National Insurance Company Limited

CIN - U10200WB1906GOI001713 IRDAI Regn. No. - 58

National Mediclaim Policy
Customer Information Sheet

S No.	TITLE	DESCRIPTION	Refer to policy clause number
1.	***Product Name***	**National Mediclaim Policy**	
2.	***What am I covered for?***	**National Mediclaim Policy** is an indemnity health insurance policy. The Policy covers expenses incurred due to Hospitalisation for In-Patient Care (allopathy, ayurveda and homeopathy) or Day Care Treatment Reasonably and Customarily incurred for treatment of an Illness contracted/ Injury sustained during the Policy Period. The Policy provides for Pre Hospitalisation (45 days) and Post Hospitalisation (60 days) expenses, 140+ Day Care Procedures, organ donor's medical expenses, ambulance charges, Morbid Obesity Treatment, Correction of Refractive Error and provides for Reinstatement of Basic Sum Insured (above SI of 6L), if applicable as per terms. Any amount admissible under the Policy in respect of claims shall be subject to the sub limits contained herein as well as shown in the Table of Benefits. The Company shall indemnify the expenses incurred for all Hospitalisation(s) covered under the Policy, subject to the following Sub Limits applicable to broad heads as mentioned below. a. In patient Care (more than 24 hrs). b. Pre hospitalisation – Up to 45 days immediately before hospitalisation. c. Post hospitalisation – Up to 60 days immediately after discharge. d. Day Care Procedures (up to 24 hrs) –140+ day care procedures e. Ayurveda and Homeopathy f. HIV/ AIDS treatment g. Mental Illness Treatment h. Organ Donor's Medical Expenses i. Ambulance Charges j. Morbid Obesity Treatment k. Correction of Refractive Error Above coverage shall be subject to the following **Sub Limits** i. **Room Charges -** Up to 25% of Sum Insured (Any One Illness) a. **Room Rent** - Up to 1% of SI, subject to max of INR 10,000 per day b. **ICU charges** - Up to 2% of SI subject to max of INR 20,000 per day ii. **Medical Practitioner's Fees -** Up to 25% of Sum Insured (Any One Illness) iii. **Other Expenses -** Up to 50% of Sum Insured (Any One Illness). iv. **Hemodialysis, Chemotherapy, Radiotherapy** – Up to 50% of Sum Insured (i.e., Basic Sum Insured and Cumulative Bonus) or the PPN Package Rate, whichever is lower v. **Modern Treatments (12 nos)** – Up to 25% of Sum Insured (i.e., Basic Sum Insured and Cumulative Bonus) vi. **Treatment related to participation as a non-professional in hazardous or adventure sports** – Up to 25% of Sum Insured (i.e., Basic Sum Insured and Cumulative Bonus) **Other Benefits - Reinstatement of Basic Sum Insured** *Please refer to the policy for details*	3 3.6 3.7 3.9.1 3.9.2 3.9.3 3.9.4 3.9.5 3.9.6 3.9.7 3.9.8 3.1 3.1.i 3.1.ii 3.2 3.3 3.4 3.5 3.6 3.10.1
	What are the Major exclusions in the policy?	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Treatment outside India b. Sexually transmitted diseases c. Sterility d. Experimental treatment e. Any hospital admission primarily for investigation / diagnostic purpose f. Drug/ alcohol abuse, g. Expenses related to any treatment necessitated due to participation in hazardous or	5

<table>
<tr><td></td><td></td><td>adventure sports
h. War, warlike operations
i. Radioactivity</td><td></td></tr>
<tr><td>4.</td><td>Waiting period</td><td>a. Pre-Existing Diseases will be covered after a waiting period of forty eight (48) 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</td><td>4.1
4.2
4.3</td></tr>
<tr><td>5.</td><td>Payout basis</td><td>On indemnity basis,
• Reimbursement of covered expenses up to specified limits
• If opted for TPA services, then Cashless Facility of covered expenses up to specified limits in network providers shall be available.</td><td></td></tr>
<tr><td>6.</td><td>Loss sharing</td><td>Optional Co-payment
The Insured may opt for Optional Co-payment, with discount in premium. In such cases, each admissible claim under the Policy shall be subject to the same Co-payment percentage. Any change in Optional Co-payment may be done only during Renewal. Insured may choose either of the two Co-payment options:
i. 20% Co-payment on each admissible claim under the Policy, with a 15% discount in total premium.
ii. 15% Co-payment on each admissible claim under the Policy, with a 10% discount in total premium.</td><td></td></tr>
<tr><td>7.</td><td>Renewal Conditions</td><td>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 (30) days is allowed.</td><td>6.9</td></tr>
<tr><td>8.</td><td>Renewal Benefits:</td><td>Cumulative Bonus (CB)
• CB shall increase by 5% of Basic SI for every claim free year, subject to maximum of 50% of Basic SI of renewed Policy
• CB shall decrease by 5% of Basic SI, in the case of a claim is made during a policy period

Preventive Health Check-up
Every 4 claim free years, prescribed diagnostics tests up to 1% of the average Basic SI per insured person, subject to maximum INR 5,000/-</td><td></td></tr>
<tr><td>9.</td><td>Cancellation</td><td>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
ii. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

<table><tr><th>Period of risk</th><th>Rate of premium to be charged</th></tr><tr><td>Up to 1month</td><td>1/4 of the annual rate</td></tr><tr><td>Up to 3 months</td><td>1/2 of the annual rate</td></tr><tr><td>Up to 6 months</td><td>3/4 of the annual rate</td></tr><tr><td>Exceeding 6 months</td><td>Full annual rate</td></tr></table>This policy would be cancelled, and no claim or refund would be due to you if:
• you have not correctly disclosed details about your current and past health status OR
• have otherwise encouraged or participated in any fraudulent claims under the policy.</td><td>6.6</td></tr>
<tr><td>10.</td><td>Claims</td><td>For Cashless Service
i. Notification of claim to be provided as per table below.
<table><tr><th>Notification of claim for Cashless facility</th><th>TPA must be informed:</th></tr><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></table></td><td>6.17</td></tr>
</table>

ii. Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.
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.
iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.
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.
vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
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.

For Reimbursement of Claim

i. Notification of claim to be provided as per table below.

Notification of claim for Reimbursement	**Company/TPA must be informed:**
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital
In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Hospital

ii. For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.

Type of claim	**Time limit for submission of documents to Company/TPA**
Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges	Within thirty (30) days of date of discharge from Hospital
Reimbursement of post hospitalisation expenses	Within thirty (30) days from completion of Post Hospitalisation treatment
Reimbursement of Preventive Health Check-Up expenses	At least forty five (45) days before the expiry of the fifth Policy Period

iii. On receipt of the final document(s) and investigation report (if required), the Company shall within a period of thirty days offer a settlement of the claim to the insured.
iv. If the Company, for any reasons, rejects a claim, it shall communicate to the insured in writing within a period of thirty days from the receipt of the document(s) and investigation report (if required).
v. Upon the acceptance of an offer of settlement by the insured, the payment of the amount of claim shall be made within seven days from the date of acceptance of the offer by the Company.
vi. In the cases of delay in the payment, the Company shall pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid

11.	***Policy Servicing/ Grievances/Complaints***	**In case of any grievance the insured person may contact the company through** Website: https://nationalinsurance.nic.co.in/ Toll free: 1800 345 0330 E-mail: customer.relations@nic.co.in Phn : (033) 2283 1742 Post: National Insurance Co. Ltd., 6A Middleton Street, 7th Floor, CRM Dept., Kolkata - 700 071	7

		IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ **Insurance Ombudsman –** As per Annexure attached to Policy.	
12	***Insured's Rights***	**Free Look Period** 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. **Implied renewability (except on certain specific grounds)** • Policy can be renewed annually throughout the lifetime of the insured person. • Renewal of Policy can be denied on grounds of fraud, moral hazard or misrepresentation or noncooperation. **Migration and Portability:** • Portability to similar indemnity products is allowed • Migration to similar indemnity products of the Company is allowed, subject to the acceptance terms of the migrated product **Increase in Basic Sum Insured**: i. Basic Sum insured can be enhanced only at the time of renewal. ii. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods. **Turn Around Time (TAT) for issue of Pre- Auth and settlement of Reimbursement** Issuance of pre-authorisation – Within 24 hours, provided all necessary information is received by the TPA Settlement of Claim – Within 7 days of acceptance of offer of settlement by the insured	6.13 6.7 & 6.8 6.23
11	***Insured's Obligations***	• Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may result in rejection of claim. • Disclosure of Material Information during the policy period. Fresh proposal form may be submitted in case of changes in any Material Information.	

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