

**SPECIAL CONDITIONS ATTACHED TO AND FORMING PART OF
INDIAN BANK
CO-BRANDED HEALTH INSURANCE POLICY
“AROGYA RAKSHA” (GROUP HEALTH INSURANCE SCHEME)**

UIN NO.IRDA/NL-HLT/UII/P.H/V.1/386/13-14

As against the Standard Group Health Policy wordings stated as above, the special conditions applicable for Arogya Raksha policy are as stated under:

AGE LIMIT: 3 MONTHS TO 65 YEARS for entry & life time for renewals. No Medical check-up is required and policy shall be issued based on declaration of Good Health.

PLANS OF COVERAGE:

Plan A: Accountholder + Spouse + Two Dependent Children* (1+3) - Age Group up to 35 years.

Plan B: Accountholder + Spouse + Two Dependent Children* (1+3) – Eldest member age between 36 and 65 years (for entry) and life time for renewals without break.

Plan C: Accountholder + Spouse + Two Dependent Children* + Dependent Parents (1+5) - Age Group upto 65 years for Account holder, spouse and dependent parents (for entry) & life time (for renewals).

***DEPENDENT CHILDREN AGE:**

For daughters, cover is available under this scheme until the girl gets married or gets employment whichever occurs earlier without age restriction.

For the dependent male children cover is restricted up to the age of 25 years or till he gets employment or his marriage whichever is earlier.

NEW BORN BABY / NEWLY MARRIED SPOUSE:

Without paying additional premium the new member i.e new born child /newly married spouse can be covered subject to the conditions of the existing plan (A/B/C). The benefits offered under the policy for the new entrant(s) will be subject to **thirty days/two years, Pre-existing condition(s) and other exclusions of the policy as defined in para 4 of Standard Group Health Insurance policy .**

DEDUCTIBLE:

In respect of persons above 65 years of age, 10% deductible will be applied on all admissible claims.

MODIFICATIONS ON OTHER CLAUSES/SUB CLAUSES :

1.2 A. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1.5 % of Sum Insured per day or the actual amount whichever is less. This also includes nursing Care, RMO charges, IV Fluids / Blood Transfusion/Injection administration charges and similar expenses.

B. Intensive Care Unit (ICU) expenses not exceeding 3% of the sum insured per day or actual amount whichever is less.

1.2.1 Expenses in respect of the following specified illnesses will be restricted as detailed below:

Hospitalization Benefits	LIMITS FOR EACH HOSPITALISATION
a. Cataract	a. 10% of SI subject to maximum of Rs. 25,000/-
b. Hernia	b. 15% of the SI subject to maximum of Rs. 30,000/-
c. Hysterectomy	c. 20% of the SI subject to maximum of Rs. 50,000/-
d. Major surgeries*	d. Actual expenses incurred or 80% of the SI whichever is less

*Major surgeries include Cardiac surgeries, Brain Tumor surgeries, Pacemaker implantation for sick sinus syndrome, Cancer surgeries, Hip, Knee, joint replacement surgery, Organ Transplant.

*The above limits specified are applicable per hospitalization/surgery.

2.11 DOMICILIARY HOSPITALIZATION BENEFIT:

There is no Domiciliary Hospitalization cover available under Arogya Raksha Policy.

2.29 OPD Treatment:

There is no OPD treatment cover available under Arogya Raksha Policy.

4. EXCLUSIONS:

4.1 In this PED – Pre-existing Disease clause, 48 months shall be read as 36 months for Arogya Raksha.

4.3 In this clause, waiting period of two years shall be read as one year in case of Arogya Raksha.

4.4 In this clause – Expenses related to treatment of Joint replacement – 48 months shall be read as 36 months for Arogya Raksha.

5.12 Enhancement of Sum Insured:

Subject to this clause, in Arogya Raksha, during renewal, the insured may increase the Sum Insured to the next slab only.

6 MATERNITY EXPENSES BENEFIT EXTENSION:

Under Arogya Raksha, there is no additional premium for Maternity cover.

The hospitalisation expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be limited to the actual expenses subject to a maximum of 5% of sum insured.

Special conditions applicable to Maternity expenses Benefit Extension:

1. These Benefits are admissible only if the expenses are incurred in Hospital / Nursing Home as in-patients in India
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
3. Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
5. Pre-natal and postnatal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.
6. Baby care means, expenses relating to treatment given to the new born child in the hospital as an inpatient for a maximum period of 90 days from the date of its birth. The reimbursement of Maternity and baby care will be limited to the actual expenses subject to a maximum of 5% of sum insured opted in the mediclaim section.

Note: When group policy is extended to include Maternity Expenses Benefit, the exclusion No.4.13 of the policy stands deleted.

In addition to the above, the following additional benefits are also available for Arogya Raksha Policy which is to be added as part of the special conditions forming part of the Arogya Raksha policy:

a) Reasonable ambulance charges:

Reasonable ambulance charges include charges incurred for emergency transport of the patient from the residence/place of accident/illness to the hospital where treatment is taken. It also includes ambulance charges for transport of the patient by the hospital. Where patient is being taken to another hospital for treatment/ diagnostic tests etc. but subject to a maximum of RS.1000/- per policy period. The relevant bills for such ambulance charges will have to be submitted by the insured. The ambulance charge is part of the total sum insured under the Mediclaim policy.

b) Hospital cash:

Up to Rs.1,000/- to parents in case of hospitalization of children up to 12 years of age:

Cash allowance of RS.100/- per day subject to a maximum of RS.1000/- will be given to the parents/guardians of children up to the age of 12 who are hospitalized and there is a valid claim under the policy. Hospital cash forms a part of the total sum insured under the policy.

c) Cost of health check up :

The insured shall be entitled for reimbursement of the cost of medical check up once at the end of every three underwriting years provided there are no claims reported during the block. The cost so reimbursable shall not exceed the amount equal to 1 % of the amount of average sum insured during the block of three claim free underwriting years of the policy issued by United India Insurance Co. Ltd..

IMPORTANT: The health check up provision is applicable only in respect of continuous insurance without break.

d) Funeral expenses: RS.1000/- :

In case the insured or his family members have died following hospitalization due to an illness/accident and their eyes have been donated to a recognized institution, funeral expenses of RS.1,000/- will be paid under the policy on

production of the original certificate from the said institution. This is subject to there being a valid claim under the mediclaim policy. This amount will be reimbursed over and above the sum insured opted.

f) Reimbursement of expenses - NEPAL & BHUTAN:

Reimbursement in Indian Rupees for emergency hospitalization expenses for treatment at Nepal or Bhutan while insured is away at these places either on holiday or business purposes. Cashless facility is not offered under this extension.

SALIENT FEATURES OF PERSONAL ACCIDENT (DEATH ONLY) INSURANCE:

The Policy provides that, if at any time during the currency of this policy the insured and his/her family members shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means resulting in death, then the company shall pay to the insured or his legal personal representative(s) as the case may be. If such injury shall within twelve calendar month of its occurrence be the sole and direct cause to the death of the insured persons the Capital Sum insured stated in the Schedule hereto applicable to such insured person.

SUM INSURED UNDER PERSONAL ACCIDENT COVER:

It is hereby understood and agreed that the Sum Insured under Personal Accident shall for Account Holder: 100% of mediclaim Sum Insured (SI), Spouse: 50% of mediclaim SI, Children: 25% each, Nomination facility available. Total claim settlement will not exceed the eligible / opted sum insured.

The Policy excludes death due to:

- 1. Intentional Self Injury / Suicide / Attempted Suicide**
- 2. Whilst under influence of intoxicating liquor or drugs**
- 3. Whilst engaged in Aviation or Ballooning**
- 4. Due to Venereal diseases or Insanity**
- 5. Due to Insured committing any breach of law with Criminal intent**
- 6. From Service in the armed forces**
- 7. Directly or indirectly from child-birth or pregnancy**

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