

National Mediciclaim Policy

Brochure

What is National Mediciclaim Policy?

National Mediciclaim Policy is a specially designed health insurance plan by National Insurance for you and your family members. The Policy provides for cashless facility and/or re-imbursment of hospitalisation expenses for treatment of illness, disease or injury. Besides hospitalisation, the Policy covers pre and post hospitalisation expenses. The Policy is available in sum insured ranging from ₹50,000 to ₹5,00,000 in multiples of ₹25,000.

Why Mediciclaim Policy?

Your health is your most valuable asset. With rising health care costs and increasing life style diseases, loss of health can mean expensive medical bills and even loss of earnings. When care is needed, all you want is to get cured and not worry about arranging money for treatment. National Mediciclaim Policy with its comprehensive coverage will take care of your worries as it offers protection against the high health care costs and makes health care easy and accessible. You can get treatment in a network hospital on a cashless basis or get re-imbursment of the amount spent in a non-network hospital of your choice. Though paying the premium may seem an expense today, it helps in protecting against future high expenses which may not be provided in your present plan.

What is covered?

Inpatient Treatment

The Policy provides expenses for hospitalisation for more than 24 hrs up to specified limits as under

Room, boarding including nursing care up to 25% of sum insured for any one illness

Medical practitioner's fees up to 25% of sum insured for any one illness

Anaesthesia, blood, oxygen, OT charges, surgical appliances, medicines, diagnostic test, pacemaker, artificial limbs, stent, implant, dialysis, chemotherapy, radiotherapy, hospitalisation expense for organ donor's treatment, ambulance

charges, etc. up to 50% of sum insured for any one illness

Ambulance charges 1% of sum insured or maximum of ₹2000/- in a Policy period

Day Care Procedure

The Policy provides expenses for 140+ day care procedures, which require hospitalisation for less than 24 hours.

Preferred Provider Network (PPN)

It is a network of hospitals which have agreed to a cashless package pricing for certain procedures for the insured persons. The list is available with the insurer/TPA and subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.

Pre and post Hospitalisation

The Policy covers medical expenses incurred up to 30 days prior to the hospitalisation and up to 60 days after discharge from the hospital

Cover for modern and traditional treatment

The Policy covers Allopathic, Ayurvedic and Homeopathic treatment. Coverage for Ayurvedic and Homeopathic treatment is up to 20% of sum insured.

Pre existing diseases

Diseases existing at the inception of the Policy are covered after a waiting period of four years subject to continuous renewal of the Policy without a break.

Accident coverage

Waiting period will not apply for coverage against accident. Cover is available from the time of commencement of the Policy.

Good Health Incentives

Cumulative Bonus (CB)

Sum insured (excluding CB) will be increased by 5% in respect of each claim free policy period (no claims are reported), provided the policy is continuously renewed with the company without a break

subject to maximum of 10 claim free policy period.

In case of claim under the policy in respect of insured person who has earned the CB, the increased percentage (CB) will be reduced by 5% of sum insured on the next renewal. However sum insured (excluding CB) will be maintained and not be reduced.

Health Checkup

Your health is precious and should be cared for. The Policy pays the cost of health check-up expenses once at the end of a block of four continuous policy periods provided no claims are reported during the block and the policy has been continuously renewed with the company without a break. Expenses payable is a maximum of 1% of the average sum insured (excluding CB) of the block. Claim for health checkup benefits may be lodged at least 45 days before the expiry of the fifth policy period.

Services

24-hours emergency assistance

24x7 customer helpline offered through our third party administrator (TPA) provides you a range of services including office location, Policy details, card status, payment related queries, pre-authorisation, details of network provider and claims information.

Alerts

Approval of cashless access service is intimated through SMS alerts

Country wide coverage

In addition to reimbursement of hospitalisation expenses for treatment in network and non network hospital/nursing home, the Policy offers cashless hospitalisation in over 6000 network hospitals across 1500 cities/ towns/ centres. Cashless facility is available only in network hospitals, if you have opted for TPA service

Pan India presence

Our 1300+ offices across the country help us to serve our customers.

Other benefits

Assured renewal for life

You are assured of renewability of the Policy for life i.e. the Policy can be renewed annually throughout your lifetime.

Portability

If you are insured with us or with another non life/ stand alone health insurance company and you wish to port (switch) from your existing health insurance plan to National Mediciclaim Policy, you can do so on renewal, without losing the accrued benefits such as credit for pre existing disease and time bound exclusions provided you have renewed the Policy without any break.

Family Discount

A discount of 10% in the premium is allowed on policies covering yourself and any one or more of your family members.

- Spouse
- Dependent children
- Dependent parents

Tax rebate

You can avail tax benefits for the premium amount as provided under section 80-D of the Income tax Act.

Free Look Period

You will be allowed a period of 15 days from date of receipt of policy to review the terms and conditions of the policy, and to return the same if not acceptable. Provided there is no claim during the period, proportionate premium will be refunded. For details please refer to the policy

What is not covered (Exclusions)?

- HIV, AIDS, STD, etc.
- Convalescence, general debility, "run-down" condition, sterility, etc.
- Pregnancy and related complications
- Treatment for obesity
- Treatment for all psychiatric & psychosomatic disorders/diseases
- Treatment for genetic disorders
- Vaccination or inoculation unless forming part of treatment
- Cosmetic, plastic surgery, sex change, hormone replacement

- Naturopathy and experimental treatment
- Dental treatment
- Outpatient treatment
- Drug/ alcohol abuse
- Spectacles, contact lens, hearing aid, cochlear implants.
- Home visit charges

Who can be covered?

You can avail the Policy if you are within the age group of 18 to 65 years. Your spouse, dependent children and dependent parents can be covered in your Policy. Children between the age of 3 months and 18 years can be covered, if either of the parents is/are covered in the Policy. If your son is above 18 years, he can be covered in your Policy till he attains 25 years, provided he is not employed and is a bona-fide student. Your daughter if above 18 years of age, and not employed, can be covered till her marriage. The policy is also available to senior citizens covered under Mediclaim Insurance Policy (Individual) for SI less than ₹ 50,000, opting for a higher SI between ₹ 50,000 to ₹ 5,00,000

Why choose National Insurance Company

You can trust us as your health insurance service provider, as we are the premier non life insurance Company in India serving since 1906. National Insurance Company is one of the largest and fastest growing public sector General Insurance Companies having over 1,300 offices and 16,000 personnel. We are a company of no small achievement, having won a series of awards including NDTV Profit Business Leadership Award 2011 & 2012.

Contact us:

- Call at : (033) 2283 1705/ 1706
- Toll free : 1800 419 4033
- Fax : (033) 2289 6329
- Mail us : website.administrator@nic.co.in
- Buy online policy at : <http://niconline.in/>

Disclaimer

The brochure is a summary of the Policy features. For further details please read the Policy/ prospectus/ website. In case of any difference in the terms contained in the brochure and the Policy, the terms and conditions in the Policy shall prevail.

Amount of insurance (Sum insured)

You have the option of selecting same sum insured for each family member or separate sum insured for different members. The Policy has a range of cover options to suit all needs - sum insured of ₹50,000 to ₹5,00,000 in multiple of ₹25,000.

Senior citizens if covered under Mediclaim Insurance Policy (Individual) for SI less than ₹ 50,000 may be allowed to have the benefit of same sum insured on renewal but subject to the revised premium rates for Sum Insured of ₹ 15,000 to ₹ 45,000 in multiple of ₹ 5,000

Sum Insured lower than ₹ 50,000 is not available to senior citizens who take the policy for the first time.

How much does insurance cost?

Premium rates are provided below. You may also refer to the prospectus or visit our web site to view the rates

How to buy the Policy?

Prospectus and Proposal form

The prospectus and proposal form are part of the Policy. Both the prospectus and the proposal form are to be submitted to the office or to the agent.

Pre Policy Checkup

- No Pre Policy Checkup required up to 50 years of age
- Pre Policy checkup not required where persons 50 years and above are porting (switching) from any of our health insurance Policy or from any non-life or stand alone health insurance company in India
- Pre Policy checkup is mandatory for persons 50 years and above availing Policy for the first time
- Pre policy checkup is not required for senior citizens covered for SI between ₹15,000 and ₹45,000 opting for a higher SI between ₹50,000 and ₹5,00,000
- The Company will reimburse 50% of the expenses incurred for pre policy checkup, if the proposal is accepted.

Pre Policy Checkup Reports

- Physical examination (report to be signed by the Doctor with minimum MD (Medicine) qualification)
- Blood sugar (fasting/ post prandial)
- Lipid profile
- Serum creatinine
- Urine routine and microscopic examination
- ECG
- Eye checkup (including retinoscopy)

The date of medical reports should not exceed 30 days prior to the date of proposal.

What to do in the event of claim?

Cashless claims – Cashless emergency hospitalisation & planned hospitalisation is subject to prior approval by the TPA. Please get in touch with the TPA to avail cashless facility

Reimbursement of claims – The claim form along with relevant documents is to be submitted to TPA or to the Company.

- Write to us at : Head Office
3 Middleton Street
Kolkata
West Bengal
Pin code: 700071
- Visit us at : <http://www.nationalinsuranceindia.com/>

Rate without TPA charges

SI	0-5	6-25	26-35	36-45	46-55	56-59	60-65	66-70	71-75	76-80	81-85	86 +
50,000	856	831	997	1,406	2,036	3,005	2,971	3,883	4,161	5,135	5,648	6,162
75,000	1,058	1,027	1,270	1,600	2,423	3,392	4,302	5,613	6,012	7,405	8,145	8,886
100,000	1,280	1,242	1,454	1,842	2,908	4,361	5,755	7,506	8,042	9,953	10,948	11,943
125,000	1,494	1,451	1,648	2,392	3,906	5,331	6,693	7,918	9,076	12,309	13,906	15,170
150,000	1,847	1,793	2,070	2,713	4,553	6,009	7,537	8,880	10,080	13,783	16,300	17,811
175,000	2,196	2,133	2,309	3,423	5,213	7,525	8,363	9,813	11,036	15,208	17,928	19,559
200,000	2,396	2,325	3,101	3,975	5,213	8,360	9,177	10,728	12,114	16,602	19,509	21,255
225,000	2,396	2,325	2,617	3,974	5,864	9,203	9,986	11,631	13,017	17,973	21,058	22,908
250,000	2,595	2,520	3,005	4,071	7,292	9,499	10,792	12,525	13,898	19,329	22,580	24,530
275,000	2,746	2,665	3,198	4,653	7,754	10,662	11,504	13,415	14,762	20,675	24,085	26,131
300,000	2,995	2,908	3,508	4,943	8,432	11,596	12,209	14,206	15,613	22,015	25,576	27,714
325,000	3,094	3,005	3,752	5,622	8,917	11,931	12,909	15,089	16,452	23,353	27,058	29,284
350,000	3,194	3,101	3,998	5,816	9,499	12,794	13,607	15,972	17,282	24,689	28,535	30,843
375,000	3,493	3,392	4,247	6,300	10,449	13,832	14,301	16,858	18,106	26,025	30,007	32,396
400,000	3,793	3,683	4,610	6,592	10,759	14,345	14,994	17,858	19,146	27,364	31,476	33,945
425,000	3,992	3,876	4,701	6,784	11,242	15,417	15,686	18,638	19,967	28,707	32,946	35,490
450,000	4,193	4,071	4,914	6,978	11,873	15,992	16,259	19,417	20,783	30,055	34,417	37,034
475,000	4,393	4,265	5,061	7,366	12,600	16,671	16,826	20,192	21,597	31,408	35,890	38,578
500,000	4,492	4,361	5,205	7,754	13,085	17,473	17,515	20,967	22,408	32,767	37,365	40,124

Service Tax extra

Rate with TPA charges

SI	0-5	6-25	26-35	36-45	46-55	56-59	60-65	66-70	71-75	76-80	81-85	86 +
50,000	907	881	1,057	1,490	2,158	3,185	3,149	4,116	4,411	5,443	5,987	6,532
75,000	1,121	1,089	1,346	1,696	2,568	3,596	4,560	5,950	6,373	7,849	8,634	9,419
100,000	1,357	1,317	1,541	1,952	3,082	4,623	6,100	7,956	8,524	10,550	11,605	12,660
125,000	1,584	1,538	1,747	2,536	4,140	5,651	7,095	8,393	9,621	13,048	14,740	16,080
150,000	1,958	1,901	2,194	2,876	4,826	6,370	7,989	9,413	10,685	14,610	17,278	18,880
175,000	2,328	2,261	2,448	3,628	5,526	7,976	8,865	10,402	11,698	16,121	19,004	20,733
200,000	2,540	2,465	3,287	4,214	5,526	8,862	9,728	11,372	12,841	17,598	20,680	22,530
225,000	2,540	2,465	2,774	4,212	6,216	9,755	10,585	12,329	13,798	19,051	22,321	24,283
250,000	2,751	2,671	3,185	4,315	7,730	10,069	11,440	13,277	14,732	20,489	23,935	26,002
275,000	2,911	2,825	3,390	4,932	8,219	11,302	12,194	14,220	15,648	21,915	25,530	27,699
300,000	3,175	3,082	3,719	5,240	8,938	12,292	12,942	15,058	16,550	23,336	27,111	29,377
325,000	3,280	3,185	3,977	5,959	9,452	12,647	13,684	15,994	17,439	24,754	28,682	31,041
350,000	3,386	3,287	4,238	6,165	10,069	13,562	14,423	16,930	18,319	26,170	30,247	32,694
375,000	3,703	3,596	4,502	6,678	11,076	14,662	15,159	17,869	19,192	27,587	31,807	34,340
400,000	4,021	3,904	4,887	6,987	11,405	15,206	15,894	18,929	20,295	29,006	33,365	35,982
425,000	4,232	4,109	4,983	7,191	11,917	16,342	16,627	19,756	21,165	30,429	34,923	37,619
450,000	4,445	4,315	5,209	7,397	12,585	16,952	17,235	20,582	22,030	31,858	36,482	39,256
475,000	4,657	4,521	5,365	7,808	13,356	17,671	17,836	21,404	22,893	33,292	38,043	40,893
500,000	4,762	4,623	5,517	8,219	13,870	18,521	18,566	22,225	23,752	34,733	39,607	42,531

Service Tax extra

Rate for senior citizens covered for SI between ₹ 15,000 and ₹ 45,000

Rate without TPA charges

SI	60-65	66-70	71-75	76 +
15,000	796	997	1,062	1,287
20,000	1,030	1,273	1,369	1,705
25,000	1,274	1,595	1,705	2,123
30,000	1,361	1,691	1,819	2,270
35,000	1,448	1,803	1,931	2,382
40,000	2,028	2,510	2,688	3,314
45,000	2,275	2,833	3,025	3,702

Service Tax extra

Rate with TPA charges

SI	60-65	66-70	71-75	76 +
15,000	844	1,057	1,126	1,364
20,000	1,092	1,349	1,451	1,807
25,000	1,350	1,691	1,807	2,250
30,000	1,443	1,792	1,928	2,406
35,000	1,535	1,911	2,047	2,525
40,000	2,150	2,661	2,849	3,513
45,000	2,411	3,003	3,206	3,924

Service Tax extra