10,00,000	1,100	1,400	2,250	3,150	5,250
	15,00,000	1,400	1,750	2,800	4,020	6,700
8,00,000	7,00,000	600	800	1,250	1,920	3,200
	12,00,000	900	1,150	1,850	2,880	4,800
	17,00,000	1,200	1,500	2,350	3,720	6,200
	22,00,000	1,400	1,800	2,800	4,470	7,450

Once the Insured Person crosses the age of 65 years, the applicable premium on renewal will be loaded by 2.5% per year. This loading is applicable on premium for the age band of 61 - 65years.

E.g.: Premium for a person aged 69 for SI of 22,00,000 will be 7450 (base premium of 61-65) + (7450 * (2.5%*4)) = 8195