

Issuing Office

National Parivar Mediclaim Plus Policy

Whereas the Proposer designated in the schedule hereto has by a Proposal together with Declaration, which shall be the basis of this contract and is deemed to be incorporated herein, has applied to National Insurance Company Ltd. (hereinafter called the Company), for the insurance hereinafter set forth, in respect of person(s)/ family members named in the schedule hereto (hereinafter called the Insured Persons) and has paid the premium as consideration for such insurance.

1 PREAMBLE

The Company undertakes that if during the Policy Period, any Insured Person shall suffer any illness or disease (hereinafter called Illness) or sustain any bodily injury due to an Accident (hereinafter called Injury) requiring Hospitalisation of such Insured Person(s) for In-Patient Care at any hospital/nursing home (hereinafter called Hospital) or for Day Care Treatment at any Day Care Center or to undergo treatment under Domiciliary Hospitalisation, following the Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify the Hospital or the Insured, Reasonable and Customary Charges incurred for Medically Necessary Treatment towards the Coverage mentioned herein.

Provided further that, the amount payable under the Policy in respect of all such claims during each Policy Year of the Policy Period shall be subject to the Definitions, Terms, Exclusions, Conditions contained herein and limits as shown in the Table of Benefits, and shall not exceed the Floater Sum Insured in respect of the Insured family.

2 DEFINITIONS

2.1 Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.2 Age / Aged means completed years on last birthday as on Policy commencement date.

2.3 AIDS means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus (HIV), which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time.

2.4 Any One Illness means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.

2.5 AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical / para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner in charge round the clock;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

2.6 AYUSH Treatment refers to the medical and / or Hospitalisation treatments given Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

2.7 AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital or
- Teaching hospital attached to AYUSH College recognized by the Central Government/ Central Council of Indian Medicine/ Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

2.8 Break in policy means the period of gap that occurs at the end of the existing Policy Period due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

- 2.9 Cashless Facility** means a facility extended by the Company to the Insured where the payments of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider or a Non Network Provider to the extent pre-authorization approved.
- 2.10 Condition Precedent** means a Policy term or condition upon which the Company's liability by the Policy is conditional upon.
- 2.11 Contract** means prospectus, proposal, Policy, and the policy schedule. Any alteration with the mutual consent of the insured person and the insurer can be made only by a duly signed and sealed endorsement on the Policy.
- 2.12 Congenital anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position:
- a) **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body.
- 2.13 Co-payment** means a cost-sharing requirement by the Policy that provides that the insured shall bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 2.14 Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
- i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner (s) in charge;
 - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
- 2.15 Day Care Treatment** means medical treatment, and/or surgical procedure which is:
- i. undertaken under general or local anesthesia in a hospital/day care centre in less than twenty-four hrs because of technological advancement, and
 - ii. which would have otherwise required a hospitalisation of more than twenty-four hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 2.16 Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 2.17 Diagnosis** means diagnosis by a medical practitioner, supported by clinical, radiological, histological and laboratory evidence, acceptable to the Company.
- 2.18 Domiciliary Hospitalisation** means medical treatment for an illness /injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances.
- i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - ii. the patient takes treatment at home on account of non availability of bed/ room in a hospital.
- 2.19 Family members** means spouse, children and parents of the insured, covered by the Policy.
- 2.20 Floater Sum Insured** means the sum insured, as mentioned in the Schedule, available to all the insured persons, for any and all claims made in the aggregate during each policy year.
- 2.21 Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to Waiting Periods and coverage of Pre-Existing Diseases. The Grace Period for payment of the premium shall be thirty days.
Coverage shall not be available during the period for which no premium is received.
- 2.22 Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least ten inpatient beds, in those towns having a population of less than ten lacs and fifteen inpatient beds in all other places;
 - iii. has qualified medical practitioner (s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

- 2.23 Hospitalisation** means admission in a Hospital or mental health establishment for a minimum period of twenty four (24) consecutive ‘**Inpatient care**’ hours except for procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
- 2.24 ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 2.25 ID Card** means the card issued to the insured person by the TPA for availing Cashless Facility.
- 2.26 Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
- i. **Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires your rehabilitation or for you to be specially trained to cope with it
 - d) it continues indefinitely
 - e) it comes back or is likely to come back.
- 2.27 In-patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 2.28 Insured / Insured Person** means person(s) named in the schedule of the Policy.
- 2.29 Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 2.30 Injury** means accidental physical bodily harm excluding disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
- 2.31 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 2.32 Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of disease/ injury on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 2.33 Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- i. is required for the medical management of the disease/ injuries suffered by the insured person;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.34 Medical Practitioner** means a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.
- 2.35 Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- 2.36 Network Provider** means Hospitals or Day Care Centres enlisted by the Company or jointly by the Company and a TPA to provide medical services to an insured person on payment by a cashless facility.
- 2.37 New Born Baby** means baby born during the policy period and is aged upto 90 days.
- 2.38 Non- Network** means any Hospital, Day Care Centre that is not part of the network.

- 2.39 Notification of Claim** means the process of intimating a claim to the Company or TPA through any of the recognized modes of communication.
- 2.40 Out-Patient Treatment** means treatment in which the insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner and the insured person is not admitted as a day care patient or in-patient.
- 2.41 Policy Period** means period of one policy year/ two policy years/ three policy years as mentioned in the schedule for which the Policy is issued.
- 2.42 Policy Year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.
- 2.43 Preferred Provider Network (PPN)** means a network of hospitals which have agreed to a cashless packaged pricing for listed procedures for the insured person. The list is available on the website of the Company/TPA and subject to amendment from time to time. For the updated list please visit the website of the Company/TPA. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.
- 2.44 Pre existing disease** means any condition, ailment, injury or disease
- a) That is/are diagnosed by a physician within 36 months prior to the effective date of the Policy issued by the Company or its reinstatement, or
 - b) For which Medical Advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy issued by the Company or its reinstatement.
- 2.45 Portability** means a facility provided to the policyholders (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.
- 2.46 Psychiatrist** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist.
- 2.47 Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 2.48 Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the disease/ injury involved.
- 2.49 Room Rent** means the amount charged by a Hospital towards Room and boarding expenses and shall include the associated charges.
- 2.50 Schedule** means a document forming part of the Policy, containing details including name of the insured person, age, relation of the insured person, sum insured, premium paid and the policy period.
- 2.51 Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of a disease or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 2.52 Third Party Administrator (TPA)** means any entity, licenced under the IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee by the Company for the purpose of providing health services.
- 2.53 Unproven/ Experimental Treatment** means treatment, including drug therapy, which is not based on established medical practice in India, is experimental or unproven.
- 2.54 Waiting Period** means a period from the inception of this Policy during which specified diseases/treatment is not covered. On completion of the period, diseases/treatment shall be covered provided the Policy has been continuously renewed without any break.

3 BENEFITS COVERED UNDER THE POLICY

3.1 COVERAGE

3.1.1 In-patient Treatment

The Company shall indemnify the medical expenses for:

- i. Room charges and intensive care unit charges (including diet charges, nursing care by qualified nurse, RMO charges, administration charges for IV fluids/blood transfusion/injection), subject to limit as per Section 3.1.1.1
- ii. Medical practitioner(s)
- iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances
- iv. Medicines and drugs
- v. Diagnostic procedures
- vi. Prosthetics and other devices or equipment if implanted internally during a surgical procedure.
- vii. Dental treatment, necessitated due to an injury
- viii. Plastic surgery, necessitated due to disease or injury
- ix. Hormone replacement therapy, if medically necessary
- x. Vitamins and tonics, forming part of treatment for disease/injury as certified by the attending medical practitioner
- xi. Circumcision, necessitated for treatment of a disease or injury

3.1.1.1 Limit for Room Charges and Intensive Care Unit Charges

Room charges and intensive care unit charges per day shall be payable up to the limit as shown in the Table of Benefits, for Plan A only. However, the limit shall not apply if the treatment is undergone for a listed procedure in a Preferred Provider Network (PPN) as a package.

Note:

Listed procedures and Preferred Provider Network list are dynamic in nature, and will be updated in the Company's website from time to time.

3.1.1.2 Limit for Cataract Surgery

The Company's liability for cataract surgery shall be up to the limit as shown in the Table of Benefits, for Plan A only. However, the limit shall not apply if the treatment is undergone for a listed procedure in a Preferred Provider Network (PPN) as a package.

3.1.1.3 Treatment related to participation as a non-professional in hazardous or adventure sports

Expenses related to treatment necessitated due to participation as a non-professional in hazardous or adventure sports, subject to Maximum amount admissible for Any One Illness shall be lower of 25% of Sum Insured.

3.1.2 Pre Hospitalisation

The Company shall indemnify the medical expenses incurred up to thirty days immediately before the insured person is hospitalised, provided that:

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalisation was required, and
- ii. the in-patient hospitalisation claim for such hospitalisation is admissible by the Company

Pre hospitalisation shall be considered as part of the Hospitalisation claim.

3.1.3 Post Hospitalisation

The Company shall indemnify the medical expenses incurred up to sixty days immediately after the insured person is discharged from hospital, provided that:

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalisation was required, and
- ii. the in-patient hospitalisation claim for such hospitalisation is admissible by the Company

Post hospitalisation shall be considered as part of the hospitalisation claim.

3.1.4 Domiciliary Hospitalisation

The Company shall Company shall indemnify the medical expenses incurred under domiciliary hospitalization, including Pre Hospitalisation expenses and Post Hospitalisation expenses, up to the limit as shown in the Table of Benefits.

Exclusions

Domiciliary hospitalisation shall not cover:

- i. Treatment of less than three days
- ii. Expenses incurred for alternative treatment
- iii. Expenses incurred for maternity or infertility
- iv. Expenses incurred for any of the following diseases;
 - a) Asthma
 - b) Bronchitis
 - c) Chronic nephritis and nephritic syndrome
 - d) Diarrhoea and all type of dysenteries including gastroenteritis
 - e) Epilepsy
 - f) Influenza, cough and cold
 - g) All psychiatric or psychosomatic disorders
 - h) Pyrexia of unknown origin for less than ten days
 - i) Tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis
 - j) Arthritis, gout and rheumatism