

YUVA BHARAT HEALTH POLICY- PROSPECTUS

We welcome You as Our Customer. This document explains how the YUVA BHARAT HEALTH POLICY could provide value to You. In the document the word 'You', 'Your' means the all the members covered under the Policy. 'We', 'Our', 'Us' means The New India Assurance Co. Ltd.

YUVA BHARAT HEALTH POLICY is a Policy designed to cover Hospitalisation expenses due to Illness or Accident.

1. WHO CAN TAKE THIS POLICY?

Persons between the age of 18 years and 45 years can take this policy. Children from 3 months up to 25 years can be covered provided they are financially dependent on the parents and one or both parents are covered simultaneously.

2. CAN I COVER MY FAMILY MEMBERS IN ONE POLICY?

Yes. You can cover the entire family on Individual or Floater Basis.

3. WHO CAN BE COVERED UNDER THE POLICY

The members of the family who could be covered under the Policy are:

- a) Self
- b) Spouse
- c) Dependent Children

Maximum six members can be covered in a single policy.

4. WHAT ARE THE PLANS AVAILABLE UNDER THE POLICY?

Three Plans are available under the Policy which are Base, Gold and Platinum Plans. The nature, scope and extent of coverage will depend on the Plan opted as mentioned in the Schedule.

Note: A Minimum of 2 Adults needs to be covered under the Platinum Plan.

5. WHAT ARE THE PLANS AVAILABLE UNDER THIS POLICY?

Following are the coverages available under various plans of the Policy:

i. Base Plan

Hospitalisation Expenses	Specific Coverages
Medical Expenses For Organ Transplant	Coverage For Modern Treatments Or Procedures
Hospital Cash	Cost Of Health Check-Up
Road Ambulance Charges	Medical Second Opinion
Treatment For Congenital Diseases	Reinstatement Of Sum Insured
Coverage For Cataract	Treatments Under Ayurvedic / Homeopathic / Unani Systems
Coverage For Hazardous Sports	New Born Baby Coverage

ii. Gold Plan covers the following in addition to the coverages mentioned in Base Plan.

Critical Care Benefit	Air Ambulance Charges
Personal Accident Benefit	Auto TOP-UP

iii. **Platinum Plan:** covers the following in addition to the coverages mentioned Gold Plan.

Maternity Coverage	Infertility Treatment
Well baby Cover	Birth Right Benefit

Note: Enhanced Maternity Limit is available at an additional premium.

6. WHAT ARE THE COVERAGES AVAILABLE UNDER BASE PLAN OF YUVA BHARAT POLICY?

- 1) Our liability for all claims admitted during the Period of Insurance will be only up to Sum Insured as mentioned in the Schedule. In respect of those Insured Persons with Cumulative Bonus, Our liability for claims admitted under this Policy shall not exceed the aggregate of the Sum Insured and the Cumulative Bonus. Subject to this, We will reimburse the following Reasonable and Customary, and Medically Necessary Expenses admissible as per the terms and conditions of the Policy:

(a)	Room Rent including Boarding, DMO / RMO / CMO / RMP Charges, Nursing (Including Injection / Drugs and Intra venous fluid administration expenses) as provided by the hospital	
	Sum insured of Rs. 5,00,000 /10,00,000/15,00,000	Single AC room
	Sum insured of Rs. 25,00,000 /50,00,000	Deluxe AC room
(b)	Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oxymeter expenses.	
(c)	Associate Medical Expenses; such as Professional fees of Surgeon, Anaesthetist, Consultant, Specialist; Operating Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar medical expenses related to the treatment.	
(d)	Cost of Pharmacy and Consumables including Anaesthesia, Blood, Oxygen, Cost of Implants and Medical Devices and Cost of Diagnostics.	
(e)	Pre-Hospitalization Medical expenses upto 60 days prior to the date of admission to the hospital	
(f)	Post-Hospitalization Medical expenses upto 90 days from the date of discharge from the hospital.	

Note:

Dental Treatment (Inpatient): We will cover for medical expenses incurred towards dental treatment done under anaesthesia necessitated due to an accident/injury/illness requiring Hospitalization as Inpatient treatment.

2) PROPORTIONATE DEDUCTION

Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent. However, it is not applicable on

1. Cost of Pharmacy and Consumables

2. Cost of Implants and Medical Devices
3. Cost of Diagnostics.

Proportionate Deduction shall also not be applied in respect of Hospitals which do not follow differential billing or for those expenses in which differential billing is not adopted based on the room category, as evidenced by the Hospital's schedule of charges / tariff.

3) **MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:**

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured under expiring Policy only. Sum Insured of the Renewed Policy will not be considered for the claim event which has commenced in the expiring Policy.

4) **MEDICAL EXPENSES FOR ORGAN TRANSPLANT:**

If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ & Pre & Post Hospitalisation Expenses) incurred on the donor, provided Our liability towards expenses incurred on the donor and the Insured recipient shall not exceed the available Sum Insured.

5) **HOSPITAL CASH**

We will pay Hospital Cash as per the limits mentioned below for each day of Hospitalisation admissible under the Policy. The payment under this Clause shall be for maximum five days for Any One Illness.

The payment under this Clause is applicable only where the period of Hospitalisation exceeds twenty-four hours. Payment under this Clause will reduce the Sum Insured.

Hospital cash will be payable for completion of every 24 hours and not part thereof.

Sum Insured Bands in Rs	Hospital Cash Benefit
5 lakhs, 10 lakhs & 15 lakhs	Rs. 500 per day
25 lakhs	Rs. 750 per day
50 lakhs	Rs. 1,000 per day

6) **ROAD AMBULANCE CHARGES**

We will pay You the charges incurred towards Ambulance services Reasonably incurred for shifting any Insured Person to Hospital for admission, or from one Hospital to another Hospital as per the limits mentioned below for Any One Illness.

Sum Insured Bands in Rs	Ambulance charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.5,000
25 lakhs	Up to a maximum of Rs.7,500
50 lakhs	Up to a maximum of Rs.10,000

However, if an Insured Person, at the time of discharge from the Hospital, has to be shifted to their place of residence in an Ambulance, such expenses will also be reimbursed additionally as per the above limits, provided the requirement of an Ambulance is certified by the Medical Practitioner.

7) TREATMENT FOR CONGENITAL DISEASES

Congenital Internal Disease or Defects or anomalies, except those related to Genetic disorders, shall be covered upto Sum Insured, after **twelve months** of Continuous Coverage, if it is unknown to You or to the Insured Person at the commencement of such Continuous Coverage.

Congenital External Disease or Defects or anomalies shall be covered after **twenty four** months of Continuous Coverage, but such cover for Congenital External Disease or Defects or Anomalies shall be limited to 10% of the average Sum Insured in preceding **twenty four** months.

8) COVERAGE FOR CATARACT

Our liability for payment of any claim within the Period of Insurance, relating to Cataract for each eye / per insured shall not exceed the limits mentioned below.

Sum Insured Bands in Rs	Charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.50,000
25 lakhs	Up to a maximum of Rs.75,000
50 lakhs	Up to a maximum of Rs.1,00,000

9) COVERAGE FOR HAZARDOUS SPORTS

We shall be liable to pay expenses incurred towards treatment of any Injury or Illness arising out of the following hazardous sports:

Bobsledding; Bungee Jumping; Canopying; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling; Mountain Biking; Mountain Climbing (under 14,000 feet); Paragliding; Parasailing; Safari; Scuba Diving; Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; White water Rafting; Wind Surfing; Zip Lining, Equestrian; Fencing; Rugby.

We shall reimburse the expenses as per the following limits:

Sum Insured	Amount payable per policy period
5 lakhs, 10 lakhs & 15 lakhs	10% of Sum insured subject to a maximum of Rs.1,00,000
25 lakhs	Up to to a maximum of Rs.1,50,000
50 lakhs	Up to to a maximum of Rs.2,00,000

However, if Injury or Illness is related to particular line of employment or occupation (not for recreational purpose), it will be covered up to Sum Insured.

Payment under this Clause is admissible only if the expenses are incurred in Hospital as In- Patient in India.

10) SPECIFIC COVERAGES:

- a) **Artificial life maintenance**, including life support machine use, where such treatment will not result in recovery or restoration of normal state of Health under any circumstances. We cover

the expenses up to 25% of the Sum Insured and for a maximum of 15 days per policy period for covered illness. This sub limit is applicable only for person who is declared to be in a vegetative state as certified by the treating medical practitioner.

- b) Puberty and Menopause related Disorders:** Treatment for any symptoms, illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing is covered only as Inpatient procedure after 12 months of continuous coverage. This cover will have a sub-limit of up to 25% of Sum Insured per policy period.
- c) Age Related Macular Degeneration (ARMD)** is covered after 24 months of continuous coverage only for Intravitreal Injections and anti - VEGF medication. This cover will have a sub-limit of upto a maximum of 20% of sum insured per policy period.
- d) Genetic diseases or disorders** are covered with a sub-limit of 25% of Sum Insured per policy period with 24 months waiting periods.
- e) Treatment of Mental Illness:** The Company shall indemnify the Medical Expenses incurred towards treatment of Mental Illness subject to the condition that Treatment shall be undertaken at a Hospital categorized as Mental Health Establishment or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional.
The following Mental Illnesses are covered after completion of 24 months of Continuous Coverage with a sub-limit up to 25% of Sum Insured per policy period.

ICD Code	ICD Code Description
F01-F09	Mental disorders due to known physiological conditions
F10-F19	Mental and behavioral disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F60-F69	Disorders of adult personality and behavior
F70-F79	Intellectual disabilities

Exclusions: Any kind of Psychological counselling, cognitive/ family/ group/ behaviour/ palliative therapy or psychotherapy shall not be covered.

- 11) COVERAGE FOR MODERN TREATMENTS OR PROCEDURES:** 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 against each procedure during the policy period.

S No	Treatment or Procedure	Limit (Per Policy Period) for Sum insured bands of		
		5/10/15 Lakhs	25 Lakhs	50 Lakhs
a	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L
b	Balloon Sinuplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L
c	Deep Brain stimulation	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L
d	Oral chemotherapy	Upto Rs. 50,000	Upto Rs. 75,000	Upto Rs. 1 L
e	Immunotherapy- Monoclonal Antibody to be given as injection	Upto Rs 1 L	Upto Rs. 2 L	Upto Rs. 3 L

f	Intravitreal injections	Upto Rs. 75,000	Upto Rs. 1 L	Upto Rs. 1.5 L
g	Robotic surgeries	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L
h	Stereotactic radio surgeries	Upto Rs. 2 L	Upto Rs. 2.5 L	Upto Rs. 3 L
i	Bronchial Thermoplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L
j	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L
k	IONM - (Intra Operative Neuro Monitoring)	Upto Rs. 30,000	Upto Rs. 50,000	Upto Rs. 75,000
l	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Upto Rs. 1.5 L	Upto 2 L	Upto 2.5 L

12) COST OF HEALTH CHECK-UP

The Insured Person(s) shall be entitled for reimbursement of the cost of Medical check-up at the end of a block of every two Claim Free Years. Such payment shall be restricted to the limits mentioned below.

Sum Insured Bands in Rs	Charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.3,500
25 lakhs	Up to a maximum of Rs.5,000
50 lakhs	Up to a maximum of Rs.7,000

Note:

- Any payment made under this clause shall not be treated as a Claim.
- The unutilized amount under this benefit will not be carried forward.
- In case the Policy is issued on an Individual Sum Insured basis, the above limits shall be available individually to the Insured Persons. In case the Policy is on Floater Sum Insured basis, the above limits shall be available to all Insured persons on a Floater basis.

13) MEDICAL SECOND OPINION

In case of any Insured Person requires to undergo Surgery for any of the Critical Illnesses defined under section 2.8 of the Policy Clause, Consultation Expenses incurred on Medical Second Opinion shall be reimbursed as per the limits mentioned below.

Sum Insured Bands in Rs	Charges payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs.5,000
25 lakhs	Up to a maximum of Rs.7,500
50 lakhs	Up to a maximum of Rs.10,000

Note: In case the Policy is issued on an Individual Sum Insured basis, the above limits shall be available individually to the Insured Persons. In case the Policy is on Floater Sum Insured basis, the above limits shall be available to all Insured persons on a Floater basis.

14) REINSTATEMENT OF SUM INSURED

If the Sum Insured is exhausted due to a claim(s) admissible and/or paid under the Policy, then the Sum Insured shall be reinstated, subject to the following conditions:

- (i) The Reinstatement of Sum Insured shall be upon full utilization of the Sum Insured.
- (ii) The sequence of utilization of Sum Insured will be as below:
 - a. Sum Insured;
 - b. Cumulative Bonus (if any);
 - c. Reinstated Sum Insured
- (iii) The Reinstatement of Sum Insured shall be available for illnesses or Injuries other than for which Claim is paid or admissible during the Policy Period.
- (iv) Such Reinstatement shall only be available once in a Policy Period and only for Policies issued on Individual Sum Insured basis.
- (v) Reinstatement of Sum Insured is not available for Modern Treatments listed under 3.11 of the Policy Clause.
- (vi) The unutilized amount will not be carried forward.

15) TREATMENTS UNDER AYURVEDIC / HOMEOPATHIC / UNANI SYSTEMS

Expenses incurred for Ayurvedic / Homeopathic / Unani Treatment are admissible up to the Sum Insured provided the treatment for Illness or Injury, is taken in an Ayush Hospital excluding centers for spas, massage and health rejuvenation procedures as an Inpatient.

16) NEW BORN BABY COVERAGE

Hospitalisation Expenses incurred for a New Born Baby are covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the Sum Insured of the Mother. However, Expenses incurred towards post-natal care, pre-term or pre-mature care shall not be covered.

Coverage for the New Born Baby would be available during subsequent renewals provided the child is declared for insurance and premium is paid for the child and covered as an Insured Person.

Note: New Born Baby means a baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us.

7. WHAT ARE THE COVERAGES AVAILABLE UNDER GOLD PLAN OF YUVA BHARAT POLICY?

Following Coverages are available under this Plan in addition to Base Plan.

1) CRITICAL CARE BENEFIT

If during the Policy Period, any Insured Person is diagnosed with of any of the Critical Illness defined under Clause of 2.8 of the Policy Document for the first time, Lump Sum amount as mentioned below will be paid subject to following conditions.

Sum Insured Bands in Rs	Benefit Payable
5 lakhs, 10 lakhs & 15 lakhs	Rs. 1,00,000
25 lakhs	Rs.1,50,000
50 lakhs	Rs.2,50,000

Conditions

- The benefit shall be payable after completion of continuous coverage of 12 months under this Plan.
- This will be paid once in a life time of the Insured regardless of the number of critical illness suffered.
- The benefit shall be payable to the Insured Person provided the Critical Illness is diagnosed after the first inception of Policy or change of Base Plan to Gold Plan or Platinum Plan. On Utilization, no further Sum shall be payable under this section during the policy period for other members.
- The diagnosis of presence of such Critical Illness needs to be supported by treating doctor's certificate regarding duration of the Critical Illness, clinical, radiological, histological, pathological, histo-pathological and laboratory evidence.
- Any payment under this Clause would be in addition to hospitalisation expenses, if any, and shall not deplete the Sum Insured.

2) PERSONAL ACCIDENT BENEFIT

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the Company shall pay to the Insured or his legal representative(s) or Nominee, as the case may be, the sum hereinafter set forth, that is to say:

If such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of

S No	Cover	Compensation
a	Death	100% of sum insured
b	Permanent Total Disablement	100% of sum insured
c	Loss of both eyes / Loss of two limbs / Loss of one limb and one eye	100% of sum insured
d	Loss of one limb / one eye	50% of sum insured

Permanent Total Disablement means any Injury as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum as mentioned above shall be payable.

Conditions:

- a) PA Benefit is applicable for the Insured Persons in the age group of 18-70 Years.
- b) The benefit shall be payable only under any one of the sections stated above.
- c) Personal Accident Benefit will be equal to that of the Sum Insured as specified in the Policy Schedule. On full Utilization, no further Sum shall be payable under this section during the policy period for other members.
- d) Benefit under this section shall not be payable if Death or Disablement is due to engaging in Aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- e) Worldwide Coverage.

3) AIR AMBULANCE CHARGES

We will pay the charges incurred towards Air Ambulance services Reasonably incurred for shifting any Insured Person to Hospital for admission, or from one Hospital to another Hospital for Any One Illness as per the limits given below.

Sum Insured Bands in Rs	Charges Payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a maximum of Rs. 50,000
25 lakhs	Up to a maximum of Rs. 75,000
50 lakhs	Up to a maximum of Rs. 1,00,000

4) AUTO TOP UP:

Sum Insured is automatically reinstated up to 10% of the Sum Insured for the treatment of same illness or injury for which claim is paid or admissible.

Conditions

- Auto TOP UP shall trigger be upon exhaustion of the Sum Insured.
- The sequence of utilization of Sum Insured will be as below:
 - Sum Insured;
 - Cumulative Bonus (if any);
 - Auto TOP UP
- Such Auto TOP UP shall only be available once in a Policy Period and only for Policies issued on Individual Sum Insured basis.
- Auto TOP UP is not available for Modern Treatments listed under section 3.11 of the Policy Clause.
- The unutilized amount will not be carried forward.

8. WHAT ARE THE COVERAGES AVAILABLE UNDER PLATINUM PLAN OF YUVA BHARAT POLICY?

Following Coverages are available under this Plan in addition to Gold Plan

1) MATERNITY COVERAGE

- A. Maternity Expenses shall be covered after **twenty-four** months of Continuous Coverage under this Plan. Our maximum liability for towards Maternity Expenses, shall be up to Rs. 25,000/- in case of single baby and up to Rs. 37,500/- in case of Twin Babies.

Special conditions applicable to Maternity:

- These benefits are admissible only if the expenses are incurred in Hospital as in patient in India.
- Our liability under this section shall be limited to two claims paid or admissible under this Policy.
- A Waiting Period of 24 months shall be applicable afresh for the second maternity claim.

Note: Clause 4.4.15 "Maternity Expenses (Code - Excl18)" under Permanent Exclusions stands modified to the extent covered under this Benefit.

B. **Optional Cover:** Following **Enhanced Maternity Limit** is available at an additional premium.

Enhanced Maternity Limit (Over and above the Limit mentioned in 'A')
Rs. 50,000
Rs.75,000
Rs. 1,00,000

Note: Enhanced Maternity Limit will be available after a waiting period of 24 months of continuous coverage.

2) **INFERTILITY TREATMENT**

We shall provide expenses necessarily incurred for treatment of Infertility (including OPD Treatment) as per limits mentioned below. This limit shall be the lifetime limit in respect of all Insured Persons.

Sum Insured	Amount payable
5 lakhs, 10 lakhs & 15 lakhs	Up to a Maximum of Rs.50,000
25 lakhs	Up to a Maximum of Rs.75,000
50 lakhs	Up to a Maximum of Rs.1,00,000

Any payment under this Clause shall be paid after the Insured Person has Continuous Coverage of **twenty-four months** under this Plan.

Note: Clause 4.4.14 "Sterility and Infertility (Code- Excl17)" under Permanent Exclusions stands modified to the extent covered under the clause.

3) **WELL BABY COVER**

A. **Pre Mature / Pre-Term Baby:** We will reimburse the Medical Expenses incurred towards hospitalisation of pre-term or pre-mature Baby born within 32 weeks of Gestation Period requiring a minimum period of 24 Hours hospitalization in neo-natal care immediately after birth.

Sum Insured	Limit
5 L, 10 L & 15 L	Rs. 30,000
25 L	Rs. 40,000
50 L	Rs. 50,000

Conditions:

1. Pre-Mature/Pre-Term baby, under this policy is a Baby born within 32 weeks of Gestation period.
2. Minimum period of 24-hour hospitalisation is required in neo-natal care immediately after birth.

B. Vaccination Expenses: We will also cover Immunization or Vaccination expenses incurred for the New Born Baby up to the age of 2 years and shall be covered up to 0.1% of Sum Insured per policy period.

Note 1: New Born Baby means a baby born during the Policy Period to a female Insured Person, who has twenty-four months of Continuous Coverage with Us.

Note 2: Clause 4.4.30 "Vaccination and/or inoculation" under Permanent Exclusions stands modified to the extent covered under this Benefit.

4) **BIRTH RIGHT BENEFIT**

If during the Policy Period Child or New Born Baby covered under the policy is diagnosed to suffer from any of the Disorders mentioned below, a lump sum amount as mentioned below shall be payable subject to the following conditions.

Sum Insured Bands in Rs	Benefit Payable
5 lakhs, 10 lakhs & 15 lakhs	Rs. 30,000
25 lakhs	Rs.40,000
50 lakhs	Rs.50,000

Conditions:

Disorder	Detection
Autism Spectrum Disorders	Detected between the age of 0-6 Y.
Cerebral Palsy	Detected between the age of 0-4 Y.
Downs Syndrome	Detected between the age of 0-4 Y.

- This Benefit shall be payable on continuous coverage of 24 months under this Plan. However, this is not applicable for New Born Baby.
- Birth Right Benefit is payable only once in the Lifetime of the Child.
- Any payment under this Clause would be in addition to the Sum Insured and shall not deplete the Sum Insured.
- The Disorder must be supported by Certifying Authorities, as specified in the Rights of the Persons with Disabilities Act, 2016 (49 of 2016), and/or treating doctor's certificate regarding duration Disorder, clinical radiological histological, pathological, histo-pathological and laboratory evidence acceptable to the Company.
- The benefit shall be payable to the Insured provided the Disorder is diagnosed after the first inception of Policy or change of Base Plan to Gold Plan or Platinum Plan.

9. **WHETHER THE PREMIUM IS UNIFORM ACROSS INDIA?**

Premium is charged based on the Classification of Zone namely.

Zone 1 (Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara)
Zone 2: Rest of India

10. WHAT SUM INSURED ARE AVAILABLE UNDER THE POLICY?

We offer Sum Insured of Rs. 5 L, Rs. 10 L, Rs. 15 L, Rs. 25 L or Rs. 50 L under all the Plans.

11. DO YOU OFFER DISCOUNT ON FLOATER POLICY?

We offer discount on the number of members covered which is as under:

Discount on number of members	2 members	3 members	4 members & above
	5%	10%	15%

12. ANY DISCOUNT IS OFFERED FOR HEALTH PARAMETERS?

Yes. Discount is given as per the following parameters

Premium Discounts
BMI (<32) – 2.5% Discount
Non- Diabetic (Hb1Ac <6.4) – 2.5% Discount
Non-Hypertensive – (<=120/80) - 2.5% Discount; (>120/80) to (<=139/89)– Nil
No Hospitalization for the last 3 years at the time of taking the policy – 2.5% Discount

Note:

- The above discounts shall be applicable only for members 18 years & above.
- Any admission in Hospital beyond than 24 hours will be treated as Hospitalization'
- Discounts are based on Self Declaration of the Insured

13. DO YOU OFFER ANY DISCOUNT FOR RETAIL CUSTOMER OF NEW INDIA?

Yes. We offer a loyalty discount of 2.5% for having any active retail policy of New India with premium of Rs. 5,000 or above (Excluding GST).

14. IS THERE ANY DISCOUNT OFFERED FOR PURCHASING THIS POLICY IN DIGITAL PLATFORMS?

Yes. We offer the following discounts.

Digital discount: 10% Discount for both fresh and renewals for customers buying online without intermediary.

Discount for customers of Web aggregator: 5% Discount for both fresh and renewals for customers buying policies through web-aggregators.

15. ANY LOADING IS APPLICABLE BASED ON HEALTH PARAMETERS?

Yes. Loadings are applicable as per following parameters.

Premium Loadings
BMI (>32) – 2.5% Loading
Diabetic (Hb1Ac >6.4) – 2.5% Loading
Hypertensive (>139/89)– 2.5% loading

Note:

- The above loadings shall be applicable only for members 18 years & above.
- Loadings are based on Self Declaration of the Insured

16. DO YOU OFFER ANY CUMULATIVE BONUS UNDER THE POLICY?

Yes, Cumulative Bonus is offered for every claim free renewal ranging from 10% to 30%.

17. IS THERE AN AGE LIMIT UPTO WHICH THE POLICY WOULD BE RENEWED?

Policy can be renewed lifelong provided the renewal is done before the expiry or within the Grace Period of 30 days.

If you do not renew Your Policy before the date of expiry or within thirty days of the date of expiry, the Policy may not be renewed, and only a fresh Policy could be issued, subject to our underwriting rules. In such cases, it is possible that a fresh Policy could not be issued by us. It is therefore in your interest to ensure that Your Policy is renewed before expiry.

18. WHAT IS THE PERIOD OF INSURANCE?

The Period of Insurance is one year as stated in the Policy Schedule.

19. IS INSTALLMENT FACILITY AVAILABLE UNDER THE POLICY?

Yes, instalment facility is available under the Policy. The Premium can be paid Monthly, Quarterly, Half-Yearly or Annual Premium.

20. IS THERE ANY GRACE PERIOD FOR RENEWAL OF THE POLICY?

Yes. In case of Annual Payment of Premium, Policy has to be renewed within 30 days of the expiry of the Policy. In case of instalment premium the grace period is as under.

- Monthly – 7 days
- Quarterly and Half Yearly – 15 days.

21. CAN I CANCEL THE POLICY?

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.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED (RETAINED BY US)
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

In the event of death of insured in the middle of policy year/during the course of policy period, the premium for the unexpired policy period shall be refunded proportionately.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

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.

22. IS THERE ANY PRE-ACCEPTANCE HEALTH CHECKUP IS REQUIRED?

No

23. WHETHER AYUSH COVER IS COVERED?

Yes. It is covered up to the Sum Insured for Ayurvedic / Homeopathic / Unani Systems.

24. IS THERE AN OPTION TO MIGRATION TO ANY OTHER POLICY?

Yes. You can choose to migrate to any of our existing Policy, subject to Regulations of IRDAI (Protection of Policyholders' Interest) Regulations, 2017 and the Guidelines of IRDAI on Migration of Health Insurance Policies, as amended from time to time.

25. IS THERE AN OPTION FOR PORTABILITY?

Yes. You can choose to Port to any of our existing Policy, subject to Regulations of IRDAI (Protection of Policyholders' Interest) Regulations, 2017 and the Guidelines of IRDAI on Portability of Health Insurance Policies, as amended from time to time.

26. IN CASE OF REVISION/WITHDRAWAL WILL THERE BE ANY COMMUNICATION TO POLICYHOLDER?

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

In case of revision or modification or withdrawal of the Policy a notice will be provided to Policyholder, 90 days before the expiry of the policy for such revision or modification or withdrawal.

27. CAN THE SUM INSURED BE INCREASED AT THE TIME OF RENEWAL?

Yes, Sum Insured can be enhanced at the time of renewal subject to:

- a. Any Insured Person is not over 65 years of age.
- b. Any Insured Person is not suffering from any Critical Illness or Recurring Illness
- c. Any Insured Person is not having hospitalisation/claims pertain to treatment of critical illness or recurring illness

28. WHAT IS THIRD PARTY ADMINISTRATOR (TPA)?

Third Party Administrator (TPA) is a service provider who will provide Cashless facility for all Hospitalization that come under the scope of the policy. The TPA also settles reimbursement claims within the scope of the Policy. Details of TPA will be printed in the Policy Schedule.

29. IS THERE ANY CO-PAY OR DEDUCTIBLE APPLICABLE FOR CLAIM?

Co-Pay is applicable as per the following conditions.

- Insured Person opting for Zone I can avail treatment anywhere in India and No Co-pay shall be applicable.
- In case the Insured Person opting Zone II takes treatment in Zone I, Co-pay of 10% shall be applicable on admissible claim.
- Co-Pay shall not be applicable for immediate hospitalization arising out of Accident.
- Co-Pay shall also not be applicable for Illness or Treatments having sub-limits.

30. WHAT IS FREE LOOK PERIOD?

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

31. IS HOSPITALISATION ALWAYS NECESSARY TO CLAIM UNDER THE POLICY?

It is necessary to have a Hospitalization for a minimum period of 24 hours to be eligible for claiming under the Policy. However, due to medical advancements for certain medical procedures, 24 hour hospitalization may not be necessary. The list of such procedures are printed under the policy clause.

32. DO YOU COVER PRE & POST HOSPITALISATION EXPENSES?

Yes. Pre Hospitalization Expenses are covered up to 60 days and Post Hospitalization Expenses up to 90 days.

33. WHAT IS CASHLESS HOSPITALIZATION?

Cashless hospitalization is service provided by the TPA on Our behalf whereby you are not required to settle the hospitalization expenses at the time of discharge from hospital. The settlement is done directly by the TPA on Our behalf. However those expenses which are not admissible under the Policy would not be paid, and You would have to pay such inadmissible expenses to the Hospital. Cashless facility is available only in Networked Hospitals. Prior approval is required from the TPA before the patient is admitted into the Network Hospital. You may visit our Website at <http://newindia.co.in/listofhospitals.aspx>. The list of Network Hospitals can also be obtained from the TPA or from their website. You will have full freedom to choose the hospitals from the Network Hospitals and avail Cashless facility on production of proof of Insurance and Your identity, subject to the claim being admissible. The TPA might not agree to provide Cashless facility at a Hospital which is not a Network Hospital. In such cases You may avail treatment at any Hospital of Your choice and seek reimbursement of the claim subject to the terms and conditions of the Policy. In cases where the admissibility of the claim could not be determined with the available documents, even if the treatment is at a Network Hospital, the TPA may refuse to provide Cashless facility. Such refusal may not necessarily mean denial of the claim. You may seek reimbursement of the expenses incurred by producing all relevant documents and the TPA may pay the claim, if it is admissible under the terms and conditions of the Policy.

34. IS THERE ANY BENEFIT UNDER THE INCOME TAX ACT FOR THE PREMIUM PAID FOR THIS INSURANCE?

Yes. Payments made for health insurance in any mode other than cash are eligible for deduction from taxable income as per Section 80 D of the Income Tax Act, 1961. For details, please refer to the relevant Section of the Income Tax Act.

35. WHAT ARE THE WAITING PERIODS AND SUBLIMITS APPLICABLE FOR VARIOUS COVERAGES, ILLNESSES, PROCEDURES OR TREATMENTS UNDER THE POLICY?

Following are the waiting periods and sub-limits applicable under the policy

Table of Coverages/Procedures with Sub-limits and Waiting Periods				
Nature of Disease/Procedure/Treatment	Sublimit (Per Policy Period)			Waiting Period
Congenital Internal Disease (Waiting Period Not Applicable for New Born Baby)	Not Applicable			12 Months
Congenital External Disease (Waiting Period Not Applicable for New Born Baby)	Up to 10% of the average Sum Insured in the preceding 24 months			24 Months
Artificial life maintenance (This sub limit is applicable only for person who is declared to be in a vegetative state as certified by the treating medical practitioner)	Up to 25% of the Sum Insured and a Maximum of 15 days			NIL
Puberty and Menopause related Disorders	Up to 25% of the Sum Insured			12 Months
Age Related Macular Degeneration (ARMD)	Up to 20% of the Sum Insured			24 Months
Genetic diseases or disorders	Up to 25% of the Sum Insured			24 Months
Treatment of Mental Illness (ICD Code: F01-F29 & F60-F79)	Up to 25% of the Sum Insured			24 Months
Diabetes Mellitus	NIL			90 Days
Hypertension	NIL			90 Days
Cardiac Conditions	NIL			90 Days
All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps	NIL			12 Months
Benign ear, nose, throat disorders	NIL			12 Months
Benign prostate hypertrophy	NIL			12 Months
Age related eye ailments	NIL			12 Months
Gastric/ Duodenal Ulcer	NIL			12 Months
Gout and Rheumatism	NIL			12 Months
Hernia of all types	NIL			12 Months
Hydrocele	NIL			12 Months
Non Infective Arthritis	NIL			12 Months
Piles, Fissures and Fistula in anus	NIL			12 Months
Pilonidal sinus, Sinusitis and related disorders	NIL			12 Months
Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident	NIL			12 Months
Skin Disorders	NIL			12 Months
Stone in Gall Bladder and Bile duct, excluding malignancy	NIL			12 Months
Stones in Urinary system	NIL			12 Months
Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus	NIL			12 Months
Varicose Veins and Varicose Ulcers	NIL			12 Months
Renal Failure	NIL			12 Months
Joint Replacement due to Degenerative Condition	NIL			24 Months
Age-related Osteoarthritis & Osteoporosis	NIL			24 Months
Treatment or Procedure	5/10/15 Lakhs (L)	25 Lakhs (L)	50 Lakhs (L)	Waiting Period
Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	NIL
Balloon Sinuplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	NIL

Deep Brain stimulation	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L	NIL
Oral chemotherapy	Upto Rs. 50,000	Upto Rs. 75,000	Upto Rs. 1 L	NIL
Immunotherapy- Monoclonal Antibody to be given as injection	Upto Rs 1 L	Upto Rs. 2 L	Upto Rs. 3 L	NIL
Intravitreal injections	Upto Rs. 75,000	Upto Rs. 1 L	Upto Rs. 1.5 L	NIL
Robotic surgeries	Upto Rs. 2 L	Upto Rs. 3.5 L	Upto Rs. 5 L	NIL
Stereotactic radio surgeries	Upto Rs. 2 L	Upto Rs. 2.5 L	Upto Rs. 3 L	NIL
Bronchial Thermoplasty	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	NIL
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	NIL
IONM - (Intra Operative Neuro Monitoring)	Upto Rs. 30,000	Upto Rs. 50,000	Upto Rs. 75,000	NIL
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Upto Rs. 1.5 L	Upto 2 L	Upto 2.5 L	NIL
Cataract (per eye/per Insured.)	Up to 50,000	Up to 75,000	Up to 1 L	12 Months
Hazardous Sports for recreational purpose	Upto Rs. 1 L	Upto Rs. 1.5 L	Upto Rs. 2 L	
Benefit / Coverage	5/10/15 Lakhs (L)	25 Lakhs (L)	50 Lakhs (L)	Waiting Period
Critical Care Benefit (In Addition to Sum Insured)	Rs. 1 L	Rs. 1.5 L	Rs. 2.5 L	12 Months
Maternity Coverage	Up to Rs. 25,000			24 Months
Infertility Treatment	Up to Rs. 50,000	Up to Rs. 75,000	Up to Rs. 1 L	24 Months
Vaccination Expenses (Applicable for a New Born Baby)	Up to 0.1% of Sum Insured			NIL
Pre Mature / Pre-Term Baby	Up to Rs. 30,000	Up to Rs. 40,000	Up to Rs. 50,000	24 Months
Birth Right Benefit (In Addition to Sum Insured)	Rs. 30,000	Rs. 40,000	Rs. 50,000	24 Months

36. DOES IT COVER ALL CASES OF HOSPITALISATION?

No. This Policy does NOT cover ALL cases of Hospitalisation.

No claim will be payable under this Policy for the following:

STANDARD EXCLUSIONS

A. PRE-EXISTING DISEASES (Code- Excl01)

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

- d. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

B. SPECIFIC WAITING PERIOD (Code- Excl02)

- a. Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 12 / 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

(i) 90 Days Waiting Period

1. Diabetes Mellitus
2. Hypertension
3. Cardiac Conditions

(ii) 12 Months waiting period

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types
8. Hydrocele
9. Non Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Internal Congenital Diseases
21. Critical Care Benefit

(iii) 24 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis

3. Treatment of mental illness (ICD Code: F01-F29 & F60-F79)
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders
6. Birth Right Benefit
7. Infertility Treatment
8. Maternity Coverage

C. FIRST THIRTY DAYS WAITING PERIOD (Code- Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

D. INVESTIGATION & EVALUATION (Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

E. REST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

F. OBESITY/ WEIGHT CONTROL (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the Doctor
- b. The surgery/Procedure conducted should be supported by clinical protocols
- c. The member has to be 18 years of age or older and
- d. Body Mass Index (BMI);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

G. CHANGE-OF-GENDER TREATMENTS (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

H. COSMETIC OR PLASTIC SURGERY (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

I. HAZARDOUS OR ADVENTURE SPORTS (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

J. BREACH OF LAW (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

K. EXCLUDED PROVIDERS (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

L. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

M. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

N. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code- Excl14)

O. REFRACTIVE ERROR (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

P. UNPROVEN TREATMENTS (Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

Q. STERILITY AND INFERTILITY (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization

- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

R. MATERNITY EXPENSES (Code - Excl18)

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SPECIFIC EXCLUSIONS

- S. Acupressure, acupuncture, magnetic therapies.
- T. Any expenses incurred on Domiciliary Hospitalization.
- U. Service charges, Surcharges, Luxury Tax, Admission fees, Registration fees, Record Charges and Telephone Charges levied by the Hospital.
- V. Bodily Injury or Illness due to intentional self-inflicted Injury and attempted suicide.
- W. Circumcision unless Medically Necessary or as may be necessitated due to an Accident.
- X. Convalescence and General debility.
- Y. Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants.
- Z. External Medical / Non-medical equipment used for diagnosis and/or treatment including CPAP/BIPAP, Oxygen Concentrator, Infusion pump, Ambulatory devices (walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads) and sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and equipment, which is subsequently used at home and outlives the use and life of the Insured Person.
- AA. Naturopathy and Siddha Treatments.
- BB. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.
For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- CC. Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.11.12
- DD. Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.
- EE. Treatment taken outside the geographical limits of India
- FF. Vaccination and/or inoculation

- GG.** War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.



Premium Chart for Yuva Bharat Health Policy – Basic Plan
Premium Per Member (Excluding GST)

Zone 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2: Rest of India

Yuva Bharat Basic -Annual Premium - Zone -1						Yuva Bharat Basic -Annual Premium – Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	3,269	4,296	5,254	6,937	10,344	3months-17	2,675	3,515	4,298	5,675	8,464
18-30	4,712	6,240	7,668	10,174	15,246	18-30	3,856	5,106	6,274	8,324	12,474
31-35	5,731	7,614	9,374	12,462	18,709	31-35	4,689	6,230	7,670	10,196	15,307
36-40	7,267	9,687	11,945	15,909	23,931	36-40	5,945	7,925	9,773	13,017	19,580
41-45	9,602	12,837	15,855	21,152	31,870	41-45	7,856	10,503	12,973	17,306	26,076
46-50	12,246	16,410	20,295	27,114	40,906	46-50	10,020	13,426	16,605	22,184	33,468
51-55	15,827	21,240	26,291	35,154	53,083	51-55	12,949	17,378	21,511	28,762	43,431
56-60	20,235	27,200	33,697	45,095	68,154	56-60	16,556	22,254	27,571	36,896	55,762
61-65	27,459	36,945	45,793	61,315	92,715	61-65	22,467	30,227	37,467	50,167	75,857
66& Above	31,074	41,822	51,846	69,432	1,05,004	66& Above	25,424	34,218	42,420	56,808	85,912

Yuva Bharat Basic -Half Yearly Premium - Zone -1						Yuva Bharat Basic -Half Yearly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	1,699	2,231	2,727	3,599	5,364	3months-17	1,391	1,826	2,232	2,945	4,390
18-30	2,446	3,238	3,978	5,276	7,904	18-30	2,003	2,650	3,256	4,318	6,468
31-35	2,974	3,950	4,862	6,462	9,698	31-35	2,434	3,233	3,979	5,288	7,936
36-40	3,770	5,024	6,194	8,247	12,404	36-40	3,085	4,111	5,068	6,749	10,149
41-45	4,980	6,656	8,219	10,964	16,517	41-45	4,075	5,447	6,726	8,971	13,515
46-50	6,350	8,507	10,520	14,053	21,198	46-50	5,196	6,961	8,608	11,499	17,345
51-55	8,205	11,009	13,626	18,218	27,507	51-55	6,714	9,009	11,150	14,907	22,507
56-60	10,489	14,097	17,463	23,369	35,316	56-60	8,583	11,535	14,290	19,121	28,895
61-65	14,232	19,146	23,730	31,772	48,041	61-65	11,645	15,666	19,417	25,997	39,307
66& Above	16,104	21,673	26,866	35,978	54,408	66& Above	13,177	17,733	21,983	29,437	44,516

Yuva Bharat Basic -Quarterly Premium - Zone -1						Yuva Bharat Basic -Quarterly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	868	1,139	1,392	1,836	2,736	3months-17	711	933	1,140	1,503	2,239
18-30	1,249	1,652	2,029	2,691	4,030	18-30	1,023	1,353	1,661	2,203	3,298
31-35	1,518	2,015	2,480	3,295	4,944	31-35	1,243	1,650	2,030	2,697	4,046
36-40	1,923	2,562	3,158	4,205	6,323	36-40	1,574	2,097	2,585	3,441	5,174
41-45	2,540	3,394	4,191	5,589	8,419	41-45	2,079	2,778	3,430	4,574	6,889
46-50	3,238	4,337	5,363	7,163	10,804	46-50	2,650	3,549	4,389	5,862	8,841
51-55	4,183	5,612	6,946	9,286	14,019	51-55	3,424	4,593	5,684	7,598	11,471
56-60	5,347	7,186	8,901	11,910	17,998	56-60	4,376	5,880	7,284	9,746	14,726
61-65	7,254	9,758	12,094	16,192	24,482	61-65	5,936	7,985	9,896	13,249	20,031
66& Above	8,209	11,046	13,692	18,335	27,726	66& Above	6,717	9,039	11,204	15,002	22,686

Yuva Bharat Basic -Monthly Premium - Zone -1						Yuva Bharat Basic -Monthly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	301	393	478	628	932	3months-17	248	323	393	516	764
18-30	430	566	693	917	1,368	18-30	354	465	569	752	1,121
31-35	521	688	845	1,120	1,677	31-35	428	565	693	918	1,374
36-40	657	873	1,074	1,427	2,142	36-40	540	716	881	1,170	1,755
41-45	866	1,154	1,423	1,895	2,850	41-45	710	946	1,166	1,552	2,333
46-50	1,101	1,472	1,818	2,426	3,655	46-50	903	1,206	1,490	1,987	2,992
51-55	1,420	1,902	2,353	3,142	4,740	51-55	1,164	1,558	1,927	2,573	3,880
56-60	1,813	2,434	3,012	4,028	6,083	56-60	1,485	1,993	2,467	3,297	4,978
61-65	2,457	3,302	4,090	5,473	8,271	61-65	2,012	2,703	3,348	4,480	6,769
66& Above	2,779	3,736	4,629	6,196	9,366	66& Above	2,275	3,059	3,790	5,072	7,665

Premium Chart for Yuva Bharat Health Policy – Gold Plan
Premium Per Member (Excluding GST)

Zone 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2: Rest of India

Yuva Bharat Gold -Annual Premium - Zone -1						Yuva Bharat Gold -Annual Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	3,770	4,800	5,763	7,697	11,591	3months-17	3,084	3,928	4,715	6,297	9,483
18-30	5,426	7,164	8,801	11,971	18,554	18-30	4,440	5,862	7,201	9,795	15,180
31-35	6,453	8,546	10,517	14,269	22,032	31-35	5,279	6,992	8,605	11,675	18,026
36-40	7,998	10,633	13,103	17,736	27,281	36-40	6,544	8,699	10,721	14,512	22,321
41-45	10,966	14,419	17,651	23,934	36,803	41-45	8,972	11,797	14,441	19,582	30,111
46-50	13,559	17,930	22,019	29,779	45,608	46-50	11,093	14,670	18,015	24,365	37,316
51-55	17,166	22,789	28,047	37,863	57,842	51-55	14,045	18,645	22,947	30,979	47,326
56-60	21,463	28,619	35,305	47,566	72,466	56-60	17,561	23,415	28,886	38,918	59,290
61-65	28,734	38,420	47,462	63,868	97,138	61-65	23,510	31,434	38,832	52,256	79,476
66& Above	32,349	43,296	53,514	71,985	1,09,427	66& Above	26,467	35,424	43,784	58,897	89,531

Yuva Bharat Gold -Half Yearly Premium - Zone -1						Yuva Bharat Gold -Half Yearly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	1,958	2,492	2,991	3,993	6,010	3months-17	1,603	2,040	2,448	3,267	4,918
18-30	2,816	3,717	4,565	6,207	9,618	18-30	2,305	3,042	3,736	5,080	7,870
31-35	3,348	4,433	5,454	7,398	11,420	31-35	2,740	3,628	4,463	6,054	9,344
36-40	4,149	5,514	6,794	9,194	14,139	36-40	3,395	4,512	5,560	7,524	11,570
41-45	5,686	7,475	9,150	12,405	19,073	41-45	4,653	6,117	7,487	10,150	15,606
46-50	7,030	9,295	11,413	15,433	23,635	46-50	5,752	7,606	9,339	12,629	19,338
51-55	8,899	11,812	14,536	19,622	29,973	51-55	7,282	9,665	11,894	16,055	24,525
56-60	11,125	14,833	18,297	24,649	37,550	56-60	9,103	12,136	14,971	20,168	30,723
61-65	14,892	19,910	24,595	33,095	50,332	61-65	12,186	16,291	20,124	27,079	41,182
66& Above	16,765	22,437	27,731	37,300	56,699	66& Above	13,718	18,358	22,689	30,520	46,391

Yuva Bharat Gold -Quarterly Premium - Zone -1						Yuva Bharat Gold -Quarterly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	1,000	1,272	1,526	2,037	3,065	3months-17	819	1,042	1,250	1,667	2,509
18-30	1,437	1,896	2,328	3,165	4,903	18-30	1,177	1,553	1,906	2,591	4,013
31-35	1,709	2,261	2,781	3,772	5,821	31-35	1,399	1,851	2,277	3,087	4,764
36-40	2,116	2,812	3,464	4,687	7,207	36-40	1,733	2,302	2,835	3,836	5,898
41-45	2,900	3,812	4,665	6,324	9,721	41-45	2,374	3,119	3,817	5,175	7,954
46-50	3,585	4,739	5,818	7,867	12,046	46-50	2,934	3,878	4,761	6,437	9,856
51-55	4,537	6,021	7,409	10,001	15,275	51-55	3,713	4,927	6,063	8,183	12,499
56-60	5,671	7,560	9,326	12,562	19,136	56-60	4,641	6,187	7,631	10,279	15,658
61-65	7,591	10,148	12,535	16,866	25,649	61-65	6,212	8,304	10,257	13,801	20,987
66& Above	8,545	11,435	14,133	19,009	28,894	66& Above	6,992	9,357	11,564	15,554	23,641

Yuva Bharat Gold -Monthly Premium - Zone -1						Yuva Bharat Gold -Monthly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	346	438	523	696	1,043	3months-17	285	360	430	571	855
18-30	493	648	794	1,077	1,663	18-30	406	532	652	883	1,363
31-35	585	771	947	1,281	1,973	31-35	480	633	777	1,050	1,616
36-40	723	957	1,177	1,590	2,441	36-40	593	785	965	1,303	1,999
41-45	987	1,295	1,583	2,143	3,289	41-45	809	1,061	1,297	1,755	2,693
46-50	1,218	1,608	1,972	2,663	4,074	46-50	998	1,317	1,615	2,181	3,335
51-55	1,539	2,040	2,509	3,384	5,164	51-55	1,261	1,671	2,055	2,770	4,227
56-60	1,922	2,560	3,156	4,248	6,467	56-60	1,575	2,096	2,584	3,478	5,293
61-65	2,570	3,433	4,239	5,701	8,665	61-65	2,105	2,811	3,470	4,666	7,091
66& Above	2,892	3,868	4,778	6,424	9,760	66& Above	2,368	3,166	3,911	5,258	7,987

Premium Chart for Yuva Bharat Health Policy – Platinum Plan

Premium Per Member (Excluding GST)

Zone 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara

Zone 2: Rest of India

Yuva Bharat Platinum -Annual Premium - Zone -1						Yuva Bharat Platinum -Annual Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	3,840	4,871	5,833	7,791	11,707	3months-17	3,142	3,985	4,773	6,375	9,579
18-30	7,033	8,773	10,409	13,718	20,517	18-30	5,755	7,178	8,517	11,224	16,787
31-35	8,060	10,154	12,124	16,017	23,995	31-35	6,594	8,308	9,920	13,105	19,633
36-40	9,606	12,240	14,710	19,484	29,245	36-40	7,860	10,014	12,036	15,942	23,927
41-45	12,574	16,026	19,259	25,682	38,766	41-45	10,288	13,112	15,757	21,012	31,718
46-50	15,071	19,443	23,531	31,424	47,455	46-50	12,331	15,908	19,253	25,710	38,827
51-55	18,678	24,301	29,559	39,508	59,689	51-55	15,282	19,883	24,185	32,324	48,837
56-60	22,800	29,956	36,641	49,019	74,098	56-60	18,654	24,510	29,979	40,107	60,626
61-65	30,071	39,756	48,798	65,321	98,770	61-65	24,603	32,528	39,926	53,445	80,812
66& Above	33,685	44,634	54,850	73,438	1,11,059	66& Above	27,561	36,518	44,878	60,086	90,867

Yuva Bharat Platinum -Half Yearly Premium - Zone -1						Yuva Bharat Platinum -Half Yearly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	1,995	2,529	3,027	4,042	6,070	3months-17	1,633	2,070	2,478	3,308	4,968
18-30	3,649	4,550	5,398	7,112	10,635	18-30	2,987	3,724	4,418	5,820	8,702
31-35	4,181	5,266	6,286	8,303	12,437	31-35	3,421	4,309	5,145	6,795	10,177
36-40	4,982	6,347	7,626	10,100	15,157	36-40	4,077	5,193	6,241	8,265	12,402
41-45	6,520	8,308	9,983	13,311	20,090	41-45	5,335	6,798	8,169	10,891	16,438
46-50	7,813	10,078	12,196	16,286	24,591	46-50	6,394	8,247	9,980	13,325	20,121
51-55	9,682	12,595	15,320	20,474	30,930	51-55	7,923	10,306	12,535	16,752	25,307
56-60	11,818	15,525	18,989	25,402	38,395	56-60	9,670	12,704	15,537	20,784	31,415
61-65	15,585	20,603	25,287	33,848	51,178	61-65	12,752	16,858	20,691	27,695	41,874
66& Above	17,457	23,130	28,423	38,053	57,545	66& Above	14,284	18,925	23,256	31,136	47,083

Yuva Bharat Platinum -Quarterly Premium - Zone -1						Yuva Bharat Platinum -Quarterly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	1,019	1,291	1,545	2,062	3,096	3months-17	834	1,057	1,265	1,688	2,534
18-30	1,862	2,321	2,753	3,627	5,421	18-30	1,524	1,900	2,253	2,968	4,437
31-35	2,133	2,686	3,206	4,233	6,340	31-35	1,746	2,198	2,624	3,465	5,188
36-40	2,541	3,236	3,888	5,149	7,726	36-40	2,080	2,649	3,183	4,214	6,322
41-45	3,325	4,236	5,089	6,785	10,239	41-45	2,721	3,467	4,165	5,552	8,379
46-50	3,984	5,138	6,217	8,301	12,533	46-50	3,260	4,205	5,088	6,792	10,255
51-55	4,936	6,420	7,809	10,435	15,763	51-55	4,039	5,254	6,390	8,539	12,898
56-60	6,024	7,913	9,678	12,946	19,567	56-60	4,930	6,476	7,919	10,593	16,010
61-65	7,944	10,501	12,888	17,250	26,080	61-65	6,500	8,592	10,545	14,114	21,339
66& Above	8,898	11,788	14,485	19,393	29,325	66& Above	7,281	9,646	11,853	15,868	23,994

Yuva Bharat Platinum -Monthly Premium - Zone -1						Yuva Bharat Platinum -Monthly Premium - Zone 2 (Rest of India)					
Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000	Age Band/Sum Insured	500000	1000000	1500000	2500000	5000000
3months-17	352	444	530	704	1,053	3months-17	290	365	435	578	863
18-30	637	792	937	1,232	1,838	18-30	523	650	769	1,010	1,506
31-35	728	915	1,090	1,437	2,148	31-35	598	750	894	1,178	1,759
36-40	866	1,101	1,321	1,746	2,616	36-40	710	902	1,082	1,430	2,142
41-45	1,130	1,438	1,726	2,298	3,464	41-45	927	1,178	1,414	1,882	2,836
46-50	1,353	1,742	2,107	2,810	4,238	46-50	1,109	1,427	1,725	2,301	3,469
51-55	1,674	2,175	2,644	3,530	5,328	51-55	1,372	1,782	2,165	2,890	4,361
56-60	2,041	2,679	3,275	4,378	6,612	56-60	1,672	2,194	2,681	3,584	5,412
61-65	2,689	3,552	4,358	5,830	8,810	61-65	2,202	2,908	3,567	4,772	7,210
66& Above	3,011	3,987	4,897	6,553	9,905	66& Above	2,466	3,264	4,009	5,364	8,106
<u>Premium Chart for Yuva Bharat Health Policy – Platinum Plan (Optional Cover)</u>											
<u>Premium Per Member (Excluding GST)</u>											
Zone 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara											
Zone 2: Rest of India											
Premium for Optional Cover: Enhanced Maternity limit (Zone -1)											
Enhanced Maternity limit		Annual Premium		Half Yearly premium		Quarterly Premium		Monthly Premium			
50,000		10,096		5231		2665		900			
75,000		15,144		7846		3998		1349			
1,00,000		20,193		10462		5331		1799			
Premium for Optional Cover: Enhanced Maternity limit - Zone 2 (Rest of India)											
Enhanced Maternity limit		Annual Premium		Half Yearly premium		Quarterly Premium		Monthly Premium			
50,000		8,260		4280		2181		736			
75,000		12,390		6419		3271		1104			
1,00,000		16,521		8560		4362		1472			

Floater Discount on number of members	2 members	3 members	4 members & above
	5%	10%	15%

Loyalty Discount: This policy also offers 2.5% discount for having any active retail policy of New India Assurance Co Ltd with premium of Rs. 5,000 or above (Excluding GST).

Health Parameters: This policy gives discount and loading based on the Health parameters, which are as under:

The below discounts and loadings shall be applicable only for members 18 years & above.

Premium Discounts	Premium Loadings
BMI (<32) – 2.5% Discount	BMI (>32) – 2.5% Loading
Non- Diabetic (Hb1Ac <6.4) – 2.5% Discount	Diabetic (Hb1Ac >6.4) – 2.5% Loading
Non-Hypertensive – (<=120/80) - 2.5% Discount; (>120/80) to (<=139/89)– Nil	Hypertensive (>139/89)– 2.5% loading
No Hospitalization for the last 3 years at the time of taking the policy – 2.5% Discount	

Note: Any admission in Hospital beyond than 24 hours will be treated as Hospitalization'

Premium Illustration: Yuva Bharat Health Policy [Base Plan (Zone 1 Premium)]										
Age of the members	Coverage opted on Individual Basis covering each member of the family separately		Coverage opted on Individual Basis covering each member under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family) Floater Discount is based on the No of Persons covered under the policy (For 2 members 5%, 3 member 10% and for 4 members & above 15%)			
	Premium	Sum Insured	Premium	Discount	Premium after Discount	Sum Insured	Premium	Floater Discount	Premium after Discount	Sum Insured
17	4296	10 L	4296	No Discount	4296	10 L	4296	15%	3652	10 L
28	6240	10 L	6240	No Discount	6240	10 L	6240	15%	5304	
34	7614	10 L	7614	No Discount	7614	10 L	7614	15%	6472	
38	9687	10 L	9687	No Discount	9687	10 L	9687	15%	8234	
44	12837	10 L	12837	No Discount	12837	10 L	12837	15%	10911	
48	16410	10 L	16410	No Discount	16410	10 L	16410	15%	13949	
Total Premium for all members of the family is Rs. 57,084/- (Excluding GST) When each member is covered separately. Sum Insured available for each Individual is Rs. 10 L			Total Premium for all members of the family is Rs. 57,084/- (Excluding GST)When they are covered under a single policy. Sum Insured available for each family member is Rs. 10 L				Total Premium when policy is opted on Floater basis is Rs. 48,821/- (Excluding GST). Sum Insured of Rs. 10 L is available for the entire family.			