

## National Parivar Mediclaim Plus Policy Customer Information Sheet

S No.	Title	Features	Description			Refer to policy clause number
1	Product Name		National Parivar Mediclaim Plus Policy			
			PLAN A	PLAN B	PLAN C	
2	What am I covered for?	Sum insured (SI) (as Floater)	INR 6/ 7/ 8/ 9 /10 Lac	INR 15/ 20 /25 Lac	INR 30/ 40/ 50 Lac	
		Treatment	Allopathy, Ayurveda and Homeopathy			
		In built Covers (subject to the SI)				
		In patient Treatment (as Floater)	Up to SI	Up to SI	Up to SI	2.1.1
		Room/ ICU charges (per day per insured person)	Room - Up to 1% of SI per day or actual, whichever is lower ICU – Up to 2% of SI per day or actual, whichever is lower	Actual	Actual	2.1.1.1
		Limit for cataract surgery (For each eye per insured person)	For each eye – Up to 15% of SI or INR 60,000 whichever is lower	Actual	Actual	2.1.1.2
		Pre Hospitalisation	30 days	30 days	30 days	2.1.2
		Post Hospitalisation	60 days	60 days	60 days	2.1.3
		Domiciliary Hospitalisation (as Floater)	Up to 20% of SI, subject to maximum of INR 1,00,000	Up to 20% of SI, subject to maximum of INR 2,00,000	Up to 20% of SI, subject to maximum of INR 2,00,000	2.1.4
		Day Care Procedures (as Floater)	Up to SI	Up to SI	Up to SI	2.1.5
		Ayurveda and Homeopathy (as Floater)	Up to SI	Up to SI	Up to SI	2.1.6
		Organ donor's medical expenses (as Floater)	Covered	Covered	Covered	2.1.7
		Hospital cash (per insured person, per day)	INR 500 per day, max. of 5 days	INR 1,000 per day, max. of 5 days	INR 2,000 per day, max. of 5 days	2.1.8
		Ambulance (per insured person, in a policy year)	Up to INR 2,500	Up to INR 4,000	Up to INR 5,000	2.1.9
		Air Ambulance (per insured person, in a policy year)	Not covered	Up to 5% of SI per policy year	Up to 5% of SI per policy year	2.1.10

Medical Emergency Reunion (per insured person, in a policy year)	Not covered	No sublimit	No sublimit	2.1.11
Doctor's Home Visit and Nursing Care during Post Hospitalisation (per insured person, in a policy year)	Not covered	INR 1,000 per day, max. of 10 days	INR 2,000 per day, max. of 10 days	2.1.12
Anti Rabies Vaccination (per insured person, in a policy year)	Up to INR 5,000	Up to INR 5,000	Up to INR 5,000	2.1.13
Maternity (including Baby from Birth Cover) (per insured person, in a policy year, waiting period of 2 years applies)	Up to INR 30,000 for normal delivery and INR 50,000 for cesarean section	Actual	Actual	2.1.14
Vaccination for New Born Baby	As part of Maternity	As part of Maternity	As part of Maternity	2.1.14.iv
Infertility (per insured person, in a policy year, waiting period of 2 years applies)	Up to INR 50,000	Up to INR 1,00,000	Up to INR 1,00,000	2.1.15
Vaccination for Children, for male child up to 12 years and female child up to 14 years (per insured person, in a policy year)	Up to INR 1,000	Actual	Actual	2.1.16
Modern Treatment (12 nos)	Up to 25% of SI for each treatment	Up to 25% of SI for each treatment	Up to 25% of SI for each treatment	2.1.19
Treatment due to participation in hazardous or adventure sports (non-professionals)	Up to 25% of SI	Up to 25% of SI	Up to 25% of SI	2.1.1.3
Morbid Obesity	Covered after waiting period of 4 years	Covered after waiting period of 4 years	Covered after waiting period of 4 years	2.1.20
<b>Other benefits</b>				
Medical Second Opinion (MSO) (for 160 major illness)	Up to two MSO per family for each new diagnosis of any of the major illnesses in Appendix II, in a policy year	Up to two MSO per family for each new diagnosis of any of the major illnesses in Appendix II, in a policy year	Up to two MSO per family for each new diagnosis of any of the major illnesses in Appendix II, in a policy year	2.2.1
Reinstatement of sum	Yes	Yes	Yes	2.2.2

		insured due to road traffic accident				
		<b>Good Health Incentives</b>				3
		No claim discount	5% on base premium			3.1
		Health Check Up (as Floater)	Every 2 yrs., up to INR 5,000 irrespective of claims	Every 2 yrs., up to INR 7,500 irrespective of claims	Every 2 yrs., up to INR 10,000 irrespective of claims	3.2
		<b>Optional covers</b>				
		Pre-existing Diabetes/Hypertension (as Floater)	First year	Up to a maximum of 25% of SI		8.1
			Second year	Up to a maximum of 50% of SI		
			Third year	Up to a maximum of 75% of SI		
		Out-patient Treatment (as Floater in a policy year)	Limit of cover per family - INR 2,000/ 3,000/ 4,000/ 5,000/ 10,000/ 15,000/ 20,000/ 25,000			8.2
		Critical Illness (per insured person in a policy year)	Benefit amount - INR 2,00,000/ 3,00,000/ 5,00,000/ 10,00,000/ 15,00,000/ 20,00,000/ 25,00,000.			8.3
3	<b>What are the Major exclusions in the policy?</b>	a. Treatment outside India b. Naturopathy and experimental treatment c. Surgery for correction of eye sight due to refractive error, spectacles, contact lens, hearing aid, cochlear implants d. Any hospital admission primarily for investigation / diagnostic purpose e. Drug/ alcohol abuse, f. Any kind of service charges, admission fees/ registration charges levied by the hospital g. Hazardous sports, war, warlike operations h. Radioactivity  <i>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</i>				4
4	<b>Waiting period</b>	a. Pre-Existing Diseases will be covered after a waiting period of thirty six (36) months of continuous coverage b. Any disease contracted within the first thirty (30) days from the inception of the policy shall not be payable. This Waiting Period shall not apply to accidental injuries. c. Specified surgeries/treatments/diseases are covered after specific waiting period of 90 days/ one year/ two year/ four years				4.1 4.2 4.3
5	<b>Payout basis</b>	<ul style="list-style-type: none"> <li>Reimbursement of covered expenses up to specified limits</li> <li>Cashless payment of covered expenses up to specified limits in network providers/ PPN</li> </ul>				
6	<b>Cost sharing</b>	<b>Treatment outside zone</b>	<b>Copayment to apply</b>	<b>Copayment to apply</b>	<b>Copayment to apply</b>	5.5.7
		<b>Treatment outside network</b>	<b>Copayment to apply</b>	<b>Copayment not to apply</b>	<b>Copayment not to apply</b>	5.5.8
		Above copayments shall not be applicable on Critical illness & Outpatient treatment optional covers, but shall apply on Pre existing diabetes and/ or hypertension optional cover.				
7	<b>Renewal Conditions</b>	The policy can be renewed annually throughout the lifetime of the insured person. The policy may be renewed by mutual consent. The company is not bound to give notice that it is due for renewal. Renewal of the policy can not be denied other than on grounds of fraud, moral hazard or misrepresentation or noncooperation. In the event of break in the policy a grace period of thirty days is allowed.				5.15
8	<b>Renewal Benefits</b>	<b>Good health incentives</b> <ul style="list-style-type: none"> <li>No claim discount (NCD)</li> <li>Health check up</li> </ul>				3

9	<b>Cancellation</b>	<p>i. 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</p> <p>ii. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><b>Period of risk</b></td> <td style="text-align: center;"><b>Rate of premium to be charged</b></td> </tr> <tr> <td style="text-align: center;">Up to 1month</td> <td style="text-align: center;">1/4 of the annual rate</td> </tr> <tr> <td style="text-align: center;">Up to 3 months</td> <td style="text-align: center;">1/2 of the annual rate</td> </tr> <tr> <td style="text-align: center;">Up to 6 months</td> <td style="text-align: center;">3/4 of the annual rate</td> </tr> <tr> <td style="text-align: center;">Exceeding 6 months</td> <td style="text-align: center;">Full annual rate</td> </tr> </table> <p>For policies with a term exceeding one year, the insured may at any time cancel the Policy and in such an event, the Company shall allow pro-rata refund of premium for the unexpired policy period after retaining 10% of the pro-rata premium, provided claim are not reported up to the date of cancellation</p> <p>In the event of cancellation of the policy by either insured or the company, the cover will also be cancelled as per cancellation clause of the policy</p> <p>This policy would be cancelled, and no claim or refund would be due to you if:</p> <ul style="list-style-type: none"> <li>• you have not correctly disclosed details about your current and past health status OR</li> <li>• have otherwise encouraged or participated in any fraudulent claims under the policy.</li> </ul>	<b>Period of risk</b>	<b>Rate of premium to be charged</b>	Up to 1month	1/4 of the annual rate	Up to 3 months	1/2 of the annual rate	Up to 6 months	3/4 of the annual rate	Exceeding 6 months	Full annual rate	5.11
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10.	<b>Claims</b>	<p><b>For Cashless Service</b></p> <p>i. Notification of claim to be provided as per table below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><b>Notification of claim for Cashless facility</b></th> <th><b>TPA must be informed:</b></th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td> <td>At least seventy two (72) hours prior to the Insured Person's admission to Network Provider</td> </tr> <tr> <td>In the event of emergency hospitalisation</td> <td>Within twenty four (24) hours of the Insured Person's admission to Network Provider</td> </tr> </tbody> </table> <p>ii. Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.</p> <p>iii. Treatment may be taken in a network provider and is subject to pre authorization by the TPA. Booklet containing list of network provider shall be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule.</p> <p>iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.</p> <p>v. The TPA upon getting cashless request form and related medical information from the insured person/ network provider shall issue pre-authorization letter to the hospital after verification.</p> <p>vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</p> <p>viii. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for processing.</p> <p><b>For Reimbursement of Claim</b></p> <p>i. Notification of claim to be provided as per table below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><b>Notification of claim for Reimbursement</b></th> <th><b>Company/TPA must be informed:</b></th> </tr> </thead> <tbody> <tr> <td>In the event of planned hospitalisation</td> <td>At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td> </tr> </tbody> </table>	<b>Notification of claim for Cashless facility</b>	<b>TPA must be informed:</b>	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider	<b>Notification of claim for Reimbursement</b>	<b>Company/TPA must be informed:</b>	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital	5.5
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11.	<b>Policy Servicing/ Grievances/Complaints</b>	<p><b>In case of any grievance the insured person may contact the company through</b></p> <p><b>Website:</b> <a href="https://nationalinsurance.nic.co.in/">https://nationalinsurance.nic.co.in/</a>  <b>Toll free:</b> 1800 345 0330  <b>E-mail:</b> <a href="mailto:customer.relations@nic.co.in">customer.relations@nic.co.in</a>  <b>Phn :</b> (033) 2283 1742  <b>Post:</b> National Insurance Co. Ltd.,  6A Middleton Street, 7th Floor,  CRM Dept.,  Kolkata - 700 071</p> <p><b>IRDAI Integrated Grievance Management System - <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></b>  <b>Insurance Ombudsman – As per Annexure attached to Policy.</b></p>	7																
12	<b>Insured's Rights</b>	<p><b>Free Look Period</b>  The policy allows you a period of 15 days from the date of receipt, to review the terms and conditions, and to return the same if not acceptable.</p> <p><b>Implied renewability (except on certain specific grounds)</b></p> <ul style="list-style-type: none"> <li>• Policy can be renewed annually throughout the lifetime of the insured person.</li> <li>• Renewal of Policy can be denied on grounds of fraud, moral hazard or misrepresentation or noncooperation.</li> </ul>	5.22																

		<p><b>Migration and Portability:</b></p> <ul style="list-style-type: none"> <li>• Portability to similar indemnity products is allowed</li> <li>• Migration to similar indemnity products of the Company is allowed, subject to the acceptance terms of the migrated product</li> </ul> <p><b>Increase in Sum Insured during the Policy term:</b></p> <p>i. Sum insured can be enhanced only at the time of renewal, to the next slab.</p> <p>ii. For the incremental portion of the sum insured, the waiting periods and conditions as mentioned in exclusion 4.1, 4.2, 4.3 shall apply. Coverage on enhanced sum insured shall be available after the completion of waiting periods.</p> <p><b>Turn Around Time (TAT) for issue of Pre- Auth and settlement of Reimbursement</b></p> <p><u>Issuance of pre-authorisation</u> – Within 24 hours, provided all necessary information is received by the TPA</p> <p><u>Settlement of Claim</u> – Within 7 days of acceptance of offer of settlement by the insured</p>	<p>5.18 &amp; 5.19</p> <p>5.16</p>
14	<b>Insured's Obligations</b>	<ul style="list-style-type: none"> <li>• Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may result in rejection of claim.</li> <li>• Disclosure of Material Information during the policy period. Fresh proposal form may be submitted in case of changes in any Material Information.</li> </ul>	

**Legal Disclaimer**

The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

**Insurance is the Subject matter of Solicitation**