

**Salient features / Conditions / Exclusions of the Group Medclaim Floater Policy  
in tie up with**



**THE NEW INDIA ASSURANCE CO. LTD.,**

Regd. & Head Office: 87, M.G. Road, Fort, Mumbai – 400 001

- 1. Coverage:** Subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified Physician/ Medical Specialist/ Medical Surgeon (hereinafter called SURGEON) to incur Hospitalisation Expenses (herein defined) for medical/surgical treatment at Nursing Home/Hospital in India as herein defined (hereinafter called HOSPITAL/NURSING HOME/DAY CARE CENTRE) as an inpatient the Company will reimburse the insured person amount of such expenses as would fall under different heads mentioned below and are reasonably, customarily and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding in any one period of insurance the amount stated hereunder for a combined reimbursement limit for both the insured person and spouse.
  - 2. Following reasonable, customary & necessary expenses are reimbursable under the policy:**
  - 3.** Room, boarding and nursing expenses as provided by the Hospital /nursing home not exceeding 1% of the sum insured per day or actual whichever is less.
  - 4.** Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 2% of the sum insured per day or actual whichever is less
  - 5.** Surgeon, Anaesthetist, Medical Practitioner, Consultants' Specialist fees
  - 6.** Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory/Diagnostic rest, X-Ray etc.
  - 7.** Pre-hospitalisation medical charges up to 30 days period immediately before the insured's admission to hospital for that illness and
  - 8.** Post hospitalisation medical charges up to 60 days period immediately after the insured's discharge from a hospital for that illness or injury.
- Note:**
- (i) The amount payable for any cataract surgery will be limited to actual or maximum Rs.24,000/- whichever is less.
  - (ii) The amounts payable under 5 and 6 mentioned above shall be at the rate applicable to the entitled room category. In case insured opts for a room with rent higher than the entitled category as under 3, the charges payable under 5 and 6 mentioned above shall be limited to the charges applicable to the entitled category.
  - (iii) No payment shall be made under 5 above other than as part of the hospitalisation bill.

- (iv) However, the bills raised by Surgeon, Anaesthetist directly and not included in the hospitalization bill may be reimbursed in the following manner:
- a. The reasonable, customary and necessary Surgeon fee and Anaesthetist fee would be reimbursed, limited to the maximum of 25% of Sum Insured. The payment shall be reimbursed provided the insured pays such fee(s) through cheque and the Surgeon / Anaesthetist provides a numbered bill. Bills given on letter-head of the Surgeon, Anaesthetist would not be entertained.
  - b. Fees paid in cash will be reimbursed up to a limit of Rs. 10,000/- only, provided the Surgeon/Anaesthetist provides a numbered bill.

**9. Expenses** incurred for Ayurvedic/Homeopathic/Unani Treatment are admissible up to 25% of the sum insured provided the treatment for illness/disease and accidental injuries, is taken in the registered hospitals which are qualifying the definition of hospitals, excluding centers for spas, massage and health rejuvenation procedures.

**10. Ambulances services** – 1% of the sum insured or actuals, whichever is less, subject to maximum of Rs. 2,500/- in case patient has to be shifted from residence to hospital for admission in Emergency Ward or ICU or from one Hospital/Nursing Home to another Hospital/Nursing Home by fully equipped ambulance for better medical facilities.

**11. Hospitalisation expenses** (excluding cost of organ) incurred on the donor during the course of organ transplant to the insured person. The Company's liability towards expenses incurred on the donor and the insured recipient shall not exceed the sum insured of the insured person receiving the organ.

**12. Co-payment-** The policy is subject to a co-payment agreement of 10%. The Company will reimburse 90% of the admissible claim amount of each and every claim, balance of 10% being borne by the insured person.

**13. Floater Benefit-** The scheme would provide for floater facility to retired official and spouse. Floater benefit means the Sum Insured as specified for a particular insured and the spouse covered under the policy and is available for the insured or his/her spouse for one or more claims during the tenure of the policy.

**14. Pre-Existing Disease** - Pre-existing disease will be covered after the completion of the one year of policy period.

However, in the case of employees retiring after the scheme gets underway, they can join the scheme without the waiting period of 30 days, without pre-existing exclusions and without 1/2 years waiting period for specified ailments provided the migration from the bank's in house coverage to the new scheme takes place without break of even a single day.

**15. Hospital/Nursing Home** means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner, **or complies with minimum criteria as under:**

- a. Must have a minimum of: 10 in-patient beds if located in towns having population of less than 10 lacs OR 15 in-patient beds if located in other towns.
- b. Fully equipped operation theatre of its own wherever surgical operations are carried out.
- c. Fully qualified Nursing Staff under its employment round the clock.

- d. Fully qualified Doctor(s) should be in-charge round the clock.
- e. Maintains a daily medical record for each of its patients.

**Note:** In case of Ayurvedic Hospital, (b) is not applicable

**For the purpose of this definition the term Hospital/Nursing Home/Day Care Centre shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or any other like place.**

- 16. Surgical Operation** means manual and/or operative procedures for correction of deformities / defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.
- 17. Hospitalisation** shall mean admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of 24 consecutive hours. The time limit of 24 hours will not be applicable for following surgeries / procedures.

Haemo-Dialysis	Eye surgery
Parental Chemotherapy	Lithotripsy (Kidney Stone Removal)
Radiotherapy	Tonsillectomy,
Dilatation & Curettage (D & C)	Dental surgery following an accident
Hysterectomy	Coronary Angiography
Gall Bladder, Pancreas, and Bile Duct	Coronary Angioplasty
Sinusitis	Hydrocele
Prostate	Gastrointestinal
Appendectomy	Urinary Tract System
Fracture / dislocation excluding hairline fracture	Inguinal/Ventral/Umbilical/Femoral Hernia repair
Piles / Fistula	Anti Rabies Vaccination

**OR** any other Surgeries / Procedures agreed by Company which require less than 24 hours hospitalisation due to advancement in Medical Technology.

- 18. Any one illness** will be deemed to mean continuous period of the illness for which treatment is undergone and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness
- 19. Medical Practitioner** means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India. The term Medical Practitioner would

include Physician, Specialist and Surgeon and shall not include insured person and member of his family covered under this insurance

**20. Qualified Nurse** means a person who holds a certificate of a recognized nursing Council and who is employed on recommendations of the attending Medical Practitioner.

**21. 30-day Exclusion:** Any disease other than those stated in clause 22 below, contracted by the insured person during first 30 days from the commencement date of the policy. This exclusion will not apply if the policy is renewed with our Company without any break. The exclusion does not also apply to treatment for accidental injuries.

**22. Waiting period for specified diseases/ailments/conditions:** From the time of inception of the cover, the policy will not cover the following diseases/ailments/conditions for the duration shown below. This exclusion will be deleted after the duration shown, provided the policy has been continuously renewed with our Company without any break.

Sr. No	Name of Disease/Ailment/Surgery not covered for	Duration
1	Cataract & age related eye ailments	One year
2	Benign Prostate Hypertrophy	One year
3	Benign Ear, Nose, Throat disorders	One year
4	Hysterectomy for Menorrhagia or Fibromyoma or Myomectomy or Prolapse of uterus	One year
5	Hernia of all types	One year
6	Piles, Fissure and Fistula in Anus	One year
7	Stones in Urinary & Biliary Systems	One year
8	All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps	One year
9	Gastric Duodenal Ulcer	One year
10	Hydrocele	One year
11	Gall Bladder & Bile duct excluding malignancy	One year
12	Genito Urinary System excluding Malignancy	One year
13	Pilonidal Sinus, Sinusitis and related disorders	One year
14	Unknown Congenital internal disease/defects	One year
15	Non Infective Arthritis	One year
16	Gout & Rheumatism	One year
17	Hypertension	One year

18	Diabetes	One year
19	Prolapse Internal Vertebral Disc unless arising from accident	One year
20	Skin disorder	One year
21	Varicose Veins and Varicose Ulcers	One year
22	Joint Replacements due to Degenerative Condition	Two years
23	Age related Osteoarthritis & Osteoporosis	Two years

**23. Permanent Exclusions:** Any medical expenses incurred for or arising out of:

- a) War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionising radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.
- b) Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required.
- c) Vaccination & Inoculation.
- d) Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipments.
- e) All types of Dental treatments except arising out of an accident.
- f) Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, congenital external disease/defects or anomalies, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, use of intoxicating drugs/alcohol, use of tobacco leading to cancer
- g) Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat, or arising out of non-adherence to medical advice.
- h) Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind.
- i) Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.
- j) Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphotrophy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS
- k) Diagnosis, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- l) Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician
- m) Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra

uterine pregnancy (Ectopic Pregnancy), which is proved by submission of ultra Sonographic Report and Certification by Gynecologist that it is life threatening

- n) Naturopathy Treatment
- o) Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition
- p) Genetical disorders and stem cell implantation / surgery.
- q) Domiciliary treatment
- r) Treatment outside India
- s) Experimental and unproven treatment.
- t) Change of treatment from one system to another unless recommended by the consultant / hospital under whom the treatment is taken
- u) All non-medical expenses including convenience items for personal comfort such as telephone, television, Aya, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items etc. guest services and similar incidental expenses
- v) Service charges or any other charges levied by hospital, except registration/admission charges

**24. Physical Examination:** Any Medical Practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged disease/illness/injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of his/her claim

**25. Fraud, Misrepresentation, Concealment:** The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

**26. Contribution:** If at the time when any claim arises under this policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society/ Cancer Patient Aid Association) whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation, costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

**27. Claim Procedure:** Preliminary notice of claim with particulars relating to policy number, Name of Insured person in respect of whom claim is made, Nature of illness/injury, Name and address of the attending Medical Practitioner/ Hospital / Nursing Home, should be given to the TPA (Third Party Administrator) within **seven days** from the date of Hospitalization. Final claim along with hospital receipted Bills / cash Memos, Claim form and lists of documents as listed in the claim form etc; should be submitted to the TPA within 30 days of the date of completion of the treatment. Failure to give notice or file such claim in time as stated above may not however invalidate or reduce any claim if it is substantiated that it was not reasonably possible for the claimant to give notice of the claim within the prescribed time. **(All correspondences in this regard shall be sent to TPA M/s Medi Assist India TPA Pvt. Ltd., as per address given below).**

**28. Payment of Claim:** All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

**29. Cancellation Clause:** The Company may at any time cancel this Policy by sending the Bank 30 days notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The company shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED
Up to one-month	1/4th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	full annual rate

**30. Disclaimer of Claim :** If the Company shall disclaim liability to the insured for any claim hereunder for valid reasons, and such claim shall not within 12 calendar months from the date of such disclaimer be made the subject of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**31. Medical expenses incurred under two policy periods:** If a claim spreads over two policy periods the total benefit will not exceed the sum insured of the policy during which the insured person was admitted to the hospital. Only that policy during which the insured person was admitted to hospital will respond for the claim.

**32. Company's Liability:** The Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured.

**33. Communication:** All correspondence relating to claim as well as policy related issues are to be taken up to the policy issuing office in the following address:

**The New India Assurance Co. Ltd.**

Divisional Office  
Kodavath Shopping Complex  
Sub-Jail Road, Aluva-683101.  
Kerala

**Phone: (0484-2624426, 2626117, 2625203)**

**DM's Direct: 0484-2629747**

**FAX: (0484)2623056, email: [nia.760400@newindia.co.in](mailto:nia.760400@newindia.co.in)**

**Medi Assist India TPA Pvt. Ltd.**

4<sup>th</sup> Floor, Chicago Plaza,  
Rajajai Road, Kochi – 682 035  
Kerala

**Phone ; 0484-2384021/22**

**Toll Free No. 1800 425 9449**

**[prasnth.vijayan@mediassistindia.com](mailto:prasnth.vijayan@mediassistindia.com)**