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Part – II

1 RECITAL CLAUSE

1.1 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) named in the Schedule hereto (hereinafter called the Insured Persons) and has paid the premium as consideration for such insurance.

1.2 OPERATIVE CLAUSE

The Company undertakes that if during the Policy Period stated in the Schedule, any Insured Person(s) 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, 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 exceeding the Base Sum Insured and Corporate buffer in such hospitalisation and any subsequent hospitalisation(s) towards the Coverage mentioned herein.

Provided further that, the amount payable under the Policy in respect of all such claims during the Policy Period shall be subject to the coverage, terms, exclusions, conditions, definitions and sub limits contained herein as well as shown in the following sections, and shall not exceed the floater Sum Insured in respect of insured person(s) covered under the policy.

Important:

1. Claim shall be admissible for the hospitalisation during which the cumulative medical expenses in respect of hospitalisation(s) of any insured person in policy period exceeds the base Sum insured and Corporate buffer and for all subsequent hospitalisation(s) during the policy period.
2. For claims admissible under the policy (after Medical Expenses exceeds the base Sum Insured) Coverage mentioned in both Section 1.3 and Section 3 shall be payable.
3. Maximum liability of the Company under the policy for all admissible claims during the policy period shall be floater sum insured opted.





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4. The insured shall preserve and submit all original documents and/or certified copies of documents related to all hospitalisation(s) during the policy period to enable the company to calculate the cumulative medical expenses and base Sum Insured, for determining admissibility and payment of claims.

1.3 BASIC COVER:

1.3.1 In the event of any claim becoming admissible under this scheme, the company will pay to the Hospital/Nursing Home or Insured Person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured in aggregate mentioned in the Schedule hereto.

A) Room and boarding expenses as provided by the Hospital/Nursing Home not exceeding per day limit as mentioned in the Schedule or the actual amount whichever is less.

B) Intensive care Unit (ICU) expenses not exceeding per day limit as mentioned in the Schedule or actual amount whichever is less.

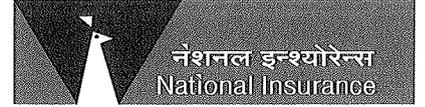
C) Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner Consultants, Specialists Fees.

D) Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO Charges, Aesthetic, Oxygen, Blood, Operation Theatre Charges, surgical appliances, OT Consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, Orthopaedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, Laboratory/Diagnostic tests, X-ray CT Scan, MRI, any other scan and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.

E) Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

1.3.2 Pre-Hospitalization and Post- Hospitalization Expenses – Medical Expenses relevant to the same condition for which the hospitalization is required incurred during the period up to 30 days prior to hospitalization and during the period up to 90 days after the discharge from the hospital. These expenses are admissible only if the primary hospitalization claim is admissible under the policy.





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2. Definitions:

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

2.2 ALTERNATIVE TREATMENTS- Alternative treatments are forms of treatment other than treatment "Allopathic" or "Modern medicine" and includes Ayurveda, Unani, Siddha, Naturopathy and Homeopathy in the Indian context.

2.3 ANY ONE ILLNESS will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken.

2.4 CANCELLATION defines the terms on which the policy contract can be terminated either by the insurer or the insured person by giving sufficient notice to other which is not lower than a period of fifteen days.

2.5 CASHLESS FACILITY means a facility extended by the insurer to the insured where the payment of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre – authorization approved.

2.6 CONGENITAL ANOMALY refers to a condition(s) which is present since birth and which is abnormal with reference to form, structure or position.

1 Internal Congenital Anomaly

Which is not in the visible and accessible parts of the body.

2 External Congenital Anomaly

Which is in the visible and accessible parts of the body.

2.7 CONDITION PRECEDENT shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.

2.8 CONTINUOUS COVERAGE means uninterrupted coverage of the insured person under our Individual Health Insurance Policies or Family Floater policy from the time the coverage incepted under the policy, provided a break in the insurance period not exceeding thirty days being grace period shall not be reckoned as an interruption in coverage for the purposes of this clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest sum insured would be reckoned for determining continuous coverage.

However, the benefit of Continuous Coverage getting carried over from other policies will not be available for HIV/AIDS coverage.





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2.9 DAY CARE CENTRE means any institution established for day care treatment of illness and /or injuries or a medical set – up 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:

- a. Has qualified nursing staff under its employment.
- b. Has qualified Medical practitioner(s) in charge
- c. Has a fully equipped operation theatre of its own where surgical procedures are carried out.
- d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

2.10 DAY CARE TREATMENT-Day Care Treatment means the medical treatment and / or surgical procedure which is -

- i) Undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and
- ii) Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

2.11 DEDUCTIBLE is a cost sharing requirement under a Health Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

2.12 DENTAL TREATMENT means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

2.13 DISCLOSURE TO INFORMATION NORM: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2.14 EMERGENCY CARE means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

