



The New India Insurance Co. Ltd.
SENIOR CITIZENS MEDICLAIM POLICY



Salient Features :

- The policy is available for person between the age of 60 to 80 years.
- The sum insured per person is Rs. 1 Lakh or Rs. 1.5 Lakh.
- 5% Cumulative bonus is allowed on every claim free (renewal) year. Limit maximum of 30%.
- 10% Family Discount is available in case spouse is also covered.
- Limited cover for hospitalization in government Ayurvedic/Homeopathic and Unani hospitals.
- Senior Citizens holding current mediclaim policy can on renewal migrate to Senior Citizen mediclaim policy for S.I of Rs. 1 Lakh or for Rs. 1.5 Lakh.
- Pre-existing conditions like covered only after 18 months of continuous insurance with our Company. Pre-existing conditions like Hypertension, Diabetes mellitus and its complications are covered after 18 months of continuous insurance but only on payment of additional premium.
- Reimbursement of cost of Health Check once in block of 4 claims-free years.
- Income Tax Benefit under Section 80D of IT Act.

Scope of Cover / Benefits :

Hospitalisation Expenses

- In the event of a claim becoming admissible, the Company will pay the expenses listed below that are reasonably and necessarily incurred by or on behalf of such Insured Person but not exceeding, in aggregate, the Sum Insured mentioned in the Schedule.

	Hospitalisation Benefits	Limits
A	(i) Room, Boarding expenses charged by the Hospital/ Nursing Home (ii) If admitted in IC Unit	Up to 1% of Sum Insured per day Up to 2% of Sum Insured Per day Overall limit: 25% if the Sum Insured.
B	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses	Overall limit: 25% of Sum Insured
C	Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, Drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy,	Overall limit 50% of Sum Insured

Cost of Pacemaker, Artificial Limbs, Cost of Stents & Implants	
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- Claims in respect of the following illnesses / operations, will be subject to the following limits:

Name of Illness / Operation	Maximum Charges Inclusive of Room/ ICU/OT Charges/ Surgeons. Anesthetist, doctors fees, medicines, internal appliances and other charges incurred during hospitalisation period
Cataract with imported foldable lens	10000/-
Hysterectomy	22000/-
Appendicectomy	16000/-
Cholecystectomy	18000/-
Prostate	18000/-
Hernia- Inguinal	16000/-
Hernia- Ventral / Incisional	20000/-
Septoplasty	9000/-
Haemorrhoidectomy	8000/-
Fissurectomy	9000/-
Fistulectomy	10000/-
Angiography	12000/-
Tonsillectomy	7000/-
Tympanoplasty	13000/-
Kidney stone/ lithotripsy	13000/-
Arthroscopy	10000/-
PID-Disectomy	31000/-
Mastectomy (Radical)	36000/-
Exploratory Laprotomy	18000/-

Actual pre-hospitalisation medical charges of up to 30 days period immediately before the insured's admission to hospital for that illness, subject to maximum 5% of hospital bill.

- Actual post-hospitalisation medical charges of up to 60 days period immediately after the insured's discharge from a hospital for that illness or injury, subject to maximum of 10% of hospital bill.
- Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment subject to a maximum limit of 25% of the sum insured per illness, provided the treatment is taken in a Government Hospital.
- Ambulance charges, subject to a maximum of Rs. 1000/-
- Hospitalisation Expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the Insured. The Company's liability towards expenses incurred on the donor and the Insured recipient together shall not exceed the sum insured of the latter

ote: Please refer to the policy documents for the complete Insurance Policy subject to the insurance Company.

Premium Rates/ Chart :

Sum insured (Rs.)	Premium (in Rs.)			
	60-65 yrs	66-70 yrs	71-75 yrs	76-80 yrs
1,00,000	3850	4250	4700	5150
1,50,000	5720	6310	6980	7650

Loading for renewal between age of 81- 85 yrs. – 10% of the highest age band of 76-80 yrs.

Loading for renewal between age of 86- 90 yrs. – 20% of the highest age band of 76-80 yrs.

Additional Premium for covering Pre- existing Hypertension & Diabetes mellitus Condition. From the inception of the policy. - 10% of basic premium for each Condition i.e.

Discount for opting for voluntary excess of Rs. 10,000/- -10%

Discount in case spouse is covered - 10%

Note: Please refer to the policy documents for the complete Insurance Policy subject to the insurance Company.

Terms & Conditions :

- 1. Contract:** The proposal form, declaration, pre acceptance Health check-up and the policy issued shall constitute the complete contract of insurance.
- 2. Communication:** Every notice or communication to be given or made under this Policy other than that relating to the claim shall be delivered in writing at the address of the policy issuing office as shown in the schedule. The claim shall be reported to the TPA appointed for providing claim services as per the procedure mentioned in the guidelines circulated by the TPA to the policyholders. In case TPA services are not availed then claim shall be reported to the policy issuing office only.
- 3. Premium Payment:** The premium payable under this policy shall be paid in full and in advance. No receipt for premium shall be valid except on the official form of the company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to admission of any liability by the Company to

make any payment under the Policy. No waiver of any terms, provisions, conditions and endorsement of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

4. **Physical Examination:** Any Medical Practitioner authorized by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged disease/ illness/ injury requiring Hospitalization. Non co-operation by the Insured Person will result into rejection of his/her claim
5. **Fraud, Misrepresentation, Concealment:** The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/ particulars if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his/her behalf.
6. **Contribution:** If at the time when any claim arises under this policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society/ Cancer Patient Aid Association), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation, costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy as indicated above.
7. **Cancellation Clause:** The Company may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The Company shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period scale of rate only (table given here below) provided no claim has occurred up to the date of cancellation.
8. **Free Look Period:** The insured additionally to have 10days free look period to cancel the policy and premium is returned without interest.
9. **Disclaimer of Claim:** If the TPA/ Company shall disclaim liability to the Insured for any claim hereunder and if the insured shall not, within 12 calendar months from the date or receipt of the notice of such disclaimer, notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
10. All medical/surgical treatment under this policy shall have to be taken in India.
11. **Cumulative Bonus:** The Cumulative bonus (CB) is allowed when a policy is renewed after a claim free year at the rate of 5% of the expiring sum insured. CB will be limited to a maximum of 30%. Renewals from other companies will not be eligible for Cumulative Bonus and will be treated as fresh insurance.

In the event of claim, entire Cumulative Bonus will be withdrawn at the time of renewal, irrespective of the claim amount.

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Exclusions :

The Company shall not be liable to make any payment under this policy in respect of:

- 1. Pre-existing diseases/condition:** All diseases/ injuries, which are pre-existing when the cover incepts for the first time. However, they will be covered on completion of 18 claim free months of insurance.
 - Dialysis, Chemotherapy & Radiotherapy for diseases, including Critical Illnesses, existing prior to commencement of this policy are excluded even after two- claim free years.
 - Pre-existing conditions of Diabetes mellitus and Hypertension are covered from inception of the policy but only on payment of additional premium. However, any ailment attributable to Diabetes mellitus or Hypertension, which has already manifested at the time of inception of insurance, will not be covered even on payment of additional premium for covering Diabetes mellitus and / or Hypertension.
- 2. 30-day Exclusion:** No claim will be payable in respect of any disease contracted by the Insured person during first 30 days from the commencement date of the policy. This exclusion will not apply if the policy is renewed without any break. The exclusion does not apply to treatment for accidental injuries.
- 3. Writing period for specified diseases/ ailments/ conditions:** No claim will be payable in respect of the following Diseases/Conditions contracted during the 'waiting periods' specified below, starting from the first day of inception of the cover for the first time.

Sr. No	Name of Disease/Ailment/Surgery not covered for	
1	Any skin disorder	18 months
2	All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps	18 months
3	Benign Ear, Nose, Throat disorders	18 months
4	Benign Prostate Hypertrophy	18 months
5	Cataract & age related eye ailments	18 months

6	Diabetes melitus	18 months
7	Gastric/ Duodenal Ulcer	18 months
8	Gout & Rheumatism	18 months
9	Hernia of all types	18 months
10	Hydrocele	18 months
11	Hypertension	18 months
12	Hysterectomy for Menorrhagia/ Fibromyoma, Myomectomy and Prolapse of uterus	18 months
13	Non Infective Arthritis	18 months
14	Piles, Fissure and Fistula in Anus	18 months
15	Pilonidal Sinus, Sinusitis and related disorders	18 months
16	Prolapse Inter Vertebral Disc unless arising from accident	18 months
17	Stone in Gall Bladder & Bile duct	18 months
18	Stones in Urinary Systems	18 months
19	Unknown Congenital internal disease/defects	18 months
20	Varicose Veins and Varicose Ulcers	18 months
21	Age related Osteoarthritis & Osteoporosis	48 months
22	Joint Replacements due to Degenerative Condition	48 months

These diseases/conditions are covered on expiry of the duration shown against each, provided the policy is continuously renewed with the Company without any break.

4. Permanent Exclusions:

Any medical expenses incurred for or arising out of:

- War, Invasion, Act of foreign enemy, War like operations, Nuclear weapons, Ionising Radiation, contamination by Radioactive material nuclear fuel or nuclear waste.

- Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat any injury or illness.
- Vaccination & Inoculation.
- Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants and durable medical equipments.
- All types of Dental treatments except arising out of an accident.
- Convalescence, general debility. 'Run-down' condition or rest cure. Obesity treatment and its complications, congenital external disease/ defects or anomalies, treatment relating to all psychiatric and psychosomatic disorders, dementia, Alzheimer's disease, infertility, sterility, use of intoxicating drugs/alcohol, use of tobacco leading to cancer.
- Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save a human life), intentional self-inflicted injury, attempted suicide and arising out of non-adherence to any medical advice.
- Treatment of any Bodily injury sustained whilst or as a result of active participation in hazardous sports of any kind.
- Treatment of any Bodily injury sustained whilst or as a result of participating in any criminal act
- Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- Diagnostics, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.
- Any Naturopathy Treatment.
- Instruments used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.

- Genetic disorders and stem cell implantation / Surgery.
- Any Domiciliary Hospitalization/ Treatment.
- Treatment taken outside India.
- Experimental and Unproven treatment (not recognized by Indian Medical Council).
- Change of treatment from one system of medicine to another unless recommended by the Consultant / Hospital under whom the treatment is taken.
- All non-medical expenses including convenience items for personal comfort such as telephone, television, Ayah, Private Nursing/ Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.
- Service charges or any other charges levied by hospital, except registration/admission charges

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