

## National Parivar Mediclaim Plus Policy

|                                                                                                                                | PLAN A                                                                                                                                                                          | PLAN B                                         | PLAN C                                         |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|
| Sum insured (SI) (as Floater)                                                                                                  | INR 6/ 7/ 8/ 9 /10 Lac                                                                                                                                                          | INR 15/ 20 /25 Lac                             | INR 30/ 40/ 50 Lac                             |
| Treatment                                                                                                                      | Allopathy, AYUSH                                                                                                                                                                |                                                |                                                |
| In built Covers (subject to the SI)                                                                                            |                                                                                                                                                                                 |                                                |                                                |
| In patient Treatment (as Floater)                                                                                              | Up to SI                                                                                                                                                                        | Up to SI                                       | Up to SI                                       |
| Pre Hospitalisation                                                                                                            | 30 days                                                                                                                                                                         | 30 days                                        | 30 days                                        |
| Post Hospitalisation                                                                                                           | 60 days                                                                                                                                                                         | 60 days                                        | 60 days                                        |
| Pre-existing Disease (Only PEDs declared in the Proposal Form and accepted for coverage by the Company shall be covered)       | Covered after 36 months of continuous coverage                                                                                                                                  | Covered after 36 months of continuous coverage | Covered after 36 months of continuous coverage |
| * Room/ ICU Charges (per day per insured person)                                                                               | Room - Up to 1% of SI or ctual, whichever is lower<br>ICU – Up to 2% of SI or actual, whichever is lower                                                                        | Up to SI                                       | Up to SI                                       |
| ** Limit for Cataract Surgery (For each eye per insured person)                                                                | Up to 15% of SI or INR 60,000 whichever is lower                                                                                                                                | Up to SI                                       | Up to SI                                       |
| Domiciliary Hospitalisation (as Floater)                                                                                       | Up to INR 1,00,000                                                                                                                                                              | Up to INR 2,00,000                             | Up to INR 2,00,000                             |
| Day Care Procedures (as Floater)                                                                                               | Up to SI                                                                                                                                                                        | Up to SI                                       | Up to SI                                       |
| AYUSH Treatment (as Floater)                                                                                                   | Up to SI                                                                                                                                                                        | Up to SI                                       | Up to SI                                       |
| Organ Donor’s Medical Expenses (as Floater)                                                                                    | Up to SI                                                                                                                                                                        | Up to SI                                       | Up to SI                                       |
| Hospital Cash (per insured person, per day)                                                                                    | INR 500, max. of 5 days                                                                                                                                                         | INR 1,000, max. of 5 days                      | INR 2,000, max. of 5 days                      |
| Ambulance (per insured person, in a policy year)                                                                               | Up to INR 2,500                                                                                                                                                                 | Up to INR 4,000                                | Up to INR 5,000                                |
| Air Ambulance (per insured person, in a policy year)                                                                           | Not covered                                                                                                                                                                     | Up to 5% of SI                                 | Up to 5% of SI                                 |
| Medical Emergency Reunion (per insured person, in a policy year)                                                               | Not covered                                                                                                                                                                     | No sublimit                                    | No sublimit                                    |
| Doctor’s Home Visit and Nursing Care during Post Hospitalisation(per insured person, in a policy year)                         | Not covered                                                                                                                                                                     | INR 1,000 per day, max. of 10 days             | INR 2,000 per day, max. of 10 days             |
| Anti Rabies Vaccination (per insured person, in a policy year)                                                                 | Up to INR 5,000                                                                                                                                                                 | Up to INR 5,000                                | Up to INR 5,000                                |
| Maternity (including Baby from Birth Cover) (per insured person, in a policy year, waiting period of 2 years applies)          | Up to INR 30,000 for normal delivery and INR 50,000 for caesarean section                                                                                                       | Up to SI                                       | Up to SI                                       |
| Vaccination for New Born Baby                                                                                                  | As part of Maternity                                                                                                                                                            | As part of Maternity                           | As part of Maternity                           |
| Infertility (per insured person, in a policy year, waiting period of 2 years applies)                                          | Up to INR 50,000                                                                                                                                                                | Up to INR 1,00,000                             | Up to INR 1,00,000                             |
| Vaccination for Children, for male child up to 12 years and female child up to 14 years (per insured person, in a policy year) | Up to INR 1,000                                                                                                                                                                 | Up to SI                                       | Up to SI                                       |
| Modern Treatment (12 nos)                                                                                                      | Up to 25% of SI for each                                                                                                                                                        | Up to 25% of SI for each                       | Up to 25% of SI for each                       |
| Treatment due to participation in hazardous or adventure sports (non-professionals)                                            | Up to 25% of SI                                                                                                                                                                 | Up to 25% of SI                                | Up to 25% of SI                                |
| Morbid Obesity                                                                                                                 | Covered after waiting period of 3 years                                                                                                                                         | Covered after waiting period of 3 years        | Covered after waiting period of 3 years        |
| Refractive Error (min 7.5D)                                                                                                    | Covered after waiting period of 2 years                                                                                                                                         | Covered after waiting period of 2 years        | Covered after waiting period of 2 years        |
| Reinstatement of sum insured due to road traffic accident                                                                      | Yes                                                                                                                                                                             | Yes                                            | Yes                                            |
| Good Health Incentives                                                                                                         |                                                                                                                                                                                 |                                                |                                                |
| No Claim Discount                                                                                                              | 5% discount on base premium,                                                                                                                                                    |                                                |                                                |
| Health Check Up (as Floater)                                                                                                   | Every 2 yrs., up to INR 5,000                                                                                                                                                   | Every 2 yrs., up to INR7,500                   | Every 2 yrs., up to INR 10,000                 |
| Optional covers                                                                                                                |                                                                                                                                                                                 |                                                |                                                |
| Pre-existing Diabetes/Hypertension (as Floater)                                                                                | First year                                                                                                                                                                      | Up to a maximum of 25% of SI                   |                                                |
|                                                                                                                                | Second year                                                                                                                                                                     | Up to a maximum of 50% of SI                   |                                                |
|                                                                                                                                | Third year                                                                                                                                                                      | Up to a maximum of 75% of SI                   |                                                |
| Out-patient Treatment (as Floater in a policy year)                                                                            | Limit of cover per family - INR 2,000/ 3,000/ 4,000/ 5,000/ 10,000/ 15,000/ 20,000/ 25,000 in addition to the SI                                                                |                                                |                                                |
| Critical Illness (per insured person in a policy year)                                                                         | Benefit amount - INR 2,00,000/ 3,00,000/ 5,00,000/ 10,00,000/ 15,00,000/ 20,00,000/25,00,000 in addition to the SI                                                              |                                                |                                                |
| Discounts                                                                                                                      |                                                                                                                                                                                 |                                                |                                                |
| Online Discount                                                                                                                | 10% discount in premium (for new and Renewal, ONLY where no intermediary is involved)                                                                                           |                                                |                                                |
| Co-payment discount (optional)                                                                                                 | • 20% Co-payment, with a 25% discount in total premium.<br>10% Co-payment, with a 12.5% discount in total premium.                                                              |                                                |                                                |
| Long Term Discount                                                                                                             | Discount of 4% for 2 year policy and Discount of 7.5% for 3 year policy                                                                                                         |                                                |                                                |
| No Maternity/ Infertility Discount                                                                                             | Discount of 3%, above 45 years of age                                                                                                                                           |                                                |                                                |
| Add-ons (cover available on payment of additional premium)                                                                     |                                                                                                                                                                                 |                                                |                                                |
| National Home Care Treatment Add-On                                                                                            | INR 10,000/ 15,000/ 20,000/ 25,000/ 30,000/ 35,000/ 40,000/ 45,000/ 50,000, subject to 10% of Basic SI under base Policy.                                                       |                                                |                                                |
| National Non-Medical Expenses Add-on (available to SI 5 lacs & above)                                                          | Up to 10% of Basic Sum Insured (excluding Cumulative Bonus, if any) of base Policy and shall be part of the base Policy Basic Sum Insured (excluding Cumulative Bonus, if any). |                                                |                                                |