

Summary of Terms and Conditions applicable to Arogya Raksha

Policy Period: All policies taken in a month will expire on the last day of the previous month in the subsequent year, as all policies are treated as addition to the Master policy issued on the 1st of every month. For example if a policy is taken on 15th August 2015, it will expire on 31st July 2016 and the premium is also reduced proportionately.

Scope of Cover:

1. All medical/surgical treatments under this policy shall have to be taken in India and admissible claims are payable in Indian Currency.
2. Indian Bank A/c Holder and his family members – spouse, two dependent Children from the age of 3 months and dependent Parents – can be covered. Son can be covered up to his getting employment or completing 25 years of age, whichever is earlier. Daughter can be covered up to marriage or employment whichever is earlier.
3. Expenses on hospitalization for minimum period of 24 consecutive hours of inpatient care are admissible. However this time limit is not applicable to specific treatments as detailed in policy terms and conditions.
4. Maternity Expenses are eligible only after 9 months– up to 5% of Sum Insured (SI).
5. Expenses in respect of the following specified illnesses will be restricted as detailed below:

Hospitalization Benefits	Limits per Surgery restricted to
Hysterectomy	20% of the SI subject to a maximum of Rs.50,000/-
Hernia	15% of the SI subject to a Maximum of Rs.30,000/-
Cataract	10% of the SI subject to a maximum of Rs.25000/-
Major Surgeries	Actual expenses incurred or 80% of the SI whichever is less
Pre & Post Hospitalization	Maximum 10% of the SI
Room, Board and Nursing Expenses	Maximum 1.5% of the SI per day.

6. In respect of persons above 65 years, 10% deductible will be applied on all admissible claims.
7. For Ayurvedic/Homeopathic/Unani treatment hospitalization expenses are admissible only when the treatment is taken as in patient in a Government Hospital/Medical college hospital.
8. Expenses on major illness charged as a total package to be settled with co-pay on 80:20 basis. The co-pay of 20% will be applicable on the admissible claim amount.
9. The Insured may enhance the Sum Insured (SI) at the time of renewal to the next slab. However, notwithstanding enhancement, for claims arising in respect of ailment, diseases or Injury contracted or suffered during a preceding policy period, liability of the Company shall be only to the extent of Sum Insured under the policy in force at the time when it was contracted or suffered.
10. Personal Accident Cover is automatically provided – up to the SI for the Proposer, 50% of that for the Spouse and 25% each for the children covered, subject to terms and conditions of our Personal Accident policy as applicable.

Summary of Exclusions:

1. Any disease contracted by the Insured person during the first 30 days from the commencement date of the policy. This exclusion shall not however apply in the case of the insured person having been covered for a continuous period of previous 12 months without any break.
2. All pre-existing diseases/injuries will get covered only after 36 months of continuous coverage, w.e.f. 01/04/2015.
3. Expenses on treatment of certain diseases such as Cataract, Benign, Prostatic, Hypertrophy, Hysterectomy for Menorrhagia, or Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus, piles, Sinusitis and related disorders, Gall Bladder Stone Removal, Gout & Rheumatism, Calculus Diseases are payable only after the first renewal of Arogya Raksha Policy.
4. Charges incurred at Hospital/Nursing Home primarily for Diagnosis not consistent with or incidental to the diagnosis and treatment are excluded. OPD treatment and Domiciliary Hospitalization are excluded.
5. Expenses in connection with convalescence, general debility, run down or rest cure, congenital external disease or defects or anomalies, Sterility, venereal diseases, intentional self-injury and use of intoxication drugs/alcohol.

Claim Procedure:

1. For Cashless Treatment: The TPA provides a List of Approved Network Hospitals. The Insured person should approach any approved Network Hospital for Pre Authorization. Once approval is given by the TPA, the Insured can go ahead with the treatment and need to pay the Hospital only the excess, if any, over the amount approved.
2. Wherever Cashless Treatment is not possible due to emergency etc., the insured person can get the treatment, pay the bills and then submit a Claim to TPA, for reimbursement of eligible amount as per policy terms and conditions.
3. In case of Reimbursement Claim, intimation to TPA shall be made within 24 hours of hospitalization and obtain Discharge Summary, prescriptions, Reports and bills, receipts and all other relevant documents and furnish them in original to the TPA within 15 days from the date of discharge.

Disclaimer:

1. "Arogya Raksha" is the name given to the product and this name does not reflect / represent on the quality or other features of the Mediclaim cover.
2. Indian Bank does not accept any responsibility with regard to any feature of this Arogya Raksha Policy hospitalization and claims. The insured should take up such matters directly with the respective TPAs /United India Insurance Company Ltd.