# health insurance - Important points when you are considering:

* NCB – no claim bonus (reward will be in 2 types)
  + 1 – insurance cover will be increased
  + 2 - Premium paying will be reduced
* Taking early stages for a family is useful ( but take only individual for elder persons in a family )
* Restoration benefit – (family floater insurance have an added advantage) will see in upcoming points
* Ideal cases for individual (5 lakhs) and for family (10 lakhs) in urban areas. But when it comes to a highly developed cities we need to increase the insurance cover (in my pov x2 for both the cases)
* Network hospitals need to check for the insurance company
* No Cash settlement (insurance company directly will pay to the network hospital if they have a cashless facility with that hospital). [ cashless health insurance claims]
* Restoration benefit [ the insurance cover will be restored to 100% after certain time [ time mentioned by the insurance company to restore], it will be added advantage for a family health insurance policy (as its restoring for every year).
* Room rent should be actuals it should not link with the insurance sum what we are paying for [ in some of the insurance policies it will be 1% or 2% of the total sum insurance for what we are paying]
* Sub – Limit: - sub-limit is the fixed coverage amount on a particular claim for a specific disease or treatment procedure or sub-limit can be a specific amount or percentage of the sum assured
* Waiting Period: - individuals must wait before accessing certain benefits
* Cooling – off period: - for an existing illness we need to wait for certain period of time to claim
* Need to check for less Waiting / cooling period [ then we can use the sum within a less amount of time]
* Slow Growing disease 🡪 need to check again [ waiting period / whether buy-back will cover here or not]
* Waiting period – for pregnancy (need to check)
* Pre and Post hospital expenses need to check [ whether we can claim on this pre and post hospital expenses] [ how many days it will cover ]
* Daycare 🡪 [ some surgeries will take very less time “ex : - if I have tonsils it will take within a day we need to check whether we can claim these kind of things”]
* Co – Pay :- we need to pay some percentage of hospital expenses as mentioned in the agreement/ policy which we took
  + Ex for co-pay :- I have opted for 10% co-pay :- if my hospitalization bill is 1 Lakh and 90 thousand will be paid by insurance company and remaining 10% need to be paid by me.
* Yearly medical checkup free – [ we can utilize in any hospital to claim this free medical checkup]
* Ambulance fee need to be covered by the policy
* Allopathy, Homeopathy and ayurvedic this is called ayush and this should be covered.
* Zonal insure or Pan India insurance [ Pan India Insurance is best to cover all the network hospital’s in India ]
* Be transparent to them as it will help while claiming the insurance policy [ existing diseases, alcohol and smoking
* **IRDA rules if we follow we can convert/change it from corporate insurance to the individual insurance**
* 🡪 need to check with peddod on this one to convert from corporate insurance to an individual health insurance.
* If possible we can take for an additional insurance for an individual.
* TOP – UP and SUPER – TOP – UP :- This is important riders [ Super top – up is the best so we can touch/use in any time but not in actual top – up in some conditions]

Money Purse

* 3 imp insurances { life insurance , health insurance and general insurance}
* Why insurance 🡪 to use when we are not in a health condition { due to aging mainly}

# Life insurance :- (term insurance or life insurance)

* Check claim settlement ratio 🡪 should be good (it will be a good company).
* Ask or check with the insurance aggregators/ insurance experts for the good/best one for our purpose
* #need to check with peddod [ insurance aggregators to check claim settlement ratio and insurance calculator give by raise anna]
* To add/pin a first diagnosis for the policy to have clear view on the diseases I have
* Riders for the term insurance/ health insurance [ accidental death and disability benefit rate rider and critical illness rider (which of them are covering and what we need based on that we need to add a life insurance)]
* One time settlement for the term insurance is the best one for claiming ( don’t go for the multiple of settlement)
* **Health insurance 🡪 restoration benefit ( 1 or 10 or 100 times) the one which revoke before exhausting the existing limit of cover. So we can use this coverage for other illness due to that period --🡪 need to check whether we have coverage for same illness or not. ( when this restoration benefit will get triggered or how is the process).**
* Co-Pay is not a good suggestion for the health insurance. [ prefer not to go for co-pay]
* Top up is a good option for future use
* To add a health insurance for the parents or in laws in company itself to cover the existing disease

Ankur Warikoo

* Family floater 🡪 a health insurance policy/plan that extends the coverage to the entire family
* Take health insurance as early as possible
* No claim bonus that keeps getting added in you coverage in coming years
* Should you take same health insurance for yourself and your parents 🡪 it should be different as in a way for parents (it should be individual or combining them is good) and for yourself it will be good to buy a family health insurance
* PED 🡪 pre existing diseases ( we should take the policy which should cover the PED after waiting/cooling period we need to take that policy which is best )
* Room rent actual ( it should not be 1 or 2 % of the insurance cover)
* **TOP-UP question 🡪 there should be unlimited claims allowed on health insurance**
* Network of cashless hospitals around our stay/home
* Health checkup’s and OPD should be there for certain period of time (like once in every 1 )
* **Free online OPD consultation ( Navi Health Insurance)**
* Claim Settlement ratio should be greater than 95%
* **IRDA the website/Organization which monitors/maintains the public profile of all the health insurance companies ( we can check claim settlement ratio**
* If we didn’t pay amount for a certain period of time till when the insurance policy be alive
* **We can convert the health insurance policy into an monthly payment (POV 🡪 which will be good to bear for monthly but small change in terms and conditions need to check the difference between them {means both yearly and monthly}) which will also gives you financial discipline**
* **ICR 🡪 (INCURRED CLAIM RATIO) 🡪 WE NEED TO CHECK THIS ONE ALSO AS IT WILL ALSO DECIDE WHICH IS A GOOD INSURANCE COMPANY 🡪 ( between 55-70 % of ICR indicates a good settlement of that insurance company)**

Recommendations :-

Navi Health Insurance ( Ankur Warikoo)

**Star Health Insurance (As I see)**

Max Bupa health Insurance ( Peddod )

**Govt Health Insurance (As I see)**

Tata Medicare Premier

**Reliance Health gain**

NIVA BUPA REASSURE BRONZE + DIRECT (pre existing any rider available) ?

# Points to be covered while buying insurance :-

* NCB should help in increasing cover
* Should have restoration benefit [ check restore benefit details ( when it will trigger and how many times it will restore and can it be covered for same illness in the same year)] 🡪 it should be lifetime renewal or unlimited restorations
* Need good hospitals in network list (Kurnool, Bengaluru and PAN INDIA {should not be zonal insurance})🡪 for cash less claim
* Room rent should be actual (should not be any restrictions)
* Sub-limit [claim coverage will be limit for certain diseases so we need to check what are all the diseases should have and how much cover for it] 🡪 (sub limit means insurance company saying that we will only pay this amount for this particular health ailment) for the type of diseases based on which we are thinking of taking insurance, if there is a sub limit, then take some time and go to hospital and check what is the amount charge for that disease treatment and how much is insurance aggregator paying for it, if there is a big difference it is better to go for other insurance provider which does have no sub limit option or more sub limit option.
* Check waiting period and cooling period w.r.t the diseases [that parents might be prone to] 🡪 BuyBack which will reduce the waiting period for PED (pre existing disease) 🡪 need to check on pregnancy time also
* PRE and POST hospitalization should be atleast 30-45 days
* DAYCARE should be covered
* Should not have CO-PAY
* Should check for better Aayush plan’s [ should cover allopathy, homeopathy,Unani and ayurvedic]
* SUPER -TOP-UP [RIDER WHICH WE CAN USE IN ANY SITUATION, it will be helpful in extreme situations]
* CLAIM SETTLEMENT RATIO (should be > 95%) , INCURRED CLAIM RATIO (should be 55% - 70%) this ratio’s indicate a good insurance company 🡪 this we can check in IRDA website
* Family Floater 🡪 which will extends the coverage for the entire family
* Till when the policy/plan will be alive if we didn’t pay money or if we forgot to pay
* Go for one time settlement option of amount to be claim ( need to check how the settlement process goes)
* Points lightly to take care: - Ambulance fee (air ambulance), Regular health checkup, Regular OPD, Atlease FREE ONLINE OPD Consultations, Check for the monthly insurance policy as it will be helpful to increase discipline in us ( before taking this we need go thoroughly for the terms and conditions of changes in both of them)

# Points to be keep in mind after buying health insurance:-

report the insurance company immediately after you join, if it is a emergency, or report 4 days before if it is not an emergency  
Save receipts of monthly payments somewhere   
go for free health checkups if they provide  
Opt for monthly premiums as you can get some return if you try to invest them somewhere   
Try to get certificate proof for any ailments (and save them safely) such as diabetes with date so that when insurance company tries to reject claim because of a disease, you can have proofs  
take room strictly based on the insurance obligation you are getting, because because extra room rent will also let us pay similarly for all the treatments, ex: if we are taking room which let us pay 30% out of our pocket, then for all services such as operation and stuff, we need to pay 30% out of our pocket,

# questions to ask

## star comprehensive

10% copayment for age above 60 -> if the patient joined at 58 years and after 3 years if he gets hospitalized, then has he to pay 10% co pay

Rider 🡪 do we need to pay for rider on every renewal for PED ( do we have to pay ped for the next years for buyback policy).

ZONE BASED PRICING IS ALSO THERE FOR PAN INDIA ON ICICI LOMBARD 🡪 WILL IT BE REALLY HELPFUL IF WE USE ZONE BASED INSURANCE PREMIUM PAYING

Till when the policy will be alive even if we didn’t pay premium for certain days cause of any unexpected issue ?

**what happens to no claim bonus 🡪 what happens if we claim after full restoration ?🡪 what happens to 20% guaranteed and upto 100% ncb for 1 year ?**

**Need to check on STAY FIT for discount on renewsl time ?**

**Restoration of cover** - ₹15 lakh unlimited times a year, what does it mean by unlimited times in a year?

**Hospitalization at home** -Covered upto ₹1.5 lakh -> what is the gap between one home hospitalization to other?

Why preventive care ?

## Star Health Assure Insurance Policy

No claim bonus - ₹3.75 lakh per year and upto maximum of additional ₹15 lakh, **in case a claim is made, what happens to no claim bonus 🡪 what happens if we claim after full restoration ?🡪 what happens to 20% guaranteed and upto 100% ncb for 1 year ?**

**Need to check on STAY FIT for discount on renewal time ?**

**Restoration of cover** - ₹15 lakh unlimited times a year, what does it mean by unlimited times in a year?

**Hospitalization at home** -Covered upto ₹1.5 lakh -> what is the gap between one home hospitalization to other?

Super top up have any age limit or BMI Restrictions any other restrictions?

Do we have any port options from one health insurance policy to other health insurance policy after 1 or 2 years with the existing benefits?

What about the increment in premium when age increases (after 5 years)

Approximate rate of increase in premium per yoy

What happens if we shift the policies whether the restoration happens multiple times or not

Can we able to claim for the same treatment again in same year if sum assured is remaining

What is meant by free look period?

# Star health comprehensive

## Eligibility

Entry age between 3 and 65 years

No pre acceptance medical screening

Day care procedures covered

## Coverage

Room- single private AC room

automatic restoration of sum insured- it is said that Restoration is only once during the policy period. What does it mean by policy period- is it one year?

## Co pay

This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons

whose age at the time of entry is above 60 years. This co-payment will not apply for those insured persons who have entered the

policy before attaining 60 years of age and renew the policy continuously without any break. This co-payment is applicable for

Section 1 A to 1 G. 1 1, Section 4, Section 7 and Section 9

## Out patient

Out Patient Dental Ophthal Coverage- Once in a block of every 3 years of continuous renewal

## Hospital cash

What is hospital cash benefit in section 5

Hospital Cash upto 7 days per occurence & upto

120 days per policy period. (1 day time excess)

## Claim procedure

* Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
* Inform the ID number for easy reference
* On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
* Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
* In case of emergency hospitalization, information to be given within 24 hours after hospitalization
* In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

## Doubts

What is hospital cash benefit in section 5

Buyback pre-existing diseases- a one time payment or every year payment

Buyback pre-existing diseases- related add on will require pre-medical screening cost might be borne by the company and condition supply that I might want to pay 50% at companies discretion- what is **pre-medical screening**

**How much hospital cash per day?**

**Does it has pan india coverage? How does it affect? What is meant by zones?**

### Free look period

**I did not understand these**

a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the

stamp duty charges

where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction

towards the proportionate risk premium for period on cover

Or

where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance

coverage during such period.

Free look period shall not be applicable at the time of renewal

# Care- supreme

## pros

Automatic Recharge for Related & Unrelated Illnesses

Up to 100% of Sum Insured on Ambulance Cover - \*100% of SI available only for `15 Lakh and above SI on road ambulance, For SI below `15 lac – up to `10,000

E-consultation with General Physician

AYUSH treatment coverage up to 100% of Sum Insured

Coverage for treatment expenses at home up to 100% of Sum Insured under - Domiciliary Hospitalization

Advance technology methods covered up to 100% of Sum insured

No reduction in Cumulative Bonus even if you claim

Pre-policy Issuance Medical Check up-yes

In-Patient Care Up to SI

Day Care Treatment All Day Care Procedures

Advance Technology Methods Up to SI

ICU Cover Up to SI

AYUSH Treatment Up to SI

Domiciliary Hospitalization Up to SI

Cumulative Bonus 50% of SI per year, max up to 100% of SI; Shall not reduce in case of claim

**Unlimited Automatic Recharge Available for unlimited times for unrelated or same illness.**

Wellness benefit- program?

## Cons

Pre-Existing Diseases -48 Months

## Doubts

What does Tenure Options 1/2/3 Years mean?

Earn up to 30% Discount on Renewal - Through Active days fitness program under Wellness Benefit (Optional Cover). - what does this mean?

Is there any sublimit on advance technology methods?

No reduction in Cumulative Bonus even if you claim, what does this mean?

What is Named Ailment?

# Manipal cigna – Prime Senior

## Must do things while taking policy

Take pan india insurance.

Take buyback rider, if generative/slow growing diseases covered.

## Pros

No mandatory pre policy medical check up

In-patient for more than 24 consecutive hours

the Insured Person shall bear

only the difference between the room rent of the entitled room category to the room rent actually incurred.

A plan with provision for coverage without co-payments and sub-limits even for higher ages\*

Mental Illness/modern and advanced treatments/HIV/AIDs and STDs cover **without any sub-limits**.

At the rate of 10% of Sum Insured maximum up to of 100% of Sum Insured

The coverage restores to 100% of Sum Insured, every time, any number of times for related/unrelated illnesses, so your parents are always protected, and you stay blessed with their love.

UNLIMITED TELE-CONSULTATIONS -> Immediate help, is just a call away whenever your parents need it for consultations including specialists

Lifetime RenewabilitY

FULLER COVERAGE WITH UNLIMITED 100% RESTORATION OF SUM INSURED (Available with Elite Plan)-Every time, multiple times for related or unrelated illnesses/injuries, because a coverage should mean full coverage always. Applicable from 2nd claim onwards

Premium Waiver Benefit (Available with Elite Plan) Waiver of next one year renewal policy premium if the Proposer who is also an Insured is diagnosed with any of the listed Critical Illnesses or suffers an Accidental Death

Avail treatment in a room category higher than your eligibility and get charged only for the additional difference pertaining to the difference in room rent only. No proportionate charges on doctor visits, nursing expenses and so on.

### BETTER OPTIONAL COVERS

Get comfort along with treatment and avail the option to upgrade to ‘Any room’ category during hospitalization with no proportionate deduction

## Cons

Only 36 listed critical illness treated?

High premium.

Sub limits and higher ages? What is the rider associated with it?

What happens to ncb (If I accumulated 5lakh ncb), if I port from star health to cigna?

If I port to cigna, will ncb increase 10% every year on which I make No claim?

## Claim process:

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## To do Before talking to sadab:

Check cashless network hospitals at Kurnool, Hyderabad, Bangalore, Chennai

## Doubts

ROOM CATEGORY FLEXIBILITY WITH NO PROPORTIONATE DEDUCTION - what does this mean? And how much is room category flexibility

Do we have any sublimits in this policy?

Is there a cool off period?

How are slow growing diseases covered under this policy? How will it impact buyback rider?

Can you tell me a bit detail about Pre – hospitalization, Post – hospitalization details? Subjected to Policy Schedule, what does it mean?

How about medical checkups?

Please explain, how restoration works? Will no claim bonus increase on second year gets reduced on 4th year, if utilized on 3rd year?

What does this mean?

If you have opted for ‘Elite’ Plan, the Cumulative Bonus shall be accumulated irrespective of claim in the preceding Policy Year after II.

The Cumulative Bonus will not be accumulated more than 100% of the Sum Insured under the current Policy with Us under any circumstances.

What does this mean in Domiciliary hospitalization? This is provided that the condition would otherwise have been covered for hospitalization under the Policy and for which treatment is required continues for at least 3 days and is on the advice of a medical practitioner?

What are the day care treatments supported?

Is there No mandatory pre policy medical checkup?

Is the rider needed for co-payments?

At the rate of 10% of Sum Insured maximum up to of 100% of Sum Insured- explain how SI increases Year after year

How many days is pre and post hospitalization expenses covered?

Such as capping on the limit of room and option to choose from wide range of deductible options?

A plan that gives you flexibility with lower waiting periods and provides Coverage for Pre-Existing Disease conditions – is it 91 days?

In-patient, pre & post, screening, and complications with respect to the donor for an organ transplant?

What are the list of illness covered under this insurance?

A fixed daily cash benefit for each continuous and completed 24 hours of hospitalization in a shared accommodation. Applicable only after 48 hours of hospitalization. The benefit shall be payable from 1st day onwards, **how much is daily cash benefit?**

Ayurveda Yoga & Naturopathy, Unani, Siddha Homeopathy - In-patient medical expenses or hospitalization towards non-allopathic treatments because you should decide the treatment you want and not your coverage

What is Cumulative Bonus?

What is premium management?

What is shield (ManipalCigna Health 360)

### BETTER OPTIONAL COVERS

Limit on room accommodation for our price sensitive customers? -> **is it only available to classic plan?**

Do we need to pay PED rider for 2 years?

Do we need to pay (all)riders every year?

Unlimited 100% restoration of Sum Insured (Available with Classic Plan) Every time, multiple times for related or unrelated illnesses/injuries, because a coverage should mean full coverage always. Applicable from 2nd claim onwards -> **is it only available to classic plan?**

### Better add on covers

Standing Instruction Discount??

Long Term Discount?

Health 360 OPD Option to choose from flexible packages to cover for consultation, prescribed diagnostics and pharmacy?

### Proprtionate deduction on other expenses?

If we don’t take any room upgrade rider, will other expenses wont get affected?

### Preventive health check up

Give me details about preventive health check ups?

### Which policy is this? multi individual or family floater?

Spouse less than 56 Years can be part of the policy??

### Pre-post-in hospitalization covered?

Are all expenses covered?

### How much is daily cash benefit?

### Road ambulance and air ambulance limit?

10 Lacs; over above the base Sum Insured

### Preventive Health check-up?

What is it?

### Health 360

What is it?

### Restoration of Sum Insured

Not Available

## Note:

We might have to go with **elite** as classic does not have unlimited restorations, daily cash

Which OPD should we take?

**Is screening required?**

# Points to note

## The following are some of the instances where the Insured Person avails room category higher than the entitled room category yet, need not bear ratable proportion of the total Associated Medical Expenses: i. Unavailability of the entitled room category

ii. Unavailability of necessary medical facility in the entitled room category for the purpose of treatment of illness/injury/condition for which the insured was admitted

iii. In case of an emergency hospitalization wherein the Insured is not in a position to select or wait for the entitled room category

## 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 in the Policy Schedule/ Product Benefit Table of this Policy.:

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

b. Balloon Sinuplasty

c. Deep Brain stimulation

d. Oral chemotherapy

e. Immunotherapy - Monoclonal Antibody to be given as injection

f. Intra vitreal injections

g. Robotic surgeries

h. Stereotactic radio surgeries

i. Bronchial Thermoplasty

j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

k. IONM - (Intra Operative Neuro Monitoring)

l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

## Not covered in Domiciliary hospitalization

i. Asthma, COPD, bronchitis, tonsillitis and upper and lower respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza,

ii. Arthritis, gout and rheumatism including the rheumatism of bones, joints and also rheumatic heart disease,

iii. Chronic nephritis and nephritic syndrome,

iv. All types of Diarrhea and dysenteries, including gastroenteritis,

v. Diabetes mellitus and Diabetes Insipidus,

vi. Epilepsy / Seizure disorder,

vii. Hypertension,

viii. Pyrexia of unknown origin

## Road Ambulance

This benefit will be applicable per Hospitalization and necessity must be certified by the attending Medical Practitioner.

## Premium waiver benefit

the Policyholder who is also an Insured Person under the Policy suffers Death due to an injury caused by an Accident within 365 days from the date of the event or he/she is diagnosed with a Critical Illness, listed under this section, We will pay the next one full Policy Year’s Renewal Premium (including premium for Optional covers, Riders and Taxes) of the Policy, for a policy tenure of 1 year. The premium shall be waived towards existing Insured Persons covered under the same policy, with benefits same as the expiring Policy.

## Health checkup

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ii. The Insured member shall choose to undergo Health Check Ups of Insured member’s choice on Cashless basis with Our Network Provider, subject to the maximum limits as specified against the applicable Sum Insured.

iii. All the tests must have been done on the same date.

iv. Original Copies of all reports will be provided to You.

v. We shall cover Health Check Up only on cashless basis.

vi. This benefit shall be over and above the Sum Insured.

vii. Restoration of Sum Insured shall not be available under this benefit.

## Restoration of sum insured

### Not covered for

* Domiciliary Hospitalization

### Covered for

Restoration of the Sum Insured will only be provided for coverage under

II.1. ‘In-patient Hospitalization’,

II.2. ‘Pre-Hospitalization’,

II.3. ‘PostHospitalization’,

II.4. ‘Day Care Treatment’,

II.6. ‘Road Ambulance’,

II.7 ‘Donor Expenses’,

II.9. ‘AYUSH Treatment (In-patient Hospitalization)’ NonMedical Items (if Section IV.6 ‘ManipalCigna Health 360 - Shield’ is opted and applicable)

# QnA

## can we changed sum assured in manipal senior elite?

every year before paying premium.

## what happens to NCB if we do claim after accumulating NCB?

making claims after accumulating no claim bonus, will not reduce the sum (which got increased by no claim bonus)

max ncb will be 100%

if your sum assured is 10 lakhs, then after accumulating NCB the sum assured becomes 11 lakhs, and even if we make claim of 11 lakhs in 3rd year, for 4th year sum assured will stay as 11 lakhs

## when will premium increase at a high level?

premium increasing will be based on age.

It will increase at a high pace at 5 year intervals, at 55y, at 60y …

## ICU CHARGES

Do they charge extra for ICU ? if yes what are the limits?

# Benefits you can use

Unlimited Tele consultations

In-patient, pre & post, screening and complications with respect to the donor for an organ transplant

A fixed daily cash benefit for each continuous and completed 24 hours of hospitalization in a shared accommodation. Applicable only after 48 hours of hospitalization. The benefit shall be payable from 1st day onwards

## FULLER COVERAGE WITH UNLIMITED 100% RESTORATION OF SUM INSURED:

Every time, multiple times for related or unrelated illnesses/injuries, because a coverage should mean full coverage always. Applicable from 2nd claim onwards

## AYUSH

In-patient Hospitalization is needed.

In-patient medical expenses for hospitalization towards non-allopathic treatments.

### Rules

The Insured Person has undergone treatment in an AYUSH Hospital where AYUSH Hospital is a healthcare facility wherein medical/ surgical/ parasurgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising any of the following:

i) Central or State Government AYUSH Hospital; or

ii) Teaching hospitals attached to AYUSH College recognized by Central Government / Central Council of Indian Medicine and Central Council of

Homeopathy; or

iii) 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:

a. Having at least five In-patient beds;

b. Having qualified AYUSH Medical Practitioner in charge round the clock;

c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried

out;

d. Maintaining daily record of the patients and making them accessible to the insurance company’s authorized representative.

The following exclusions will be applicable in addition to the other Policy exclusions:

Facilities and services availed for pleasure or rejuvenation or as a preventive aid, like beauty treatments, Panchakarma, purification, detoxification and

rejuvenation

## Unlimited Tele-Consultation

Through phone or chat mode, available through our Network Providers

Unlimited Tele-consultation including specialist during the Policy Year

## Premium Waiver Benefit

Waiver of next one year renewal policy premium if the Proposer who is also an Insured is diagnosed with any of the listed Critical Illnesses or suffers an Accidental Death

## Daily cash benefit

800 per day up to maximum of R 5,600, per hospitalization

. Daily Cash for Shared Accommodation

We will pay a daily cash amount up to the limits as specified in the Policy Schedule/ Product Benefit Table of this Policy in a Policy Year for the Insured

Person for each continuous and completed period of 24 hours of Hospitalization provided that,

a. We have accepted claim under Section II.1 In-patient Hospitalization during the Policy Year

b. The Insured Person has occupied a shared room accommodation during such Hospitalization

c. The Insured Person has been admitted in a Hospital for a minimum period of 48 hours continuously.

What is not covered:

This benefit will not be payable if the Insured Person stays in an Intensive Care Unit or High Dependency Units / wards

## Health checkup

Annually from 1st year onwards as per your choice. Limits basis opted Sum Insured??

Available each policy year For Sum Insured up to 10 Lacs: Up to `3,500 per insured member For Sum Insured above 10 Lacs: Up to `5,000 per insured member Annually from 1st policy year onwards The Health Check-up shall be offered on cashless basis only. However, the eligible insured may avail health check from the MCHI Network of Health Check Up Center up to the limit specified

# Important points

What is the rate at which premium (that we pay) increases YOY basis

Check network hospitals again clearly