

THE NEW INDIA ASSURANCE CO LTD

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

CORONA KAVACH POLICY, THE NEW INDIA ASSURANCE CO LTD

PROSPECTUS

We welcome You as Our Customer. This document explains how the Corona Kavach Policy, The New India Assurance Co Ltd could provide value to You. In the document the word 'You', 'Your' means the Insured under the Policy. 'We', 'Our', 'Us' means The New India Assurance Co Ltd.

Corona Kavach Policy, The New India Assurance Co Ltd is a Policy designed to cover Hospitalisation or Home Care treatment for Corona.

1. WHO CAN TAKE THIS POLICY?

All the persons proposed for this Policy should be between the age of 18 years and 65 years. Children upto age of 18 years are covered provided one or both parents are covered concurrently. Children between 18 years to 25 years can be covered provided they are financially dependent on the parents and one or both parents are covered simultaneously. The upper age limit will not apply to a mentally challenged children and an unmarried dependent daughter(s). Proposer is mandatory

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

Yes. You can cover Your family members in one policy.

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

- a) Proposer
- b) Proposer's Spouse
- c) Proposer's Children
- d) Proposer's Parents
- e) Proposer's Parents-In Law

Note:

- 1. **Individual Sum Insured:** Maximum 10 members can be covered under the policy.
- 2. **Floater Sum Insured:** Minimum 2 members and Maximum 10 members can be covered under the Floater Policy.
- 3. For the relations Parents-In Law 80D certificate shall not be given.

3. WHAT DOES THE POLICY COVER?

This Policy is designed to give You, the Insured, protection against unforeseen expenses for treatment of Covid either at Hospital or Home following Medical Advice of a duly qualified Medical Practitioner.

4. IS PRE-ACCEPTANCE MEDICAL CHECK-UP REQUIRED?

No.

5. IS HOSPITALISATION ALWAYS NECESSARY TO GET A CLAIM?

No. This Policy also covers Home care treatment availed by the Insured Person for Covid on positive diagnosis.

6. HOW LONG DOES THE INSURED PERSON NEED TO BE HOSPITALISED?

The Policy pays only where the Hospitalisation is for more than twenty four hours.

7. WHAT DO I NEED TO DO AFTER I GET HOSPITALISED?

Immediately on Hospitalisation or within twenty four hours of such Hospitalisation, please intimate the TPA of this fact, with details of Your Policy Number and Name of the Hospital. This is an important condition of the Policy that you need to comply with.

8. IS PAYMENT AVAILABLE FOR EXPENSES INCURRED BEFORE HOSPITALISATION?

Yes. Medical expenses related to treatment of Covid incurred before hospitalization for a period of FIFTEEN days prior to the date of Hospitalisation are payable.

9. IS PAYMENT AVAILABLE FOR EXPENSES INCURRED AFTER HOSPITALISATION?

Yes. Medical expenses related to treatment of Covid incurred after Discharge from the Hospital for a period of THIRTY days after the date of discharge are payable.

10. CAN I GET TREATED ANYWHERE IN INDIA?

Yes, the Policy covers treatment and/or services rendered only in India.

11. IS THERE A LIMIT TO WHAT THE COMPANY WILL PAY FOR HOSPITALISATION?

Yes. We will pay Hospitalisation expenses up to a limit, known as **Sum Insured**.

Note: For Floater Policy the Sum Insured under the policy is available for any or all the members covered for one or more claims during the tenure of the policy.

12. WHAT SUM INSURED SHOULD I CHOOSE?

You are free to choose any Sum Insured ranging from Rs. 50,000 to 5,00,000 (in multiples of 50,000). The Premium You pay depends upon Your Age and the Sum Insured chosen.

13. HOW LONG IS THE POLICY VALID?

This policy offered for 3 ½ months (105 Days), 6 ½ months (195 days) Or 9 ½ months (285 days). You are free to choose any of the above terms as per your requirement.

14. IN CASE OF AYUSH TREATMENT, WILL THE ENTIRE AMOUNT BE PAID?

The liability of the company towards Covid treatment in case of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatments will be 100% of the Sum Insured.

15. CAN THE POLICY BE RENEWED WHEN THE PRESENT POLICY EXPIRES?

No. This policy is being offered for limited time due to ongoing pandemic and is not renewable.

16. CAN I MAKE A CLAIM IMMEDIATELY AFTER TAKING A POLICY?

Expenses related to treatment of Covid within 15 days from the policy commencement date shall be excluded.

17. WHAT IS THIRD PARTY ADMINISTRATOR (TPA)?

Third Party Administrator (TPA) is a service provider to facilitate service to You for providing Cashless facility for all hospitalizations that come under the scope of Your policy. The TPA also settles reimbursement claims within the scope of the Policy.

18. 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> or 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.

19. CAN I CHANGE HOSPITALS DURING THE COURSE OF MY TREATMENT?

Yes it is possible to shift to another hospital for reasons of requirement of better medical procedure. However, this will be evaluated by the TPA on the merits of the case and as per policy terms and conditions.

20. WHAT IS THE PROCEDURE TO CLAIM FOR REIMBURSEMENT?

In case you have settled the Hospital bill and submitted the documents for reimbursement, TPA will reimburse You the amount of bills subject to the conditions of the Policy. You must ensure that the Hospital where treatment is taken fulfills the conditions of definition of Hospital in the Policy. Within twenty four hours of Hospitalisation the TPA should be intimated.

21. WHAT ARE THE DOCUMENTS THAT I NEED TO SUBMIT FOR CLAIM?

The following documents in original should be submitted to the TPA:

Benefits	Claims Documents Required
Covid Hospitalization Cover	<ul style="list-style-type: none">i. Duly filled and signed Claim Formii. Copy of Insured Person's passport, if available (All pages)iii. Photo Identity proof of the patient (if Insured Person does not own a passport)iv. Medical practitioner's prescription advising admissionv. Original bills with itemized break-upvi. Payment receiptsvii. Discharge summary including complete medical history of the patient along with other details.viii. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID

	<ul style="list-style-type: none"> ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable x. Sticker / Invoice of the Implants, wherever applicable. xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii. Legal heir/succession certificate, wherever applicable xiv. Any other relevant document required by Company/TPA for assessment of the claim.
Home Care Treatment Expenses	<ul style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, If available (All pages) iii. Photo Identity proof of the patient (if Insured Person does not own a passport) iv. Medical Practitioners' prescription advising Hospitalization v. A certificate from Medical Practitioner advising treatment at home or consent from the Insured Person on availing Home Care benefit. vi. Discharge Certificate from Medical Practitioner specifying date of start and completion of Home Care treatment vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

The Documents should be submitted to TPA within the following timeline:

S. No.	Type of Claim	Prescribed Time limit
1.	Reimbursement of Hospitalization and Pre-Hospitalization expenses	Within thirty day of date of discharge from hospital
2.	Reimbursement of Post-Hospitalization expenses	Within fifteen days from completion of Post-Hospitalization treatment
3.	Reimbursement of Home Care expenses	Within thirty days from completion of Home Care treatment

22. WILL THE ENTIRE AMOUNT OF THE CLAIMED EXPENSES BE PAID?

The entire amount of the claim is payable, if it is within the Sum Insured and is related with the Hospitalization as per Policy conditions and is supported by proper documents, except the expenses which are excluded.

23. HOW MUCH WE WILL REIMBURSE?

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

Covid Hospitalization Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period, for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid, up to the Sum Insured specified in the policy schedule, for,

- a. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.

- b. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- d. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
- e. Road Ambulance subject to a maximum of Rs.2000/- per Hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a Hospital but is actually taken at home maximum up to 14 days per incident and Rs. 15,000/- per Insured provided that:

- a. The Medical practitioner advises the Insured person to undergo treatment at home.
- b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d. Insured shall be permitted to avail the services as prescribed by the Medical Practitioner. Cashless or reimbursement facility shall be offered under Home Care expenses subject to claim settlement policy disclosed in the website.
- e. In case the Insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the Medical Practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Pre-Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization / home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization / home care treatment covered under the policy.

Post-Hospitalisation

The company shall indemnify post hospitalization / home care treatment medical expenses incurred, related to an admissible hospitalization / home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

24. CAN ANY CLAIM BE REJECTED OR REFUSED?

Yes, a claim, which is not related to treatment of Covid, can be rejected. In case You are not satisfied by rejection, you can represent to Us within 15 days of such denial. If You do not receive a response to Your representation or if You are not satisfied with the response, You may write to our Grievance Cell, the details of which are provided at our website at <https://www.newindia.co.in/portal/readMore/Grievances>. You may also call our Call Centre at the Toll free number **1800-209-1415**, which is available 24x7.

You also have the right to represent your case to the Insurance Ombudsman. The updated contact details of the office of the Insurance Ombudsman could be obtained from <http://ecoi.co.in/ombudsman.html>

25. CAN THIS POLICY BE CANCELLED?

Yes, The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

26. 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.

27. IS THERE ANY DISCOUNT UNDER THE POLICY?

Yes, Health Care workers will be eligible for a discount of 5% on premium. This discount shall be applicable on the premium of self, Spouse and children covered in the Policy. Females will be given a discount of 5% on premium. Online Discount of 10% is also applicable.

28. WHAT ARE THE WAITING PERIODS AND EXCLUSIONS UNDER THIS POLICY?

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:

- **Investigation & Evaluation (Code- Excl04)**

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

- **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:

- 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.

- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 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.
- **Unproven Treatments:**
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. However, treatment authorized by the government for the treatment of COVID shall be covered.
- Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.
- Any expenses incurred on Day Care treatment and OPD treatment
- Diagnosis /Treatment outside the geographical limits of India
- Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
- All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.



Premium Chart (Excluding GST)

Base Premium Chart:285 Days										
SI/Age Band	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
<=40	650	700	750	818	959	1,075	1,165	1,230	1,270	1,284
41-50	800	1,379	1,955	2,454	2,877	3,225	3,496	3,691	3,810	3,853
51-60	1,213	2,299	3,258	4,090	4,796	5,375	5,827	6,152	6,350	6,422
61 & above	1,698	3,218	4,561	5,726	6,714	7,524	8,157	8,613	8,890	8,991
Base Premium Chart:195 Days										
SI/Age Band	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
<=40	618	665	713	777	911	1,021	1,107	1,169	1,207	1,220
41-50	760	1,310	1,857	2,331	2,733	3,064	3,321	3,506	3,620	3,660
51-60	1,152	2,184	3,095	3,886	4,556	5,106	5,536	5,844	6,033	6,101
61 & above	1,613	3,057	4,333	5,440	6,378	7,148	7,749	8,182	8,446	8,541
Base Premium Chart:105 Days										
SI/Age Band	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
<=40	585	630	675	736	863	968	1,049	1,107	1,143	1,156
41-50	720	1,241	1,760	2,209	2,589	2,903	3,146	3,322	3,429	3,468
51-60	1,092	2,069	2,932	3,681	4,316	4,838	5,244	5,537	5,715	5,780
61 & above	1,528	2,896	4,105	5,153	6,043	6,772	7,341	7,752	8,001	8,092

- Loading of 30% is applicable for persons suffering with any of the Co-Morbidities.
- Discount of 5% shall be given to Females

Other Discounts

- Floater Discount – 5%
- Digital Discount of 10% is applicable. This is only applicable in New India Assurance Customer Channels.
- Health Care Worker Discount – 5%, Applicable only to Self, Spouse and Children.

List of Co-Morbid Conditions

Diabetes	Respiratory Diseases like Asthma, COPD etc..	Cancer
Hypertension	Lung Fibrosis	HIV
Cardiovascular Diseases (Heart related ailments)	Stroke and Circulatory Diseases	Auto Immune Diseases

Optional Cover – Hospital Cash – 15% Loading on the premium

The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for a maximum of up to 15 days.