



THE NEW INDIA ASSURANCE CO. LTD.

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

YUVA BHARAT HEALTH POLICY- PROSPECTUS

We welcome You as Our Customer. This document explains how the YUVA BHARAT HEALTH POLICY could provide value to You. In the document the word 'You', 'Your' means the all the members covered under the Policy. 'We', 'Our', 'Us' means The New India Assurance Co. Ltd.

YUVA BHARAT HEALTH POLICY is a Policy designed to cover Hospitalization expenses due to Illness or Accident.

1. WHO CAN TAKE THIS POLICY?

Persons between the age of 18 years and 45 years can take this policy. Children from 3 months up to 25 years can be covered provided they are financially dependent on the parents and one or both parents are covered simultaneously.

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

Yes. You can cover the entire family on Individual or Floater Basis.

3. WHO CAN BE COVERED UNDER THE POLICY

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

- a) Self
- b) Spouse
- c) Dependent Children

Maximum six members can be covered in a single policy.

4. WHAT ARE THE PLANS AVAILABLE UNDER THE POLICY?

Three Plans are available under the Policy which are Base, Gold and Platinum Plans. The nature, scope and extent of coverage will depend on the Plan opted as mentioned in the Schedule.

Note: A Minimum of 2 Adults needs to be covered under the Platinum Plan.

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 ARE THE PLANS AVAILABLE UNDER THIS POLICY?

Following are the coverages available under various plans of the Policy:

i. Base Plan

Hospitalisation Expenses	Specific Coverages
Medical Expenses For Organ Transplant	Coverage For Modern Treatments Or Procedures
Hospital Cash	Cost Of Health Check-Up
Road Ambulance Charges	Medical Second Opinion
Treatment For Congenital Diseases	Reinstatement Of Sum Insured
Coverage For Cataract	Treatments Under Ayurvedic / Yoga and Naturopathy / Homeopathic / Unani / Siddha Systems
Coverage For Hazardous Sports	New Born Baby Coverage
Shared Accommodation Benefit	

ii. Gold Plan covers the following in addition to the coverages mentioned in Base Plan.

Critical Care Benefit	Air Ambulance Charges
Personal Accident Benefit	Auto TOP-UP
Reinstatement of Sum Insured up to twice in a policy period	Guaranteed Cumulative Bonus

iii. Platinum Plan: covers the following in addition to the coverages mentioned Gold Plan.

Maternity Coverage	Infertility Treatment
Well baby Cover	Birth Right Benefit

7. WHAT ARE THE COVERAGES AVAILABLE UNDER BASE PLAN OF YUVA BHARAT POLICY?

- Our liability for all claims admitted during the Period of Insurance will be only up to Sum Insured 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:

(a)	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. 25,00,000/50,00,000/75,00,000/1,00,00,000	Deluxe AC room
(b)	Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses.	
(c)	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 the treatment.	
(d)	Cost of Pharmacy and Consumables including Anaesthesia, Blood, Oxygen, Cost of Implants and Medical Devices and Cost of Diagnostics.	
(e)	Pre-Hospitalization Medical expenses up to 60 days prior to the date of admission to the hospital	
(f)	Post-Hospitalization Medical expenses up to 90 days from the date of discharge from the hospital.	

Note:

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

2. PROPORTIONATE DEDUCTION

Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent. However, it is not applicable on

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

3. MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured under expiring Policy only. Sum Insured of the Renewed Policy will not be considered for the claim event which has commenced in the expiring Policy.

4. MEDICAL EXPENSES FOR ORGAN TRANSPLANT:

If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ & Pre & Post Hospitalisation Expenses) incurred on the donor, provided Our liability towards expenses incurred on the donor and the Insured recipient shall not exceed the available Sum Insured.

5. HOSPITAL CASH

We will pay Hospital Cash as per the limits mentioned below for each day of Hospitalisation admissible under the Policy. The payment under this Clause shall be for maximum five days for Any One Illness.

The payment under this Clause is applicable only where the period of Hospitalisation exceeds twenty-four hours. Payment under this Clause will reduce the Sum Insured.

Hospital cash will be payable for completion of every 24 hours and not part thereof.

Sum Insured Bands in Rs	Hospital Cash Benefit
5 lakhs, 10 lakhs & 15 lakhs	Rs. 500 per day
25 lakhs	Rs. 750 per day
50 lakhs	Rs. 1,000 per day

75 Lakhs	Rs. 1,500 per day
1 Crore	Rs. 2,000 per day

6. ROAD AMBULANCE CHARGES

We will pay You the charges incurred towards Ambulance Services Reasonably incurred for shifting any Insured Person to Hospital for admission, or from one Hospital to another Hospital as per the limits mentioned below for Any One Illness.

Sum Insured Bands in Rs	Ambulance charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs. 5,000
25 lakhs	Up to a maximum of Rs. 7,500
50 lakhs	Up to a maximum of Rs. 10,000
75 Lakhs	Up to a maximum of Rs. 15,000
1 Crore	Up to a maximum Rs. 20,000

However, if an Insured Person, at the time of discharge from the Hospital, has to be shifted to their place of residence in an Ambulance, such expenses will also be reimbursed additionally as per the above limits, provided the requirement of an Ambulance is certified by the Medical Practitioner.

7. TREATMENT FOR CONGENITAL DISEASES

Congenital Internal Disease or Defects or anomalies, except those related to Genetic disorders, shall be covered up to Sum Insured, after twelve months of Continuous Coverage, if it is unknown to You or to the Insured Person at the commencement of such Continuous Coverage.

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

8. COVERAGE FOR CATARACT

Our liability for payment of any claim within the Period of Insurance, relating to Cataract for each eye / per insured shall not exceed the limits mentioned below.

Sum Insured Bands in Rs	Charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs. 50,000
25 lakhs	Up to a maximum of Rs. 75,000
50 lakhs	Up to a maximum of Rs. 1,00,000
75 Lakhs	Up to a maximum of Rs. 1,25,000
1 Crore	Up to a maximum of Rs. 1,50,000

9. COVERAGE FOR HAZARDOUS SPORTS

We shall be liable to pay expenses incurred towards treatment of any Injury or Illness arising out of the following hazardous sports:

Bobsledding; Bungee Jumping; Canopying; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling; Mountain Biking; Mountain Climbing (under 14,000 feet); Paragliding; Parasailing; Safari; Scuba Diving, Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; White water Rafting; Wind Surfing; Zip Lining, Equestrian; Fencing; Rugby.

We shall reimburse the expenses as per the following limits:

Sum Insured	Amount payable per policy period
5 lakhs, 10 lakhs & 15 lakhs	10% of Sum insured subject to a maximum of Rs.1,00,000
25 lakhs	Up to to a maximum of Rs.1,50,000
50 lakhs	Up to to a maximum of Rs.2,00,000
75 Lakhs	Up to a maximum of Rs. 2,50,000
1 Crore	Up to a maximum of Rs. 3,00,000

However, if Injury or Illness is related to particular line of employment or occupation (not for recreational purpose), it will be covered up to Sum Insured.

Payment under this Clause is admissible only if the expenses are incurred in Hospital as In-Patient in India.

10. SPECIFIC COVERAGES:

- Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of normal state of Health under any circumstances. We cover the expenses up to 25% of the Sum Insured and for a maximum of 15 days per policy period for covered illness. This sub limit is applicable only for person who is declared to be in a vegetative state as certified by the treating medical practitioner.
- 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 12 months of continuous coverage. This cover will have a sub-limit of up to 25% of Sum Insured per policy period.
- Age Related Macular Degeneration (ARMD) is covered after 24 months of continuous coverage only for Intravitreal Injections and anti - VEGF medication. This cover will have a sub-limit of upto a maximum of 20% of sum insured per policy period.
- Genetic diseases or disorders are covered with a sub-limit of 25% of Sum Insured per policy period with 24 months waiting periods.
- Treatment of Mental Illness: The Company shall indemnify the Medical Expenses incurred towards treatment of Mental Illness subject to the condition that Treatment shall be undertaken at a Hospital categorized as Mental Health Establishment or at a

- f) Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional.

The following Mental Illnesses are covered after completion of 24 months of Continuous Coverage with a sub-limit up to 25% of Sum Insured per policy period.

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

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

- 11. 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) for Sum insured bands of				
		5/10/15 Lakhs	25 Lakhs	50 Lakhs	75 Lakhs	1 Crore
3.11.1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Up to Rs. 2.25L	Upto Rs. 2.5 L
3.11.2	Balloon Sinuplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.25L	Upto Rs. 2.5 L
3.11.3	Deep Brain stimulation	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L	Upto Rs. 6L	Upto Rs. 7.5 L
3.11.4	Oral chemotherapy	Upto Rs.50,000	Upto Rs.75,000	Upto Rs. 1 L	Upto Rs. 1.5L	Upto Rs. 2 L
3.11.5	Immunotherapy- Monoclonal Antibody to be given as injection	Upto Rs 1 L	Upto Rs. 2 L	Upto Rs. 3 L	Upto Rs. 4L	Upto Rs. 5 L
3.11.6	Intravitreal injections	Upto Rs. 75,000	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2L	Upto Rs. 2.5 L
3.11.7	Robotic surgeries	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L	Upto Rs. 6L	Upto Rs. 7.5 L
3.11.8	Stereotactic radio surgeries	Upto Rs. 2 L	Upto Rs. 2.5 L	Upto Rs. 3 L	Upto Rs. 4L	Upto Rs. 5 L
3.11.9	Bronchial Thermoplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.5L	Upto Rs. 3 L

3.11.10	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.5L	Upto Rs. 3 L
3.11.9	Bronchial Thermoplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.5L	Upto Rs. 3 L
3.11.10	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.5L	Upto Rs. 3 L

12. COST OF HEALTH CHECK-UP

The Insured Person(s) shall be entitled for reimbursement of the cost of medical check-up at the end of a block of every two Claim Free Years. Such payment shall be restricted to the limits mentioned below.

Sum Insured Bands in Rs	Charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.3,500
25 lakhs	Up to a maximum of Rs.5,000
50 lakhs	Up to a maximum of Rs.7,000
75 Lakhs	Up to a maximum of Rs. 8,000
1 Crore	Up to a maximum of Rs. 10,000

Note:

- Any payment made under this clause shall not be treated as a Claim.
- The unutilized amount under this benefit will not be carried forward.
- In case the Policy is issued on an Individual Sum Insured basis, the above limits shall be available individually to the Insured Persons. In case the Policy is on Floater Sum Insured basis, the above limits shall be available to all Insured persons on a Floater basis.

13. MEDICAL SECOND OPINION

In case of any Insured Person requires to undergo Surgery for any of the Critical Illnesses defined under section 2.8 of the Policy Clause, Consultation Expenses incurred on Medical Second Opinion shall be reimbursed as per the limits mentioned below.

Sum Insured Bands in Rs	Charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.5,000
25 lakhs	Up to a maximum of Rs.7,500
50 lakhs	Up to a maximum of Rs.10,000
75 Lakhs	Up to a maximum of Rs. 15,000
1 Crore	Up to a maximum of Rs. 20,000

Note: In case the Policy is issued on an Individual Sum Insured basis, the above limits shall be available individually to the Insured Persons. In case the Policy is on Floater Sum Insured basis, the above limits shall be available to all Insured persons on a Floater basis.

14. REINSTATEMENT OF SUM INSURED

If the Sum Insured is exhausted due to a claim(s) admissible and/or paid under the Policy, then the Sum Insured shall be reinstated, subject to the following conditions:

- (i) The Reinstatement of Sum Insured shall be upon full utilization of the Sum Insured.
- (ii) The sequence of utilization of Sum Insured will be as below:
 - a. Sum Insured;
 - b. Cumulative Bonus (if any);
 - c. Reinstated Sum Insured
- (iii) The Reinstatement of Sum Insured shall be available for illnesses or Injuries other than for which Claim is paid or admissible during the Policy Period.
- (iv) Such Reinstatement shall only be available once in a Policy Period and only for Policies issued on Individual Sum Insured basis.
- (v) Reinstatement of Sum Insured is not available for Modern Treatments listed under 3.11 of the Policy Clause.
- (vi) The unutilized amount will not be carried forward.

15. COVERAGE UNDER AYUSH TREATMENT

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

16. NEW BORN BABY COVERAGE

Hospitalisation Expenses incurred for a New Born Baby are covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the Sum Insured of the mother. However, Expenses incurred towards post-natal care, pre-term or pre-mature care shall not be covered.

Coverage for the New Born Baby would be available during subsequent renewals provided the child is declared for insurance and premium is paid for the child and covered as an Insured Person.

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

- 17. SHARED ACCOMMODATION BENEFIT:** If you opt for a shared room (for which hospitalization claim is paid), we will pay an additional amount for each day's hospitalization. One day is considered as 24 continuous hours of hospitalization.

Sum Insured Bands in Rs.	Shared Accommodation Cash Benefit
5 lakhs, 10 lakhs & 15 lakhs	Rs. 750 per day
25 lakhs	Rs. 1,000 per day
50 lakhs	Rs. 1,250 per day
75 Lakhs	Rs. 1,500 per day
1 Crore	Rs. 1,750 per day

8. WHAT ARE THE COVERAGES AVAILABLE UNDER GOLD PLAN OF YUVA BHARAT POLICY?

Following Coverages are available under this Plan in addition to Base Plan.

A. CRITICAL CARE BENEFIT

If during the Policy Period, any Insured Person is diagnosed with of any of the Critical Illness defined under Clause of 2.8 of the Policy Document for the first time, Lump Sum amount as mentioned below will be paid subject to following conditions.

Sum Insured Bands in Rs	Benefit Payable
5 lakhs, 10 lakhs & 15 lakhs	Rs. 1,00,000
25 lakhs	Rs. 1,50,000
50 lakhs	Rs. 2,50,000
75 Lakhs	Rs. 5,00,000
1 Crore	Rs. 10,00,000

Conditions

- The benefit shall be payable after completion of continuous coverage of 12 months under this Plan.
- This will be paid once in a life time of the Insured regardless of the number of critical illness suffered.
- The benefit shall be payable to the Insured Person provided the Critical Illness is diagnosed after the first inception of Policy or change of Base Plan to Gold Plan or Platinum Plan. On Utilization, no further Sum shall be payable under this section during the policy period for other members.
- The diagnosis of presence of such Critical Illness needs to be supported by treating doctor's certificate regarding duration of the Critical Illness, clinical, radiological, histological, pathological, histo-pathological and laboratory evidence.
- Any payment under this Clause would be in addition to hospitalisation expenses, if any, and shall not deplete the Sum Insured.

B. PERSONAL ACCIDENT BENEFIT

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the Company shall pay to the Insured or his legal representative(s) or Nominee, as the case may be, the sum hereinafter set forth, that is to say:

If such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of

S No	Cover	Compensation
a	Death	100% of sum insured
b	Permanent Total Disablement	100% of sum insured
c	Loss of both eyes/Loss of two limbs/Loss of one limb and one eye	100% of sum insured
d	Loss of one limb / one eye	50% of sum insured

Permanent Total Disablement means any Injury as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum as mentioned above shall be payable.

Conditions:

- a) PA Benefit is applicable for the Insured Persons in the age group of 18-70 Years.
- b) The benefit shall be payable only under any one of the sections stated above.
- c) Personal Accident Benefit will be equal to that of the Sum Insured as specified in the Policy Schedule. On full Utilization, no further Sum shall be payable under this section during the policy period for other members.
- d) Benefit under this section shall not be payable if Death or Disablement is due to engaging in Aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- e) Worldwide Coverage.

C. AIR AMBULANCE CHARGES

We will pay the charges incurred towards Air Ambulance services Reasonably incurred for shifting any Insured Person to Hospital for admission, or from one Hospital to another Hospital for Any One Illness as per the limits given below.

Sum Insured Bands in Rs	Charges Payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs. 50,000
25 lakhs	Up to a maximum of Rs. 75,000
50 lakhs	Up to a maximum of Rs. 1,00,000
75 Lakhs	Up to a maximum of Rs. 1,50,000
1 Crore	Up to maximum of Rs. 2,00,000

D. AUTO TOP UP:

Sum Insured is automatically reinstated up to 10% of the Sum Insured for the treatment of same illness or injury for which claim is paid or admissible.

Conditions

- a) Auto TOP UP shall trigger be upon exhaustion of the Sum Insured.
- b) The sequence of utilization of Sum Insured will be as below:
- c) Sum Insured;
- d) Cumulative Bonus (if any);
- e) Auto TOP UP
- f) Such Auto TOP UP shall only be available once in a Policy Period and only for Policies issued on Individual Sum Insured basis.
- g) Auto TOP UP is not available for Modern Treatments listed under section 3.11 of the Policy Clause.
- h) The unutilized amount will not be carried forward.

E. DOUBLE REINSTATEMENT OF SUM INSURED

If the Sum Insured + Reinstated Sum Insured is exhausted due to a claim(s) admissible and/or paid under the Policy, then the Sum Insured shall be reinstated once more in a policy period, subject to the following conditions:

1. The sequence of utilization of Sum Insured will be as below:
 - a. Sum Insured;
 - b. Cumulative Bonus (if any);
 - c. Reinstated Sum Insured
 - d. Double Reinstated Sum Insured
2. The Double Reinstatement of Sum Insured shall be available for illness or injuries other than for which Claim is paid or admissible during the policy Period.
3. This Reinstatement of sum insured is applicable for policies issued on individual sum insured basis.
4. Reinstatement of Sum Insured is not available for Modern Treatments listed under 3.12 of the Policy Clause.
5. The unutilized amount will not be carried forward

F. GUARANTEED CUMULATIVE BONUS:

1. In the event of claim under the policy, the accrued cumulative bonus will not be reduced.
2. In case of reduction in sum insured, the applicable Cumulative bonus will be applied on the reduced renewal sum insured.
3. In case the insured changes plan from Base to Gold or Platinum plan at the time of renewal, then Cumulative bonus will not be reduced, even if there is a claim.
4. However, If the insured changes Gold or Platinum plan to base plan at the time of renewals and there being a claim, then the cumulative bonus shall stand reduced.

Note: Guaranteed Cumulative bonus is applicable for Gold and Platinum plan

9. WHAT ARE THE COVERAGES AVAILABLE UNDER PLATINUM PLAN OF YUVA BHARAT POLICY?

Following Coverages are available under this Plan in addition to Gold Plan

A. MATERNITY COVERAGE

- A. Maternity Expenses shall be covered after **twenty-four** months of Continuous Coverage under this Plan. Our maximum liability towards Maternity Expenses, shall be as follows:

Sum Insured	Single baby	Twin Babies
5/10/15/25/50 Lakhs	25000	37500
75 Lakhs	37500	50000
1Crore	50000	62500

Special conditions applicable to Maternity:

- i. These benefits are admissible only if the expenses are incurred in Hospital as in patient in India.
- ii. Our liability under this section shall be limited to two claims paid or admissible under this Policy.
- iii. A Waiting Period of 24 months shall be applicable afresh for the second maternity claim.

Note: Clause 4.4.15 “Maternity Expenses (Code - Excl18)” under Permanent Exclusions stands modified to the extent covered under this Benefit.

B. INFERTILITY TREATMENT

We shall provide expenses necessarily incurred for treatment of Infertility (including OPD Treatment) as per limits mentioned below. This limit shall be the lifetime limit in respect of all Insured Persons.

Sum Insured	Amount payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a Maximum of Rs.50,000
25 lakhs	Up to a Maximum of Rs.75,000
50 lakhs	Up to a Maximum of Rs.1,00,000
75 Lakhs	Up to a maximum of Rs. 1,50,000
1 Crore	Up to maximum of Rs. 2,00,000

Any payment under this Clause shall be paid after the Insured Person has Continuous Coverage of **twenty-four months** under this Plan.

Note: Clause 4.4.14 “Sterility and Infertility (Code- Excl17)” under Permanent Exclusions stands modified to the extent covered under the clause.

C. WELL BABY COVER

- A. Pre Mature / Pre-Term Baby:** We will reimburse the Medical Expenses incurred towards hospitalisation of pre-term or pre-mature Baby born within 32 weeks of Gestation Period requiring a minimum period of 24 Hours hospitalization in neo-natal care immediately after birth.

Sum Insured	Limit
5 L, 10 L & 15 L	Rs. 30,000
25 L	Rs. 40,000
50 L	Rs. 50,000
75 Lakhs	Rs. 75,000
1 Crore	Rs. 1,00,000

Conditions:

1. Pre-Mature/Pre-Term baby, under this policy is a Baby born within 32 weeks of Gestation period.
2. Minimum period of 24-hour hospitalisation is required in neo-natal care immediately after birth.

B. Vaccination Expenses: We will also cover Immunization or Vaccination expenses incurred for the New Born Baby up to the age of 2 years and shall be covered up to 0.1% of Sum Insured per policy period.

Note 1: This coverage is available for a New Born Baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us.

Note 2: Clause 4.4.30 "Vaccination and/or inoculation" under Permanent Exclusions stands modified to the extent covered under this Benefit.

D. BIRTH RIGHT BENEFIT

If during the Policy Period, Child or New Born Baby covered under the policy is diagnosed to suffer from any of the Disorders mentioned below, a lump sum amount as mentioned below shall be payable subject to the following conditions.

Sum Insured Bands in Rs	Benefit Payable
5 lakhs, 10 lakhs & 15 lakhs	Rs. 30,000
25 lakhs	Rs. 40,000
50 lakhs	Rs. 50,000
75 Lakhs	Rs. 75,000
1 Crore	Rs. 1,00,000

Conditions:

Disorder	Detection
Autism Spectrum Disorders	Detected between the age of 0-6 Y.
Cerebral Palsy	Detected between the age of 0-4 Y.
Downs Syndrome	Detected between the age of 0-4 Y.

- This Benefit shall be payable on continuous coverage of 24 months under this Plan. However, this is not applicable for New Born Baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us.
- Birth Right Benefit is payable only once in the Lifetime of the Child.
- Any payment under this Clause would be in addition to the Sum Insured and shall not deplete the Sum Insured.
- The Disorder must be supported by Certifying Authorities, as specified in the Rights of the Persons with Disabilities Act, 2016 (49 of 2016), and/or treating doctor's certificate regarding duration Disorder, clinical radiological histological, pathological, histo-pathological and laboratory evidence acceptable to the Company.
- The benefit shall be payable to the Insured provided the Disorder is diagnosed after the first inception of Policy or change of Base Plan to Gold Plan or Platinum Plan.

10. WHETHER THE PREMIUM IS UNIFORM ACROSS INDIA?

Premium is charged based on the Classification of Zone namely.

Zone 1: (Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara)

Zone 2: Rest of India

11. WHAT SUM INSURED ARE AVAILABLE UNDER THE POLICY?

We offer Sum Insured of Rs. 5 L, Rs. 10 L, Rs. 15 L, Rs. 25 L, Rs. 50 L, Rs. 75 L and Rs. 1 Cr under all the Plans.

12. DO YOU OFFER DISCOUNT ON FLOATER POLICY?

We offer discount on the number of members covered which is as under:

Discount on number of members	2 members	3 members	4 members & above
	5%	10%	15%

Discount-for the term of policy	1 Year	2 Years	3 Years
	0%	5%	7%

13. ANY DISCOUNT IS OFFERED FOR HEALTH PARAMETERS?

Yes. Discount is given as per the following parameters

Premium Discounts
BMI (<32) and ≥ 18.5 – 2.5% Discount
Non- Diabetic (Hb1Ac <6.4) – 2.5% Discount
Non-Hypertensive – ($\leq 120/80$) - 2.5% Discount; ($>120/80$) to ($\leq 139/89$) – Nil
No Hospitalization for the last 3 years at the time of taking the policy – 2.5% Discount

Note:

- The above discounts shall be applicable only for members 18 years & above.
- Any admission in Hospital beyond than 24 hours will be treated as Hospitalization'
- Discounts are based on Self Declaration of the Insured

14. DO YOU OFFER ANY DISCOUNT FOR RETAIL CUSTOMER OF NEW INDIA?

Yes. We offer a loyalty discount of 2.5% for having any active retail policy of New India with premium of Rs. 5,000 or above (Excluding GST).

15. IS THERE ANY DISCOUNT OFFERED FOR PURCHASING THIS POLICY IN DIGITAL PLATFORMS?

Yes. We offer the following discounts.

Digital discount: 10% Discount for both fresh and renewals for customers buying online without intermediary.

Discount for customers of Web aggregator: 5% Discount for both fresh and renewals for customers buying policies through web-aggregators.

16. ANY LOADING IS APPLICABLE BASED ON HEALTH PARAMETERS?

Yes. Loadings are applicable as per following parameters.

Premium Loadings
BMI (>32) – 2.5% Loading
Diabetic (Hb1Ac >6.4) – 2.5% Loading
Hypertensive (>139/89)– 2.5% loading

Note:

- The above loadings shall be applicable only for members 18 years & above.
- Loadings are based on Self Declaration of the Insured

17. WHAT ARE THE OPTIONAL COVER AVAILABLE IN THE POLICY?

Yes, cover for **NON-MEDICAL ITEMS (CONSUMABLES)** is available On payment of additional Premium as mentioned in Schedule, it is declared and agreed that items listed in Annexure II (List 1) shall become payable up to Rs. 15,000/- in a policy period. This Optional Cover is available for Sum Insured of 10 L & above.

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

18. DO YOU OFFER ANY CUMULATIVE BONUS UNDER THE POLICY?

Yes, Cumulative Bonus is offered for every claim free renewal ranging from 25% , 50%, 75% and 100%.

19. WHAT IS CUMULATIVE BONUS?

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

The Sum Insured under Policy shall be increased by 25% at each renewal in respect of each claim free year of insurance, subject to maximum of 100%. If a claim is made in any particular year; the cumulative bonus accrued shall be reduced at the same rate at which it is accrued.

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

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

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

You also have the option of opting for a premium discount at the time of renewal in lieu of the accrued Cumulative Bonus (if available). If you opt for a discount as above the accrued Cumulative Bonus will become zero. The Cumulative bonus in the range of 25% to 100% will have a discount in the base premium from 2.49% to 5.50%.

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

Policy can be renewed lifelong provided the renewal is done before the expiry or within the Grace Period of 30 days. If you do not renew Your Policy before the date of expiry or within thirty days of the date of expiry, the Policy may not be renewed, and only a fresh Policy could be issued, subject to our underwriting rules. In such cases, it is possible that a fresh Policy could not be issued by us. It is therefore in your interest to ensure that Your Policy is renewed before expiry.

21. 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.

22. WHAT ARE THE SPECIAL CONDITIONS APPLICABLE FOR LONG TERM POLICIES AND IS THERE ANY DISCOUNT FOR TAKING THE POLICY UP TO 3 YEARS?

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

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

- No modifications during midterm of policy term for the following is allowed:
 - i. Increase of Sum Insured
 - ii. Decrease of Sum Insured
 - iii. Plan Change
 - iv. Opting in or out of optional covers
 - v. Addition of members except newly wedded spouse of new born baby (after completion of 3 months).
- In cases where the policy term exceeds one year, Sum Insured, including any sub-limits are applicable or reckoned separately for each year.
- There is no provision for carrying over these benefits from one policy year to another. It's essential to understand that benefits and coverages specific to the second or third year cannot be utilized during the initial year meaning the benefits are not cumulative. In cases where the policy term exceeds one year, Sum Insured, Sub-limits (If applicable), Cumulative Bonus (If applicable), Reinstatement of Sum Insured (If applicable) or Auto TOP-UP of Sum Insured (If applicable) are applicable or reckoned separately for each year.
- There is no provision for carrying over these benefits from one policy year to another. It's essential to understand that benefits and coverages specific to the second or third year cannot be utilized during the first year itself meaning the benefits are not cumulative.
- The terms, conditions, and exclusions stipulated in the Policy or any associated Endorsements are integral to the contract and must be adhered to. These provisions apply separately to each policy year.

23. 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.

24. IS INSTALLMENT FACILITY AVAILABLE UNDER THE POLICY?

Yes, instalment facility is available under the Policy. The Premium can be paid Monthly, Quarterly, Half-Yearly or Annual Premium.

However, this installment facility is not available for Long Term Policies i.e. for policies taken for 2 Years or 3 Years.

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

Yes. In case of Annual Payment of Premium, Policy has to be renewed within 30 days of the expiry of the Policy. In case of instalment premium, the grace period is as under.

- Monthly – 15 days
- Quarterly and Half Yearly –30 days.

Note: If the Premium is paid in installment mode, then the coverage will be available during grace period.

26. 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. refunds proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced

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

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

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.

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.

27. IS THERE ANY PRE-ACCEPTANCE HEALTH CHECKUP REQUIRED?

No

28. WHETHER BANK DETAILS ARE MANDATORY?

Yes, as per the IRDAI Master circular 2024, it is mandatory to capture the bank detail of the policy holder.

29. WHETHER MULTIPLE NOMINEE OPTION IS THERE?

Yes, Policy holder can nominate Multiple nominees and define % share for each nominee. Assigning of at least one Nominee is mandatory.

30. WHETHER AYUSH COVER IS COVERED?

Yes. It is covered up to 100% of the Sum Insured for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy system of medicines.

31. 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

32. IS THERE AN OPTION TO MIGRATION TO ANY OTHER POLICY?

Yes. You can choose to migrate to any of our existing Policy, subject to Regulations of **IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024** and as amended from time to time.

33. IS THERE AN OPTION FOR PORTABILITY?

Yes. You can choose to Port to any of our existing Policy, subject to **IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024** and the Guidelines of IRDAI on Portability of Health Insurance Policies, as amended from time to time.

34. IN CASE OF REVISION/WITHDRAWAL WILL THERE BE ANY COMMUNICATION TO POLICYHOLDER?

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

In case of revision or modification or withdrawal of the Policy a notice will be provided to Policyholder, 90 days before the expiry of the policy for such revision or modification or withdrawal.

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

Yes, Sum Insured can be enhanced at the time of renewal subject to:

- a. Any Critical Illness or Recurring Illness
- b. Any Insured Person is not having hospitalization/claims pertain to treatment of critical illness or recurring illness

36. WHAT IS THIRD PARTY ADMINISTRATOR (TPA)?

Third Party Administrator (TPA) is a service provider who will provide Cashless facility for all Hospitalization that come under the scope of the policy. The TPA also settles reimbursement claims within the scope of the Policy. Details of TPA will be printed in the Policy Schedule.

37. IS THERE ANY CO-PAY OR DEDUCTIBLE APPLICABLE FOR CLAIM?

Co-Pay is applicable as per the following conditions.

- Insured Person opting for Zone I can avail treatment anywhere in India and No Co-pay shall be applicable.
- In case the Insured Person opting Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim.
- Co-Pay shall not be applicable for immediate hospitalization arising out of Accident.
- Co-Pay shall also not be applicable for Illness or Treatments having sub-limits.

38. 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;

39. IS HOSPITALISATION ALWAYS NECESSARY TO CLAIM UNDER THE POLICY?

It is necessary to have a Hospitalization for a minimum period of 24 hours to be eligible for claiming under the Policy. However, due to medical advancements for certain medical procedures, 24-hour hospitalization may not be necessary. The list of such procedures is printed under the policy clause.

40. DO YOU COVER PRE & POST HOSPITALISATION EXPENSES?

Yes. Pre-Hospitalization Expenses are covered up to 60 days and Post Hospitalization Expenses up to 90 days.

41. WHAT IS CASHLESS HOSPITALIZATION?

Cashless hospitalization is service provided by the TPA on Our behalf whereby you are not required to settle the hospitalization expenses at the time of discharge from hospital. The settlement is done directly by the TPA on Our behalf. However, those expenses which are not admissible under the Policy would not be paid, and You would have to pay such inadmissible expenses to the Hospital. Cashless facility is available only in Networked Hospitals. Prior approval is required from the TPA before the patient is admitted into the Network Hospital. You may visit our website at <http://newindia.co.in/listofhospitals.aspx>. 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.

42. 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. For details, please refer to the relevant Section of the Income Tax Act.

43. How to reckon tax benefit under section 80D for long term policy?

Reckoning of 80 D under long term policy:

Attention in this connection is invited to sub-section (4A) to section 80D which is reproduced hereunder:

“(4A) Where the amount specified in clause (a) or clause (b) of sub-section (2) or clause (a) of sub-section (3) is paid in lump sum in the previous year to effect or to keep in force an insurance on the health of any person specified therein for more than a year, then, subject to the provisions of this section, there shall be allowed for each of the relevant previous year, a deduction equal to the appropriate fraction of the amount.”

As payment by the insured to New India towards Long Term Policy would fall under the above sub-section, only proportionate premium paid would be allowed as deduction. Explanation to sub-section (4A) provides the mechanism to claim proportionate premium, which is reproduced hereunder for your ready reference:

“Explanation. —For the purposes of this sub-section:

- (i) "appropriate fraction" means the fraction, the numerator of which is one and the denominator of which is the total number of relevant previous years;
- (ii) "relevant previous year" means the previous year beginning with the previous year in which such amount is paid and the subsequent previous year or years during which the insurance shall have effect or be in force

44. WHAT ARE THE WAITING PERIODS AND SUBLIMITS APPLICABLE FOR VARIOUS COVERAGES, ILLNESSES, PROCEDURES OR TREATMENTS UNDER THE POLICY?

Following are the waiting periods and sub-limits applicable under the policy

Table of Coverages/Procedures with Sub-limits and Waiting Periods		
Nature of Disease/Procedure/Treatment	Sublimit (Per Policy Period)	Waiting Period
Congenital Internal Disease (Waiting Period Not Applicable for New Born Baby)	Not Applicable	12 Months
Congenital External Disease (Waiting Period Not Applicable for New Born Baby)	Up to 10% of the average Sum Insured in the preceding 24 months	24 Months
Artificial life maintenance (This sub limit is applicable only for person who is declared to be in a vegetative state as certified by the treating medical practitioner)	Up to 25% of the Sum Insured and a Maximum of 15 days	NIL
Puberty and Menopause related Disorders	Up to 25% of the Sum Insured	12 Months
Age Related Macular Degeneration (ARMD)	Up to 20% of the Sum Insured	24 Months
Genetic diseases or disorders	Up to 25% of the Sum Insured	24 Months
Treatment of Mental Illness (ICD Code: F01-F29 & F60-F79)	Up to 25% of the Sum Insured	24 Months
Diabetes Mellitus	NIL	90 Days
Hypertension	NIL	90 Days
Cardiac Conditions	NIL	90 Days

All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps	NIL	12 Months
Benign ear, nose, throat disorders	NIL	12 Months
Benign prostate hypertrophy	NIL	12 Months
Age related eye ailments	NIL	12 Months
Gastric/ Duodenal Ulcer	NIL	12 Months
Gout and Rheumatism	NIL	12 Months
Hernia of all types	NIL	12 Months
Hydrocele	NIL	12 Months
Non Infective Arthritis	NIL	12 Months
Piles, Fissures and Fistula in anus	NIL	12 Months
Pilonidal sinus, Sinusitis and related disorders	NIL	12 Months
Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident	NIL	12 Months
Skin Disorders	NIL	12 Months
Stone in Gall Bladder and Bile duct, excluding malignancy	NIL	12 Months
Stones in Urinary system	NIL	12 Months
Treatment for Menorrhagia / Fibromyoma, Myoma and Prolapsed uterus	NIL	12 Months
Varicose Veins and Varicose Ulcers	NIL	12 Months
Renal Failure	NIL	12 Months
Joint Replacement due to Degenerative Condition	NIL	24 Months
Age-related Osteoarthritis & Osteoporosis	NIL	24 Months

S. No	Treatment or Procedure	Limit (Per Policy Period) for Sum insured bands of				
		5/10/15 Lakhs	25 Lakhs	50 Lakhs	75 Lakhs	1 Crore
3.12.1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.25L	Upto Rs. 2.5 L
3.12.2	Balloon Sinuplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.25L	Upto Rs. 2.5 L
3.12.3	Deep Brain stimulation	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L	Upto Rs. 6L	Upto Rs. 7.5 L
3.12.4	Oral chemotherapy	Upto Rs.50K	Upto Rs.75k	Upto Rs. 1 L	Upto Rs. 1.5L	Upto Rs. 2 L
3.12.5	Immunotherapy- Monoclonal Antibody to be given as injection	Upto Rs 1 L	Upto Rs. 2 L	Upto Rs. 3 L	Upto Rs. 4L	Upto Rs. 5 L
3.12.6	Intravitreal injections	Upto Rs. 75K	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2L	Upto Rs. 2.5 L
3.12.7	Robotic surgeries	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L	Upto Rs. 6L	Upto Rs. 7.5 L
3.12.8	Stereotactic radio surgeries	Upto Rs. 2 L	Upto Rs. 2.5 L	Upto Rs. 3 L	Upto Rs. 4L	Upto Rs. 5 L
3.12.9	Bronchial Thermoplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.5L	Upto Rs. 3 L
3.12.10	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	Upto Rs. 2.5L	Upto Rs. 3 L
3.12.11	IONM - (Intra Operative Neuro Monitoring)	Upto Rs.30K	Upto Rs.50K	Upto Rs.75K	Upto Rs. 1L	Upto Rs. 1.5 L

3.12.12	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Upto Rs. 1.5 L	Upto 2 L	Upto 2.5 L	Upto Rs. 3.5L	Upto Rs. 5 L
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	Benefit / Coverage	5/10/15 Lakhs	25 Lakhs	50 Lakhs	75 Lakhs	1 Crore
	Critical Care Benefit (In Addition to Sum Insured)	Rs. 1 L	Rs. 1.5 L	Rs. 2.5 L	Rs. 5 L	Rs. 10 L
	Maternity Coverage	Up to Rs. 25,000	Up to Rs. 25,000	Up to Rs. 25,000	Up to Rs. 37,500	Up to Rs. 50,000
	Infertility Treatment	Up to Rs. 50,000	Up to Rs. 75,000	Up to Rs.1 L	Up to Rs.1.5 L	Up to Rs.2 L
	Vaccination Expenses (Applicable for a New Born Baby)	Up to 0.1% of Sum Insured	Up to 0.1% of Sum Insured	Up to 0.1% of Sum Insured	Up to 0.1% of Sum Insured	Up to 0.1% of Sum Insured
	Pre Mature / Pre-Term Baby	Up to Rs. 30,000	Up to Rs. 40,000	Up to Rs. 50,000	Up to Rs. 75,000	Up to Rs. 1,00,000
		Up to Rs. 30,000	Up to Rs. 40,000	Up to Rs. 50,000	Up to Rs. 75,000	Up to Rs. 1,00,000

45. DOES IT COVER ALL CASES OF HOSPITALISATION?

No. This Policy does NOT cover ALL cases of Hospitalisation.

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

STANDARD EXCLUSIONS

A. PRE-EXISTING DISEASES (Code- Excl01)

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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.
- Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

B. 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 / 12 / 24 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) 12 Months waiting period

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

(iii) 24 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of mental illness (ICD Code: F01-F29 & F60-F79)
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders
6. Birth Right Benefit
7. Infertility Treatment
8. Maternity Coverage

C. 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.

EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

D. 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

E. 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.

F. 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

Note: This cover if admissible will carry a waiting period of 24 months from date of inception with us. Bariatric surgery/treatment performed for cosmetic reasons is excluded

G. 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.

H. 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.

I. 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.

J. 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.

K. 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.

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

M. Treatments received in health hydro's, 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)

N. 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)

O. REFRACTIVE ERROR (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

P. 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.

Q. STERILITY AND INFERTILITY (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

R. MATERNITY EXPENSES (Code - Excl18)

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

- a. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Note: Maternity cover is available if platinum plan is opted and covered as per policy clause 3.24.

SPECIFIC EXCLUSIONS

- S.** Acupressure, acupuncture, magnetic therapies.
- T.** Any expenses incurred on Domiciliary Hospitalization.
- U.** Service charges, Surcharges, Luxury Tax, Admission fees, Registration fees, Record Charges and Telephone Charges levied by the Hospital.
- V.** Bodily Injury or Illness due to intentional self-inflicted Injury and attempted suicide.
- W.** Circumcision unless Medically Necessary or as may be necessitated due to an Accident.
- X.** Convalescence and General debility.
- Y.** Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants.
- Z.** External Medical / Non-medical equipment used for diagnosis and/or treatment including CPAP/BIPAP, Oxygen Concentrator, Infusion pump, Ambulatory devices (walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads) and sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and equipment, which is subsequently used at home and outlives the use and life of the Insured Person.
- AA.** 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.
- BB.** Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.11.12
- CC.** Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.
- DD.** Treatment taken outside the geographical limits of India
- EE.** Vaccination and/or inoculation

enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

GG. 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.

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

Premium Chart for Yuva Bharat Health Policy - Basic Plan Premium Per Member (Excluding GST)

Zone 1 : Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2 : Rest of India

Yuva Bharat Basic Plan- Annual Premium											Yuva Bharat Basic Plan- Annual Premium										
Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Tha and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	4279	6094	7370	9301	12238	14652	18887	21318	28870	32648	5 Lakh	3501	4986	6030	7610	10013	11988	15453	17442	23621	26712
10 Lakh	5247	7486	9070	11457	15081	18062	23298	26301	35629	40299	10 Lakh	4293	6125	7421	9374	12339	14778	19062	21519	29151	32972
15 Lakh	6529	9334	11314	14306	18843	22578	29134	32890	44578	50424	15 Lakh	5342	7637	9257	11705	15417	18473	23837	26910	36473	41256
25 Lakh	8773	12573	15252	19294	25438	30492	39358	44446	60253	68162	25 Lakh	7178	10287	12479	15786	20813	24948	32202	36365	49298	55769
50 Lakh	12194	17501	21247	26895	35486	42548	54940	62046	84145	95194	50 Lakh	9977	14319	17384	22005	29034	34812	44951	50765	68846	77886
75 Lakh	13789	19800	24041	30437	40167	48164	62194	70246	95271	107789	75 Lakh	11282	16200	19670	24903	32864	39407	50886	57474	77949	88191
1 Cr	14916	21428	26026	32951	43489	52146	67348	76065	103169	116727	1 Cr	12204	17532	21294	26960	35582	42665	55103	62235	84411	95504

Yuva Bharat Basic Plan- Half Yearly Premium											Yuva Bharat Basic Plan- Half Yearly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Tha and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	2222	3162	3823	4824	6345	7596	9790	11050	14962	16920	5 Lakh	1819	2588	3129	3947	5192	6216	8011	9042	12243	13844
10 Lakh	2723	3883	4704	5941	7818	9363	12076	13632	18464	20884	10 Lakh	2229	3178	3850	4861	6398	7661	9881	11154	15108	17088
15 Lakh	3387	4841	5867	7417	9768	11702	15099	17045	23101	26130	15 Lakh	2772	3961	4801	6069	7993	9576	12355	13947	18901	21380
25 Lakh	4550	6519	7907	10001	13184	15803	20396	23032	31222	35319	25 Lakh	3724	5335	6470	8184	10788	12931	16689	18845	25546	28899
50 Lakh	6322	9072	11013	13939	18390	22049	28469	32151	43600	49325	50 Lakh	5174	7424	9011	11406	15048	18041	23294	26306	35674	40358
75 Lakh	7149	10263	12460	15774	20815	24959	32228	36399	49365	55850	75 Lakh	5850	8398	10196	12907	17032	20422	26369	29782	40390	45697
1 Cr	7733	11107	13489	17077	22536	27022	34898	39414	53457	60481	1 Cr	6328	9088	11037	13973	18440	22109	28554	32249	43738	49485

Yuva Bharat Basic Plan- Quarterly Premium											Yuva Bharat Basic Plan- Quarterly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Tha and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	1135	1614	1951	2460	3236	3873	4991	5633	7627	8624	5 Lakh	929	1321	1597	2014	2648	3170	4085	4610	6241	7057
10 Lakh	1390	1981	2399	3030	3986	4773	6156	6948	9411	10644	10 Lakh	1138	1622	1964	2480	3262	3906	5037	5686	7701	8709
15 Lakh	1729	2469	2992	3782	4980	5965	7696	8688	11773	13317	15 Lakh	1415	2021	2449	3095	4075	4882	6298	7109	9634	10897
25 Lakh	2321	3324	4031	5099	6721	8055	10396	11739	15912	18000	25 Lakh	1900	2721	3299	4173	5500	6591	8506	9605	13020	14728
50 Lakh	3224	4625	5614	7105	9373	11238	14509	16385	22219	25136	50 Lakh	2639	3785	4594	5814	7670	9195	11872	13407	18180	20567
75 Lakh	3645	5232	6352	8040	10609	12720	16424	18550	25157	28461	75 Lakh	2983	4282	5198	6579	8681	10408	13439	15178	20584	23287
1 Cr	3943	5662	6876	8704	11486	13771	17785	20086	27242	30821	1 Cr	3227	4633	5627	7122	9399	11268	14552	16435	22290	25218

Yuva Bharat Basic Plan- Monthly Premium											Yuva Bharat Basic Plan- Monthly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Tha and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	391	553	667	839	1100	1315	1693	1909	2582	2919	5 Lakh	322	454	547	687	901	1077	1385	1562	2112	2387
10 Lakh	478	677	818	1031	1354	1619	2086	2353	3185	3601	10 Lakh	392	555	670	844	1108	1325	1707	1925	2604	2944
15 Lakh	592	842	1018	1285	1689	2022	2606	2940	3982	4503	15 Lakh	485	690	834	1052	1382	1654	2131	2405	3256	3682
25 Lakh	792	1130	1369	1729	2276	2727	3517	3970	5378	6083	25 Lakh	649	926	1121	1415	1862	2230	2876	3246	4397	4973
50 Lakh	1096	1569	1903	2406	3172	3801	4905	5538	7507	8492	50 Lakh	898	1284	1557	1968	2594	3108	4011	4528	6137	6942
75 Lakh	1239	1774	2152	2722	3589	4301	5551	6269	8499	9614	75 Lakh	1014	1452	1761	2226	2935	3517	4539	5125	6947	7859
1 Cr	1339	1919	2329	2946	3885	4656	6011	6787	9202	10410	1 Cr	1096	1570	1905	2409	3177	3807	4914	5549	7523	8510

Premium Chart for Yuva Bharat Health Policy – Gold Plan Premium Per Member (Excluding GST)

Zone 1 : Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2 : Rest of India

Yuva Bharat Gold Plan- Annual Premium											Yuva Bharat Gold Plan- Annual Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	5038	7161	8465	10445	14256	16550	20895	23067	30817	34672	5 Lakh	4122	5859	6926	8546	11664	13541	17096	18873	25214	28368
10 Lakh	5984	8767	10384	12832	17281	20130	25498	28232	37796	42554	10 Lakh	4896	7173	8496	10499	14139	16470	20862	23099	30924	34817
15 Lakh	7310	10929	12947	16011	21401	24987	31702	35151	47130	53092	15 Lakh	5981	8942	10593	13100	17510	20444	25938	28760	38561	43439
25 Lakh	9933	15092	17815	21945	29359	34161	43241	47823	64020	72083	25 Lakh	8127	12348	14576	17955	24021	27950	35379	39128	52380	58977
50 Lakh	13937	21725	25526	31279	41800	48389	61067	67293	89925	101189	50 Lakh	11403	17775	20885	25592	34200	39591	49964	55058	73575	82791
75 Lakh	15763	24580	28881	35398	47311	54775	69130	76186	101816	114582	75 Lakh	12897	20111	23630	28962	38709	44816	56561	62334	83304	93749
1 Cr	17050	26604	31262	38319	51227	59307	74855	82500	110253	124080	1 Cr	13950	21767	25578	31352	41913	48524	61245	67500	90207	101520

Yuva Bharat Gold Plan- Half Yearly Premium											Yuva Bharat Gold Plan- Half Yearly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	2615	3715	4390	5416	7391	8579	10830	11956	15971	17969	5 Lakh	2141	3041	3593	4432	6048	7020	8862	9783	13068	14702
10 Lakh	3105	4547	5385	6653	8958	10434	13216	14632	19587	22052	10 Lakh	2542	3721	4407	5444	7330	8538	10814	11972	16027	18043
15 Lakh	3792	5667	6713	8300	11093	12951	16430	18216	24423	27512	15 Lakh	3103	4638	5493	6792	9077	10597	13443	14905	19983	22510
25 Lakh	5151	7824	9235	11375	15216	17704	22408	24782	33174	37351	25 Lakh	4216	6402	7557	9307	12450	14486	18335	20277	27143	30561
50 Lakh	7226	11261	13230	16210	21662	25075	31644	34869	46595	52431	50 Lakh	5913	9214	10825	13264	17724	20517	25891	28530	38124	42899
75 Lakh	8172	12740	14968	18345	24517	28384	35821	39477	52756	59370	75 Lakh	6687	10424	12247	15010	20060	23224	29309	32300	43165	48576
1 Cr	8839	13788	16202	19858	26546	30732	38787	42748	57127	64291	1 Cr	7232	11282	13257	16248	21720	25145	31736	34977	46741	52603

Yuva Bharat Gold Plan- Quarterly Premium											Yuva Bharat Gold Plan- Quarterly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	1335	1896	2240	2762	3769	4374	5521	6095	8141	9158	5 Lakh	1093	1552	1833	2261	3084	3580	4518	4987	6661	7494
10 Lakh	1585	2319	2746	3393	4567	5319	6736	7458	9983	11239	10 Lakh	1298	1899	2248	2777	3738	4353	5513	6103	8169	9197
15 Lakh	1935	2890	3423	4232	5655	6601	8374	9285	12447	14021	15 Lakh	1584	2366	2802	3463	4628	5402	6853	7598	10185	11473
25 Lakh	2627	3989	4708	5798	7756	9023	11421	12630	16906	19035	25 Lakh	2151	3265	3853	4745	6347	7384	9345	10335	13833	15575
50 Lakh	3684	5740	6744	8263	11040	12780	16127	17770	23745	26719	50 Lakh	3015	4698	5519	6761	9034	10457	13195	14540	19429	21862
75 Lakh	4166	6494	7629	9350	12495	14465	18255	20118	26884	30255	75 Lakh	3410	5314	6243	7651	10224	11836	14937	16461	21997	24755
1 Cr	4506	7028	8258	10121	13529	15662	19767	21785	29112	32762	1 Cr	3688	5751	6758	8282	11070	12815	16174	17825	23820	26806

Yuva Bharat Gold Plan- Monthly Premium											Yuva Bharat Gold Plan- Monthly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	459	648	764	941	1280	1485	1872	2065	2756	3099	5 Lakh	377	532	627	771	1049	1216	1533	1692	2257	2538
10 Lakh	543	791	935	1153	1550	1804	2282	2525	3378	3802	10 Lakh	446	649	767	945	1270	1477	1869	2068	2765	3112
15 Lakh	661	984	1164	1437	1917	2236	2835	3142	4209	4740	15 Lakh	543	807	954	1177	1570	1832	2321	2572	3446	3880
25 Lakh	895	1355	1597	1965	2626	3054	3863	4271	5714	6433	25 Lakh	734	1110	1309	1610	2150	2500	3162	3496	4677	5265
50 Lakh	1252	1946	2284	2797	3734	4321	5451	6006	8022	9026	50 Lakh	1026	1594	1871	2290	3057	3538	4462	4916	6566	7387
75 Lakh	1414	2200	2583	3164	4225	4890	6169	6798	9082	10219	75 Lakh	1159	1802	2115	2591	3459	4003	5050	5564	7432	8363
1 Cr	1529	2380	2795	3424	4574	5294	6680	7361	9834	11066	1 Cr	1253	1949	2289	2803	3744	4333	5467	6024	8047	9055

Premium Chart for Yuva Bharat Health Policy – Platinum Plan Premium Per Member (Excluding GST)

Zone 1 : Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2 : Rest of India

Yuva Bharat Platinum Plan- Annual Premium											Yuva Bharat Platinum Plan- Annual Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	5137	9284	10577	12546	16352	18398	22737	24508	32252	36108	5 Lakh	4203	7596	8654	10265	13379	15053	18603	20052	26388	29543
10 Lakh	6072	10736	12342	14773	19212	21830	27192	29552	39116	43874	10 Lakh	4968	8784	10098	12087	15719	17861	22248	24179	32004	35897
15 Lakh	7403	12931	14927	17980	23353	26708	33413	36482	48461	54423	15 Lakh	6057	10580	12213	14711	19107	21852	27338	29849	39650	44528
25 Lakh	10060	17298	19998	24112	31504	36047	45122	49286	65478	73541	25 Lakh	8231	14153	16362	19728	25776	29493	36918	40325	53573	60170
50 Lakh	14080	24030	27803	33534	44033	50353	63019	68811	91438	102702	50 Lakh	11520	19661	22748	27437	36027	41198	51561	56300	74813	84029
75 Lakh	15923	27181	31455	37950	49836	56997	71341	77908	103532	116292	75 Lakh	13028	22239	25736	31050	40775	46634	58370	63743	84708	95148
1 Cr	17226	29420	34051	41080	53961	61710	77248	84359	112107	125934	1 Cr	14094	24071	27860	33611	44150	50490	63203	69021	91724	103037

Yuva Bharat Platinum Plan- Half Yearly Premium											Yuva Bharat Platinum Plan- Half Yearly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	2666	4815	5485	6505	8477	9537	11785	12703	16715	18712	5 Lakh	2183	3940	4488	5323	6936	7804	9643	10394	13677	15311
10 Lakh	3151	5567	6399	7659	9958	11315	14093	15316	20271	22736	10 Lakh	2579	4556	5237	6267	8149	9259	11532	12532	16586	18603
15 Lakh	3840	6704	7739	9320	12104	13842	17316	18906	25112	28201	15 Lakh	3143	5486	6333	7627	9904	11327	14169	15470	20547	23075
25 Lakh	5217	8967	10366	12497	16327	18681	23383	25540	33929	38106	25 Lakh	4269	7337	8482	10226	13360	15285	19132	20897	27761	31179
50 Lakh	7300	12455	14409	17379	22818	26093	32655	35656	47379	53215	50 Lakh	5974	10191	11790	14220	18671	21349	26719	29174	38765	43540
75 Lakh	8254	14087	16302	19667	25825	29535	36967	40369	53645	60256	75 Lakh	6755	11527	13339	16092	21130	24166	30246	33030	43892	49301
1 Cr	8930	15247	17647	21288	27962	31977	40027	43711	58087	65251	1 Cr	7307	12476	14439	17419	22879	26164	32750	35765	47527	53388

Yuva Bharat Platinum Plan- Quarterly Premium											Yuva Bharat Platinum Plan- Quarterly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	1361	2456	2797	3317	4322	4862	6008	6475	8520	9537	5 Lakh	1115	2010	2290	2715	3537	3979	4916	5299	6971	7804
10 Lakh	1608	2839	3263	3905	5077	5768	7184	7807	10332	11588	10 Lakh	1317	2324	2671	3196	4155	4720	5878	6388	8454	9482
15 Lakh	1959	3419	3946	4752	6170	7056	8826	9636	12799	14373	15 Lakh	1604	2798	3229	3889	5049	5774	7222	7885	10472	11760
25 Lakh	2661	4572	5284	6371	8322	9521	11917	13016	17291	19420	25 Lakh	2178	3741	4325	5213	6810	7791	9751	10651	14148	15890
50 Lakh	3722	6349	7345	8858	11630	13298	16642	18171	24145	27118	50 Lakh	3046	5195	6010	7248	9516	10881	13617	14868	19756	22189
75 Lakh	4209	7181	8309	10024	13162	15052	18839	20573	27337	30706	75 Lakh	3444	5876	6799	8202	10769	12316	15415	16833	22368	25124
1 Cr	4553	7772	8994	10850	14251	16296	20398	22276	29601	33251	1 Cr	3726	6360	7360	8878	11660	13334	16690	18227	24220	27207

Yuva Bharat Platinum Plan- Monthly Premium											Yuva Bharat Platinum Plan- Monthly Premium										
Yuva Bharat Premium - Zone 1 - Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											Yuva Bharat Premium - Zone 2 - Rest of India										
Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65	Age Band/SI	0-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
5 Lakh	468	837	952	1128	1467	1649	2036	2194	2884	3227	5 Lakh	379	682	776	920	1197	1346	1663	1792	2356	2637
10 Lakh	551	967	1110	1326	1722	1955	2433	2643	3495	3919	10 Lakh	448	788	905	1082	1406	1596	1987	2159	2857	3203
15 Lakh	670	1162	1340	1612	2091	2390	2987	3261	4328	4859	15 Lakh	545	948	1093	1316	1707	1952	2441	2665	3538	3972
25 Lakh	906	1551	1792	2158	2817	3222	4030	4401	5844	6562	25 Lakh	738	1266	1463	1763	2302	2633	3294	3598	4778	5366
50 Lakh	1265	2151	2487	2998	3933	4496	5625	6141	8157	9161	50 Lakh	1031	1757	2032	2450	3215	3676	4599	5021	6671	7492
75 Lakh	1429	2432	2813	3391	4450	5088	6366	6952	9235	10372	75 Lakh	1166	1986	2298	2772	3638	4160	5206	5684	7552	8483
1 Cr	1545	2631	3044	3670	4818	5508	6893	7526	9999	11231	1 Cr	1261	2150	2487	3000	3939	4504	5636	6155	8178	9186

Premium Chart for Yuva Bharat Health Policy - Platinum Plan (Optional Cover) Premium Per Member (Excluding GST)

Zone 1 : Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2 : Rest of India

Premium for Optional Cover: Enhanced Maternity limit (Zone -1)				
Enhanced Maternity limit	Annual Premium	Half Yearly premium	Quarterly Premium	Monthly Premium
50,000	10,096	5231	2665	900
75,000	15,144	7846	3998	1349
1,00,000	20,193	10462	5331	1799
Premium for Optional Cover: Enhanced Maternity limit - Zone 2 (Rest of India)				
Enhanced Maternity limit	Annual Premium	Half Yearly premium	Quarterly Premium	Monthly Premium
50,000	8,260	4280	2181	736
75,000	12,390	6419	3271	1104
1,00,000	16,521	8560	4362	1472

Floater Discount on number of members	2 members	3 members	4 members & above
	5%	10%	15%

Loyalty Discount: This policy also offers 2.5% discount for having any active retail policy of New India Assurance Co Ltd with premium of Rs. 5,000 or above (Excluding GST).

Health Parameters: This policy gives discount and loading based on the Health parameters, which are as under:

The below discounts and loadings shall be applicable only for members 18 years & above.

Premium Discounts	Premium Loadings
BMI ≥ 18.5 to (< 32) – 2.5% Discount	BMI (> 32) – 2.5% Loading
Non- Diabetic (Hb1Ac < 6.4) – 2.5% Discount	Diabetic (Hb1Ac > 6.4) – 2.5% Loading
Non-Hypertensive – ($\leq 120/80$) - 2.5% Discount; ($> 120/80$) to ($\leq 139/89$) – Nil	Hypertensive ($> 139/89$) – 2.5% loading
No Hospitalization for the last 3 years at the time of taking the policy – 2.5% Discount	

Note: Any admission in Hospital beyond than 24 hours will be treated as Hospitalization'

- Long Term Policy Discount

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

Premium Illustration: Yuva Bharat Health Policy [Base Plan (Zone 1 Premium)]										
Age of the members	Coverage opted onIndividual Basis covering each member of the family separately		Coverage opted on Individual Basis covering each member under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family) Floater Discount is based on the No of Persons covered under the policy (For 2 members 5%, 3 member 10% and for 4 members & above 15%)			
	Premium	Sum Insured	Premium	Discount	Premium after Discount	Sum Insured	Premium	Floater Discount	Premium after Discount	Sum Insured
17	5247	10 L	5247	No Discount	5247	10 L	5247	15%	4460	10 L
28	7486	10 L	7486	No Discount	7486	10 L	7486	15%	6363	
34	9070	10 L	9070	No Discount	9070	10 L	9070	15%	7710	
38	11457	10 L	11457	No Discount	11457	10 L	11457	15%	9738	
44	15081	10 L	15081	No Discount	15081	10 L	15081	15%	12819	
48	18062	10 L	18062	No Discount	18062	10 L	18062	15%	15353	
Total Premium for all membersof the family is Rs. 66,403/- (Excluding GST) When each member is covered separately. Sum Insured available for each Individual is Rs. 10 L			Total Premium for all members of the family is Rs. 66,403/- (Excluding GST) When they are covered under a single policy. Sum Insured available for each family member is Rs. 10 L				Total Premium when policy is opted on Floater basis is Rs. 56,443/- (Excluding GST). Sum Insured of Rs. 10 L is available for the entire family.			