CHAPTER - 3
THE PUBLIC SECTOR HEALTH INSURERS

3.1 Introduction:
Not only in general insurance industry but also in the health insurance segment, the public sector insurers are leading the market. From the public sector the New India Assurance Company Limited and National Insurance Company Limited is to be taken for research work. The reason behind to choose the both among all 4 is, these companies have higher market share in terms of Gross Domestic Premium and Premium of Health Insurance segment, in comparison to other general insurers in the Indian market. As reflect in the graph (3.1):

Graph 3.1
Market share of Public Sector General Insurers

Data source: Table No. 1.21, Statement 46, IRDA Annual report 2012-13

In the graph (3.1) above the New India Assurance Company have Highest Market Share in terms of Gross Domestic Premium and Net Earned Health Insurance Premium, and premium figures for United India Assurance Company and National Insurance Company are closer to each other. While Oriental Insurance Company is on last position among the public sector companies. Both selected companies are working since before independence and presently working in India and Foreign markets successfully. In short these companies can be considered as market representative of public sector in general insurance market.
3.2 New India Assurance Company Limited¹:

3.2.1 Introduction:

The New India Assurance Company Limited was established by Sir Dorab Tata in 1919, nationalized in 1973, and then started working as a subsidiary of the General Insurance Corporation of India. In 1999 as per the IRDA Act GIC became a re-insurance company and NIA became an autonomous body. The company commenced its overseas operations in 1920. The NIA is the company who insured first the domestic airlines and first company to set up an Aviation Insurance Department in 1946. At present NIA is “the first and largest general insurance company” who crossed its total gross premium by `10038 Crore in the year 2012-13.

In New India Assurance Company, a new Health Insurance Policy has been introduced which is known as Mediclaim Policy 2012 to replace the old one, known as Mediclaim Policy 2007. All the renewals falling due on or after 01-08-2013 are automatically migrate to Mediclaim 2012.

3.2.2 Office Network:

NIA is working with a network of 1594 offices in India. Its corporate office is in Mumbai. Its number of offices is given below:

<table>
<thead>
<tr>
<th>Office Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Office</td>
<td>01</td>
</tr>
<tr>
<td>Regional Offices</td>
<td>28</td>
</tr>
<tr>
<td>Large Corporate Office</td>
<td>04</td>
</tr>
<tr>
<td>Divisional Offices</td>
<td>404</td>
</tr>
<tr>
<td>Branches</td>
<td>576</td>
</tr>
<tr>
<td>Direct Agent Branches</td>
<td>27</td>
</tr>
<tr>
<td>Micro Offices</td>
<td>555</td>
</tr>
<tr>
<td><strong>Total Office</strong></td>
<td>1594</td>
</tr>
</tbody>
</table>

It is operating in more than 20 countries. In the year 2011-12 it has overseas network of 19 Branches in 9 countries, 7 Agencies, and 6 Subsidiary companies.

3.2.3 Rating and Awards:

- Rated "A" (Excellent-stable) by an international rating agency A.M.Best Co.
- SKOCH Award 2012-13 for Financial Inclusion.
- Best Health Insurer Award by Outlook Money and Wal Street Journal Award for consistent performance in financial sector.

3.2.4 Growth Profile:

The company is largest non life insurance company in India working as a market leader for four consecutive decades as for the year 2012-13 it’s Gross Premium for India is `10038 Crore as against `10037.95 Crore in the year 2011-12. Profit after tax for 2012-13 is `843.66 Crore as against `179.32 Crore in 2011-12. As on 31st March 2012 Total Assets and Retention Ratio of company was `45670.40 Crore and 87.07% respectively. Solvency Margin of the company for the year 2012-13 global is 2.5 times (PY 2.00 times) and Indian is 3.35 times (PY 2.59 times). Company’s Loss ratio comes down to 86% in 2012-13 from 90% in 2011-12.

3.2.5 Health Insurance Business:

New India Assurance Company is market leader in health insurance segment also. For the year 2012-13 Gross Direct Premium for health insurance in India is `275395 Lakh as against `234917 Lakh in the previous year recorded a growth of 17%. The share of health insurance premium to total premium is 23.86% & its contribution to health insurance industry is 20.80% for 2012-13.

3.2.6 Health Insurance Products of New India Assurance Company Limited:

The New India Assurance Company has presented wide range of health insurance products which suits to different age group and different section of society. Out of these products the basic Mediclaim Policy with individual and floater option has been analyzed. The details are given below:

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1 Statement 45, IRDA annual report 2012-2013
3.2.6A Individual Mediclaim Policy:

Some important guidelines to have an Individual Mediclaim Policy are:

Who can be covered in the policy and for what?
One, for himself or for his whole family including him may buy the policy for a term of 1 year which is renewable, with separate sum insured for each member. Here family includes proposer, proposer’s spouse, proposer’s children, proposer’s parents. The policy covers treatment of any disease, illness, bodily injury but excluding illness or disease solely and directly caused by external, violent, visible and evident means.

Age and Renewal:
Proposer age must be between 18 years and 65 years. Policy can be continued if renewed it without break after 65 years of age. Age of dependent children must be between 3 months and 25 years. No age limit applied for a mentally challenged child and an unmarried daughter.

Pre policy Check-up:
Age up to 45 years, no medical check-up is required subjected to clean proposal form. But after the age of 45 the prescribed medical check-up will be needed. Expenses of such check-up will be born by the proposer himself.

Sum Insured:
Sum insured can be range from `1 Lakh to `8 Lakh depend upon the situation. But if age is over 55, the sum insured at entry into Mediclaim 2012 could range from `1 Lakh to `3 Lakh.

Cumulative Bonus Buffer:
**Mediclaim 2012 does not have provision for cumulative bonus.** If CB has accumulated under Mediclaim 2007, then it would be transferred to Mediclaim 2012 as cumulative bonus buffer, only if the renewal is made without break, or within thirty days of, expiry of the policy. If the aggregate of claims admitted during the period of insurance -
a) Is within 50% of the sum insured, the cumulative bonus buffer shall be carried over to the next year without increase.

b) Exceeds 50% of the sum insured, the cumulative bonus buffer shall cease to be carried over to the renewed policy.

Cumulative bonus is not available to Family Floater Mediclaim Policy

**Family Discount** :

10% discount on premium is permissible under Individual Mediclaim Policy for covering family members. No family discount is permissible for any midterm inclusion. Family discount is not given in Family Floater Mediclaim Policy

**3.2.6B Family Floater Mediclaim Policy** :

Some important guidelines for having Floater Mediclaim Policy are:

**Who can be covered in the policy?**

When a person wants to cover his family (here family means self, spouse, and dependent children,) including him under a single sum insured then he can take this policy. In this policy the sum insured is available for any or all the members of family for one or more claims during the tenure of the policy, but total amount payable for all claim can not be more than sum insured.

**Age and Renewal** :

Proposer’s age must be between 18 years and 65 years. Policy can be continued if renewed it without break after 65 years of age. Age of Dependent children must be between 3 months and 25 years. No age limit applied for a mentally challenged child and an unmarried daughter.

**Pre policy Check-up** :

Age up 45, no medical check-up is required subjected to clean proposal form. But after the age of 45 the prescribed medical check-up will be needed. Expenses for such check-up have to be borne by customer himself.

**Sum Insured** :

Sum insured ranging from `2 Lakh to `5 Lakh can be chosen.
Loading for covering Spouse and Children (or premium for spouse and children):
Apply 50% (on premium) loading for covering spouse, and 25% (on premium) loading for covering each and every additional dependent child.

3.2.6C Common Guidelines for Individual Mediclaim Policy and Family Floater Mediclaim policy
The guidelines which are commonly applicable on Individual Mediclaim policy and Family Floater Mediclaim Policy are given below:

(A) Payment and Reimbursement (Coverage):
The company will reimburse the following Reasonable, Customary and Necessary Expenses:

- Room, boarding and nursing expenses as provided by the hospital not exceeding 1.0% of the sum insured per day.
- Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 2.0% of the sum insured per day.
- Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees, if not included in the hospital bill then maximum `10000, where such payment is made in cash and maximum `20000, where such payment is made by cheque.
- Expenses incurred on account of anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic material, X-ray, dialysis, chemotherapy, radiotherapy, artificial limbs and cost of prosthetic device implanted during surgical procedure like pacemaker, relevant laboratory/ diagnostic test and other medical expenses related to treatment.
- Pre-Hospitalization expenses (for 30 days prior to hospitalization are payable)
- Post-Hospitalization expenses (for 60 days after the date of discharge are payable)
Charges for Ambulance Services not exceeding 1% of the sum insured will be paid if it is necessarily incurred for shifting in emergency ward or ICU, or from one hospital to another hospital for better medical facilities.

Where the insured person is treated in a hospital situated outside the area of coverage, the company will pay only 80% of the admissible claim amount.

Any insured person aged over 55 years, whose continuous coverage incepts, and who does not have forty eight months of claim free continuous coverage the company will pay only 80% of the admissible claim amount.

Liability for payment of any claim relating to Cataract shall not exceed 20% of the aggregate of sum insured and cumulative bonus buffer, for each eye, subject to a maximum of `24000.

Ayurvedic / Homeopathic and Unani system of medicine are covered to the extent of 25% of sum insured.

If treatment involves organ transplant to insured person, then the company will also pay hospitalization expenses (excluding cost of organ) incurred on the donor, provided overall incurred expenses to donor and recipient shall not exceed the aggregate of the sum insured, and cumulative bonus buffer.

(B) Loading and Co-payment:

1. Entry Load:

Any person above the age of 45 entering in to Individual or Floater Mediclaim policy 2012, first time then entry load will be applicable as per details given in the table (3.2) below.

<table>
<thead>
<tr>
<th>Sum Assured (in `Lakh)</th>
<th>Up to 45 years</th>
<th>45-50 years</th>
<th>51-55 years</th>
<th>56-60 years</th>
<th>61-65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 3 Lakh</td>
<td>Nill</td>
<td>Nill</td>
<td>`1000</td>
<td>`1500</td>
<td>`2000</td>
</tr>
<tr>
<td>3 Lakh to 5 Lakh</td>
<td>Nill</td>
<td>`1000</td>
<td>`2000</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Over 5 Lakh</td>
<td>Nill</td>
<td>`2000</td>
<td>`4000</td>
<td>Not Eligible</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>
2. **Loading for Diabetes and hypertension:**
   If a person suffering from Diabetes and/or Hypertension, then for covering it additional premium at the rate of 10% of the premium payable, for each Condition, which is compulsory for and applicable for each renewal. On continuous payment of this additional premium, from 3rd year 50% claim amount and from 4th year 75% of claim amount, and beyond 4 years 100% of claim amount related to such disease will be covered but in any situation claim amount should not be exceed sum insured.

3. **Loading in premium for age:**
   Once the insured person crossed the age of 70 years, the applicable premium on renewal will be loaded by 2.5% per year as per chart between 65 years to 70 years, on each renewal.

(C) **Enhancement of Sum Insured:**
Sum insured in Individual Mediclaim Policy and Family Floater Mediclaim Policy can be enhanced on the basis of following rules:

**Table 3.3**
**Enhancement of Sum Insured (At the time of migration from Mediclaim 2007 to Mediclaim 2012)**

<table>
<thead>
<tr>
<th>AGE</th>
<th>UP TO 45</th>
<th>46-55</th>
<th>56-65</th>
<th>OVER 65</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESENT SUM INSURED</td>
<td>WITHOUT CLAIM OR HOSPITALIZATION IN 2 PRECEDEING YEARS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$500000</td>
<td>YES UP TO 8 LAKHS</td>
<td>YES UP TO 8 LAKHS WITHOUT MEDICAL EXAMINATION</td>
<td>YES UP TO 8 LAKHS WITHOUT MEDICAL EXAMINATION</td>
<td>YES UP TO 8 LAKHS WITHOUT MEDICAL TEST</td>
</tr>
<tr>
<td>LESS THAN 5 LAKHS BUT MORE THAN OR EQUAL TO 3 LAKHS</td>
<td>YES UP TO 8 LAKHS</td>
<td>YES UP TO 8 LAKHS WITHOUT MEDICAL EXAMINATION</td>
<td>YES UP TO 5 LAKHS WITHOUT MEDICAL EXAMINATION</td>
<td>YES UP TO 5 LAKHS WITHOUT MEDICAL TEST</td>
</tr>
<tr>
<td>LESS THEN 3 LAKHS</td>
<td>YES UP TO 5 LAKHS</td>
<td>YES UP TO 5 LAKHS WITHOUT MEDICAL EXAMINATION</td>
<td>YES UP TO 3 LAKHS WITHOUT MEDICAL EXAMINATION</td>
<td>YES UP TO 3 LAKHS WITHOUT MEDICAL TEST</td>
</tr>
</tbody>
</table>
Table 3.4
Enhancement of Sum Insured (At subsequent renewal under Mediclaim 2012)

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UP TO 45</td>
</tr>
<tr>
<td>PRESENT SUM INSURED</td>
<td>WITHOUT CLAIM OR HOSPITALIZATION IN 2 PRECEDING YEARS</td>
</tr>
<tr>
<td>500000</td>
<td>YES UP TO 8 LAKHS</td>
</tr>
<tr>
<td>LESS THAN 5 LAKHS BUT MORE THAN OR EQUAL TO 3 LAKHS</td>
<td>YES UP TO 8 LAKHS</td>
</tr>
<tr>
<td>LESS THEN 3 LAKHS</td>
<td>YES UP TO 8 LAKHS</td>
</tr>
</tbody>
</table>

(D) **No Claim Discount:**

Persons who don’t have in last year than at the time of renewal of the policy he is entitled for no claim discount at the rates given below in the table (3.5). If there is claim during the current year, the no claim discount will be withdrawn in the next year.

Table 3.5
**Rates for NCD**

<table>
<thead>
<tr>
<th></th>
<th>Age &lt;= 60</th>
<th>Age &gt;60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount Per Year in %</td>
<td>Maximum Discount in %</td>
<td>Discount Per Year in %</td>
</tr>
<tr>
<td>Sum Insured&lt;=300000</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Sum Insured&gt; 300000</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>
3.2.7 Premium Rates as per Zones:

The payable premium depends upon age, sum insured, area of coverage (Zone I II III & IV), No Claim Discount, Family Discount if taken Individual Mediclaim Policy and Entry Load if applicable. In case of Family Floater Mediclaim Policy the basic premium will be calculated as per the highest age of the family member. For charging premium, Zones are classified as below:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Greater Mumbai (Area of Coverage – All over India)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone II</td>
<td>Delhi and Delhi NCR, Bangalore, Chennai, Hyderabad and Secunderabad, Ahmedabad and Kolkatta, Vadodara (Area of Coverage - All India excluding Zone I)</td>
</tr>
<tr>
<td>Zone III</td>
<td>Rest of India (other than those areas specified in Zone I, II and IV) (Area of Coverage – All India excluding Zone I &amp; II)</td>
</tr>
<tr>
<td>Zone IV</td>
<td>The States of Bihar, Orissa, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Jharkhand, Sikkim, Chhattisgarh, Uttarakhand, Jammu and Kashmir (Area of Coverage – only Zone IV)</td>
</tr>
</tbody>
</table>

Premium rates are different for each zone, if a person paid premium for a lower zone and take treatment in higher zone then 80% of admissible claim amount or sum insured whichever is less will be payable. If the same person is of age above 55 years then further 20% deduction will be made on payable claim amount.

Since the area of research is MP which falls in zone III as per the table (3.6), so the premium rates for zone III for different age group and different sum insured will be as per the table (3.7) given below:
Table 3.7

Mediclaim 2012 - Premium Rate\(^1\) (excluding Service Tax) for Zone III

<table>
<thead>
<tr>
<th>Sum Insured</th>
<th>3M to 5 Years</th>
<th>6-25 Years</th>
<th>26-30 Years</th>
<th>31-35 Years</th>
<th>36-40 Years</th>
<th>41-45 Years</th>
<th>46-50 Years</th>
<th>51-55 Years</th>
<th>56-60 Years</th>
<th>61-65 Years</th>
<th>66-70 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>100000</td>
<td>1550</td>
<td>1400</td>
<td>1500</td>
<td>1550</td>
<td>1850</td>
<td>2400</td>
<td>3100</td>
<td>3500</td>
<td>4000</td>
<td>4400</td>
<td>4900</td>
</tr>
<tr>
<td>125000</td>
<td>1900</td>
<td>1800</td>
<td>1900</td>
<td>1950</td>
<td>2200</td>
<td>2800</td>
<td>3600</td>
<td>4200</td>
<td>4800</td>
<td>5300</td>
<td>5900</td>
</tr>
<tr>
<td>150000</td>
<td>2300</td>
<td>2150</td>
<td>2250</td>
<td>2300</td>
<td>2550</td>
<td>3200</td>
<td>4500</td>
<td>5000</td>
<td>5600</td>
<td>6300</td>
<td>6900</td>
</tr>
<tr>
<td>175000</td>
<td>2550</td>
<td>2450</td>
<td>2250</td>
<td>2600</td>
<td>2900</td>
<td>3800</td>
<td>5200</td>
<td>5700</td>
<td>6600</td>
<td>7300</td>
<td>8100</td>
</tr>
<tr>
<td>200000</td>
<td>2850</td>
<td>2800</td>
<td>2850</td>
<td>2900</td>
<td>3250</td>
<td>4250</td>
<td>5800</td>
<td>6600</td>
<td>7400</td>
<td>8400</td>
<td>9300</td>
</tr>
<tr>
<td>225000</td>
<td>3250</td>
<td>3100</td>
<td>3150</td>
<td>3200</td>
<td>3500</td>
<td>4500</td>
<td>6500</td>
<td>7400</td>
<td>8200</td>
<td>9500</td>
<td>10500</td>
</tr>
<tr>
<td>250000</td>
<td>3450</td>
<td>3300</td>
<td>3350</td>
<td>3450</td>
<td>3900</td>
<td>4900</td>
<td>7000</td>
<td>8000</td>
<td>8800</td>
<td>10300</td>
<td>11400</td>
</tr>
<tr>
<td>275000</td>
<td>3800</td>
<td>3600</td>
<td>3650</td>
<td>3750</td>
<td>4200</td>
<td>5500</td>
<td>7700</td>
<td>8700</td>
<td>9700</td>
<td>11200</td>
<td>12300</td>
</tr>
<tr>
<td>300000</td>
<td>4000</td>
<td>3900</td>
<td>4000</td>
<td>4100</td>
<td>4600</td>
<td>5700</td>
<td>8300</td>
<td>9400</td>
<td>10500</td>
<td>12000</td>
<td>13500</td>
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<td>350000</td>
<td>4550</td>
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<td>4600</td>
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<td>6700</td>
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<td>10700</td>
<td>12200</td>
<td>13700</td>
<td>15300</td>
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<tr>
<td>400000</td>
<td>4950</td>
<td>4700</td>
<td>4900</td>
<td>5050</td>
<td>5700</td>
<td>7400</td>
<td>10000</td>
<td>11500</td>
<td>13500</td>
<td>15500</td>
<td>17300</td>
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<td>5200</td>
<td>5400</td>
<td>5550</td>
<td>6200</td>
<td>7900</td>
<td>10500</td>
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<td>15000</td>
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<td>19300</td>
</tr>
<tr>
<td>500000</td>
<td>6000</td>
<td>5700</td>
<td>5900</td>
<td>6050</td>
<td>6800</td>
<td>8500</td>
<td>12500</td>
<td>14200</td>
<td>16500</td>
<td>19000</td>
<td>21200</td>
</tr>
<tr>
<td>600000</td>
<td>6500</td>
<td>6200</td>
<td>6800</td>
<td>7000</td>
<td>7400</td>
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<td>19000</td>
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<td>29000</td>
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<tr>
<td>800000</td>
<td>7400</td>
<td>7300</td>
<td>8000</td>
<td>8500</td>
<td>8800</td>
<td>11500</td>
<td>19000</td>
<td>22000</td>
<td>25000</td>
<td>29000</td>
<td>32000</td>
</tr>
</tbody>
</table>

Note: In Family Floater Mediclaim Policy premium calculation for prime member is same as in Individual Mediclaim Policy but loading for spouse (50%) and children (25%) is applicable on premium calculated.

3.2.8 Exclusions:

Exclusion means what are not covered under this policy. Main exclusions are:

(A) Exclusions with waiting period:

- Treatment of any pre-existing condition/disease, until 48 months of continuous coverage of such insured person have elapsed, from the date of inception of his/her first policy.
- Any illness contracted by the insured person during the first 30 days of the commencement date of this policy. This exclusion will not apply if the policy

\(^1\) Reckoner A Guide to Insurance, PV Prakashan Baroda 18th edition, page no. 230-D.
is renewed with our company without any break. The exclusion does not also apply to treatment for accidental injuries.

- Unless the insured person has continuous coverage in excess of 24 months, expenses on the following illnesses are not payable. But if these illness are arises as pre-existing conditions then expenses will be payable only on the basis of 48 months of continuous coverage with the company.
  - Cataract (20% of SI+ CB or `24000 which ever is lower) and age related eye ailments. Benign Ear, Nose, Throat disorders.
  - Hernia. Piles. Fissures and Fistula, stones in Urinary system.
  - Gastric/ Duodenal Ulcer. Varicose Veins and Varicose Ulcers.
  - Prolepses inter Vertebral Disc and Spinal Diseases unless arising from Accident.
  - Stone in Gall Bladder and Bile duct, excluding malignancy.
  - Pilonidal sinus, Sinusitis and related disorders.
  - Skin Disorders. Hydrocele.
  - Non Infective Arthritis. Gout and Rheumatism.
    - All internal and external benign Tumours, Cysts, Polyps of any kind, including benign breast lumps.
    - Joint Replacement due to Degenerative Condition and age-related Osteoarthritis & Osteoporosis are not payable unless insured have continuous coverage of 48 months.

(B) Some Important Permanent Exclusion

- Debility and General Run down Conditions. Sexually transmitted diseases and (AIDS).
- Circumcision, Cosmetic surgery, Plastic surgery unless required to treat injury or illness.
- Vaccination and Inoculation. Pregnancy, ailments related thereto and child birth.
- War, Act of foreign enemy, Ionizing radiation and Nuclear weapon.
- Treatment outside India. Domiciliary Treatment.
- Naturopathy. Experimental or unproven treatment.
- Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipments.

- Treatment or surgery unless necessitated by Accident and requiring hospitalization.

- Treatment of any bodily injury or illness sustained whilst or as a result of active participation in any Hazardous Sports of any kind.

- Treatment of any injury or illness sustained whilst or as a result of participating in any Criminal Act.

- Congenital Internal anomalies. But if Internal Congenital Disease is detected during policy period then it can be cover after twenty four months of continuous coverage.

- Congenital External Disease. But it is covered after forty eight months of continuous coverage but maximum up to 10% of the average sum insured of the insured person in the preceding four years.

- Acupressure, Acupuncture, Magnetic therapies.

- Payments made to the hospital like Service Charges, Surcharge, cost of external or durable medical equipments, non medical expenses, etc. are not payable.

3.2.9 Claim Procedure:

Except of Day care procedures, if insured is hospitalized for 24 or more than 24 hours then he can make any claim under this policy. If hospitalization is planned then insured should intimate to TPA/Company in written by detailing disease/injury, name of hospital etc, but in case of medical emergency TPA must be informed within 24 hours from the time of hospitalization.

(A) Cashless Facility - If insured goes to take treatment in network hospital then there cashless facility is available. For this he has to submit a request in written to TPA/ Company to get preauthorization. Once he got it, he needs not to pay the medical bills, except of deduction applicable if any.
(B) Reimbursement of Medical Bill – When treatment is taken in non network hospital then Medical bills are reimbursed as per rules. For this insured need to submit all supporting documents to TPA/Company relating to the claim within seven days from the date of discharge from the hospital. The documents are:

1. Claim form duly signed by the claimant.
2. Discharge certificate and all documents relating to the illness from start to end.
3. Bills, receipts, cash Memos from hospital supported by proper prescription.
5. Surgeon's certificate, surgeon's bill and receipt if any.
6. Attending doctor's / consultants / specialists / anesthetist's bill and receipt.
7. Details of previous policy, any other information needed by the TPA for considering the claim.

If TPA/Company has doubts regarding claim, then request for cashless facility may be declined. But it doesn’t mean denial of claim; the insured may apply for reimbursement of such claim after completion of treatment.

3.2.10 Other Benefit:

Continuity Benefit:
There are certain treatments, expenses for that are payable only if the policy is continue with the company without any break (premium is paid before expiry date) for a specified period. For example, Cataract is covered only after twenty four months of continuous insurance. For other benefits under the policy such as cost of health check up, cumulative bonus buffer and no claim bonus, continuous insurance is necessary.

Cost of Health Check-up:
The insured is entitled for reimbursement of the cost health check up at the expiry of a block of every three continuous claim free years. Such payment is restricted to ₹5000 or 1% of the average sum insured in the preceding three years, whichever is less. This benefit is available only once in three years. This benefit is not available to Family Floater Madiclaim Policy.
Hospital Cash:
This benefit is available on the sum insured more than or equal to `3 Lakh, and when hospitalization exceeds 24 Hours. In this company pays hospital cash at the rate of 0.1% of the sum insured, for each day of hospitalization, but total payment in this clause shall not exceed 1% of the sum insured.

Tax Benefit:
Premium paid for the policy towards self, spouse, dependent children and dependent parents are exempt in Income Tax under Sec. 80D.

3.2.11 Other Important Fact:

Day Care Procedures: These are those surgeries which are not required 24 hours hospitalization and can be done with in some hours. Such surgeries are covered in the mediclaim policy. The New India Assurance Company covers around 53 Day care procedures.

Renewal: One can get renewed its policy by paying the premium, before expiry or within thirty days of expiry date. However the company shall not be liable for any claim in the interim period after expiry and prior to date of commencement of subsequent policy.

Grace Period: If the policy is not get renewed on or before renewal date then there is a provision of grace period of 30 day following due date, during which the policy can be renewed or continue without loss of continuity benefit. Company will not be liable for any claim which occurs during the Grace Period.

Fraud, Misrepresentation, Concealment: The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular.

Contribution: If insured have another health insurance policy also (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), covering the insured person for the same expenses and if claim arises, the company will be liable to pay only its ratable proportion of the claim amount.
Cancellation: On grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by insured, the company may cancel the policy by sending a fifteen days notice in written to insured. In this situation company has to refund the premium for unexpired period at the rates given below:

Table 3.8
Rates of Premium Refund

<table>
<thead>
<tr>
<th>Period on Risk</th>
<th>Rate of Premium to be charged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to one-month</td>
<td>1/4th of the annual rate</td>
</tr>
<tr>
<td>Up to three months</td>
<td>½ of the annual rate</td>
</tr>
<tr>
<td>Up to six months</td>
<td>¾ of the annual rate</td>
</tr>
<tr>
<td>Exceeding six month</td>
<td>Full annual rate</td>
</tr>
</tbody>
</table>

Deductibles at over 55 years of age: A person over 55 years of age entering into mediclaim policy for the first time, a deduction of 20% is to be made on each and every admissible claim. But this condition would not apply if there is no claim in preceding 4 years.

3.3 The National Insurance Company Limited\(^1\):

3.3.1 Introduction:
Incorporated on 5\(^{th}\) December 1906 and nationalized in 1972, the National Insurance Company became a subsidiary of General Insurance Corporation of India (GIC). After the notification of the General Insurance Business (Nationalization) Amendment Act, on 7th August 2002, National Insurance Company has been de-linked from GIC and presently operating as an independent insurance company wholly owned by Government of India. Headquartered of the company is in the eastern part (Kolkata) of the country. The company has privilege to cater its services to almost every sector or industry of Indian economy.

\(^1\) [www.nationalinsuranceindia.com](http://www.nationalinsuranceindia.com), Annual Report 2012-13 of National Insurance Co. Ltd.
3.3.2 Office Network:

With 1477 offices and a team of more than 15,000 committed employees, the company is spread across the country. Total number of regional / divisional / branch offices & business centers as on 31st March 2012 is as follows:

**Table 3.9**

**Network Offices of NIC**

<table>
<thead>
<tr>
<th>Type of Office</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Offices</td>
<td>28</td>
</tr>
<tr>
<td>Divisional Offices</td>
<td>351</td>
</tr>
<tr>
<td>Branch &amp; DABs</td>
<td>598</td>
</tr>
<tr>
<td>Business Centers</td>
<td>500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1477</td>
</tr>
</tbody>
</table>

The company has foreign operation in Nepal only where it has 3 Branch Office, 7 Controlling Offices, and 2 Extension centre.

3.3.3 Growth Profile:

The company has a strong growth profile. For the year 2012-13, company’s Gross Direct Premium is `9194.62 Crore registered a growth of 17.64% over last year premium which was `7815.69 Crore. Company has recorded a Net Profit after Tax `695.70 Crore for 2012-13 recorded a tremendous growth of 114% over last year’s PAT `324.76 Crore. The Net Retention Ratio (Net Premium/Gross Direct Premium Income) for 2012-13 is 86.54%. The overall Net Incurred Claim has come down from 87.50% in 2011-12 to 85.57% in 2012-13. The Solvency Margin of the company is 1.50 as on 31st March 2013, which is well above the required margin at 1.30, the same was 1.37 in last year.

3.3.4 Rating and Awards:

- Rated "B++ (Stable)" for financial strength and issue credit rating of “bbb+ (Stable)” by AM Best
- CRISIL rating "AAA/STABLE" for highest financial strength.
Dun & Bradstreet's Conclave on "India's Top PSUs2012 & PSU Awards 2012',

Under-served Market Penetration Award 2012- General Insurance and Outstanding Social Contributor of the year 2012.

3.3.5 Health Insurance Business of NIC :

The health insurance business grew at a healthy rate of 23.16% and reached to `2561.49 Crore in 2012-13 which was `2079.60 Crore during the year 2011-12 as against the industry growth rate of 18.50%. The health insurance premium contributed 27.96% to the total GDPI (Gross Direct Premium income) of the company. During the year, 17.72 Lakh numbers of retail health policies were issued covering 43.28 Lakh persons in addition 14,192 group/tailored health policies were issued.

3.3.6 Health Insurance Policies of National Insurance Company Limited

Varied health insurance policies are being provided by National Insurance Company that suits to need of different age group and different section of society. Out of all these policies the basic Individual Mediclaim Policy and Floater Mediclaim Policy has been analyzed. The details are given blow:

3.3.6A National Mediclaim Policy :

Important Features of the National Mediclaim Policy are given below.

Who can be covered in the policy?

It is an Individual Mediclaim Policy, means proposer and each member of his family has separate sum insured but pay premium as a single amount. Here family includes proposer, proposer’s spouse, dependent children and dependent parents.

---

Entry Age and Renewal:

The policy can be taken by a person between age of 18 and 65 years. Dependent children between the age of 3 months and 18 years can be covered provided at least one parent is covered at the same time. Dependent parents can also be covered with the family. The policy can be renewed up to 80 years of age but it can be renewed lifelong if insured is ready to pay additional premium at the rate of 10% on premium.

Sum Insured:

Sum insured range is between 50,000 and 5 Lakh, in multiples of 25,000/-. Sum insured can be enhanced only at the time of renewal up to the next higher slab.

Pre policy Checkup:

Age up 50, no medical check-up is required subjected to clean proposal form. But after the age of 50 the prescribed medical check-up will be needed. Full cost of expenses of such check-up will be bear by customer.

Cumulative Bonus:

If there is no claim in a year then insured is entitled to have 5% increase in sum insured but up to maximum of 10 claim free years this is known as cumulative bonus. If there is a claim in any year in policy of insured, who has earned cumulative bonus then the increased% will be reduced by 10% of the sum insured, but the basic sum insured will be maintained and will not be reduced. CB will be lost if policy is not renewed on the date of expiry.

Family Discount:

10% discount on premium is permissible under Individual Mediclaim Policy for covering family members. No family discount is permissible for any midterm inclusion. Family discount is not given in Floater Mediclaim Policy.
Loading for Diabetes and Hypertension:
Diabetes and Hypertension will be covered in the policy if it is detected during policy period, on payment of additional premium at the rate of 10% for each disease and 25% in case insured is suffering from both. On continuous payment of this additional premium, from 3rd year 50% claim amount and from 4th year 75% of claim amount, and beyond 4 year 100% of claim amount related to such disease will be covered but in any situation claim amount should not be exceed sum insured. If Diabetes and/or Hypertension are pre exist then 4 years waiting period will be applicable.

Enhancement of Sum Insured:
Sum insured under this policy can be enhanced up to next higher slab only at the time of renewal.

Premium Rates:
The premium rates (excluding services tax) for Individual Mediclaim Policy of National Insurance Company Limited are given below in the table (3.10).
Table 3.10

Premium Rates\(^1\) (excluding services tax) for National Mediclaim Policy of NIC

<table>
<thead>
<tr>
<th>Sum Insured</th>
<th>0-25 years</th>
<th>26-35 years</th>
<th>36-45 years</th>
<th>46-55 years</th>
<th>56-65 years</th>
<th>66-70 years</th>
<th>71-75 years</th>
<th>76-80 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>50000</td>
<td>541</td>
<td>710</td>
<td>956</td>
<td>1635</td>
<td>2158</td>
<td>2688</td>
<td>2881</td>
<td>3555</td>
</tr>
<tr>
<td>75000</td>
<td>785</td>
<td>1031</td>
<td>1386</td>
<td>2371</td>
<td>3125</td>
<td>3886</td>
<td>4162</td>
<td>5126</td>
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<tr>
<td>100000</td>
<td>1049</td>
<td>1377</td>
<td>1852</td>
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<td>4180</td>
<td>5196</td>
<td>5567</td>
<td>6890</td>
</tr>
<tr>
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<td>1696</td>
<td>2282</td>
<td>3909</td>
<td>5173</td>
<td>6436</td>
<td>6945</td>
<td>8751</td>
</tr>
<tr>
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<td>1536</td>
<td>2016</td>
<td>2713</td>
<td>4656</td>
<td>6165</td>
<td>7677</td>
<td>8323</td>
<td>10611</td>
</tr>
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<td>175000</td>
<td>1755</td>
<td>2304</td>
<td>3101</td>
<td>5351</td>
<td>7094</td>
<td>8847</td>
<td>9633</td>
<td>12402</td>
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<tr>
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<td>2592</td>
<td>3488</td>
<td>6045</td>
<td>8025</td>
<td>10019</td>
<td>10941</td>
<td>14193</td>
</tr>
<tr>
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<td>2170</td>
<td>2848</td>
<td>3832</td>
<td>6685</td>
<td>8893</td>
<td>11122</td>
<td>12182</td>
<td>15917</td>
</tr>
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<td>250000</td>
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<td>3104</td>
<td>4177</td>
<td>7326</td>
<td>9761</td>
<td>12224</td>
<td>13422</td>
<td>17638</td>
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<td>275000</td>
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<td>3360</td>
<td>4521</td>
<td>7967</td>
<td>19629</td>
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<td>14662</td>
<td>19362</td>
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<tr>
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<td>4866</td>
<td>8608</td>
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<tr>
<td>325000</td>
<td>2926</td>
<td>3840</td>
<td>5168</td>
<td>9196</td>
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<td>15461</td>
<td>17074</td>
<td>22737</td>
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<td>350000</td>
<td>3096</td>
<td>4064</td>
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<td>16406</td>
<td>18245</td>
<td>24391</td>
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<td>6071</td>
<td>10957</td>
<td>14722</td>
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<td>20587</td>
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<td>3608</td>
<td>4736</td>
<td>6373</td>
<td>11545</td>
<td>15527</td>
<td>19595</td>
<td>21760</td>
<td>29351</td>
</tr>
<tr>
<td>450000</td>
<td>3779</td>
<td>4960</td>
<td>6675</td>
<td>12132</td>
<td>16334</td>
<td>20630</td>
<td>22930</td>
<td>31005</td>
</tr>
<tr>
<td>475000</td>
<td>3950</td>
<td>5184</td>
<td>6977</td>
<td>12720</td>
<td>17140</td>
<td>21662</td>
<td>24102</td>
<td>32659</td>
</tr>
<tr>
<td>500000</td>
<td>4120</td>
<td>5408</td>
<td>7277</td>
<td>13307</td>
<td>17947</td>
<td>22697</td>
<td>25273</td>
<td>34312</td>
</tr>
</tbody>
</table>

The payable premium depends upon Age, the Sum Insured, Family Discount if taken Individual Mediclaim and disease like Diabetes and Hypertension is exist at the time of taken the policy.

Payment and Reimbursement (Coverage):

The company has liability to pay the claim, admitted during one policy period only up to the sum insured. Following are the coverage in this policy:

- Hospitalization charges for Room, boarding & nursing expenses, blood etc, up to 1% of the sum insured per day & 2% of sum insured per day for ICU, but limited up to maximum 25% of the sum insured per illness.

- Surgeon, Anesthetist, Medical Practitioner, Consultants’ Specialist fees. Maximum limit per illness – 25% of sum insured per illness.

- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic material, X-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker. Maximum limit 50% of the sum insured.

- Pre-Hospitalization expenses (for 30 days prior to hospitalization are payable).

- Post-Hospitalization expenses (for 60 days after the date of discharge are payable).

- Charges for Ambulance services up to 1% of sum insured subjected to a maximum limit of `2000 in a policy year will be reimbursed provided a registered ambulance is used to shift a patient from residence to hospital if admitted to ICU or Emergency ward or from one hospital to another.

- If treatment involves Organ Transplant to insured person, then the company will pay hospitalization expenses (excluding cost of organ) incurred on the donor, provided liability of the company towards expenses incurred on the donor and the insured recipient subject to an overall limit of 50% of the sum insured.

- Expenses for Ayurveda and Homeopathy (Ayush Coverage) treatment are admissible upto 20% of the sum insured for any one illness.

Exclusion:

- No claim will paid during starting 30 days of the policy unless claim is accidental.

- 48 month waiting period and 24 months waiting period exclusions are similar to Mediclaim Policy of New India Assurance Company.
☐ For certain specific diseases/ illness/ treatment, waiting periods of 1/ 2 years is applicable.

☐ HIV/ AIDS/ STD etc. Cosmetic treatment, Hormone replacement, Genetic disorders, disease/illness/accidental injury arising out of Drug/ Alcohol abuse etc are permanently excluded.

☐ Pregnancy & related complications, obesity, Dental treatment cost of spectacles, Contact lenses, Hearing aid, cochlear implants etc are permanently excluded.

☐ Psychiatric & psychosomatic disorders. Hospitalization primarily for diagnostic purposes is excluded permanently.

Note: All other exclusions are similar to Mediclaim policy of New India Assurance Company.

Claim Procedure :
Except of Day care procedures, if insured is hospitalized for 24 or more than 24 hours then he can make any claim under this policy. If hospitalization is planned then insured should intimate to TPA/Company at least 72 hours before such hospitalization and give the details like disease/injury name of hospital etc. in written, but in case of medical emergency TPA must be informed within 24 hours from the time of hospitalization.

(A) Cashless Facility - If insured goes to take treatment in network hospital then there cashless facility is available. For this he has to submit a request in written to TPA/ Company to get preauthorization. Once he got it, he needs not to pay the medical bills, except of deduction applicable if any.

(B) Reimbursement of Medical Bill – When treatment is taken in non network hospital then Medical bills are reimbursed as per rules. For this insured need to submit all supporting documents to TPA/Company relating to the claim within seven days from the date of discharge from the hospital. The documents are:

☐ Claim form duly signed by the claimant

☐ Discharge certificate and all documents relating to the illness from start to end.
- Bills, receipts, cash memos from hospital supported by proper prescription.
- Diagnostic test report approved by medical practitioner/surgeon.
- Surgeon's certificate, surgeon's bill and receipt if any.
- Attending doctor's / consultants / specialists / anesthetist's bill and receipt.
- Details of previous policy. Any other information needed by the TPA for considering the claim.

If TPA/Company has doubts regarding claim, then request for cashless facility may be declined. But it doesn't mean denial of claim; the insured may apply for reimbursement of such claim after completion of treatment.

**Other Benefit :**

**Continuity Benefit :** There are certain treatments which are payable only if the policy is continue with the company without any break (premium is paid before expiry date) for a specified period. For example, Cataract is covered only after twenty four months of continuous insurance. For other benefits under the policy such as cost of health check up, continuous insurance is necessary.

**Cost of Health Check-up :** The insured is entitled for reimbursement of the cost health check up at the expiry of a block of every four continuous claim free years. Such payment is restricted to maximum 1% of the average sum insured of the preceding four years. This benefit is available only once in 4 claim free years.

**Tax Benefit :** Premium paid for the policy towards self, spouse, dependent children and dependent parents are exempt from Income Tax under Sec. 80D.

**Other Important Note :**

- **Day Care Procedures** - These are those surgeries which are not required 24hours hospitalization and can be done with in some hours. Such surgeries are covered in the mediclaim policy. The National Insurance Company covers around 140 + Day care procedures.
Clauses related to Renewal Fraud, Misrepresentation, Concealment, Contribution, Cancellation are similar to the Individual Mediclaim Policy of New India Assurance Company.

3.3.6B Parivar Mediclaim Floater Policy

Some important features of Parivar Mediclaim Policy are given below.

Who can be covered in the policy?

It is a floater policy means proposer and each member of his family can be covered under a single sum insured. Here family includes proposer, proposer's spouse, and two dependent children.

Entry Age and Renewal: The policy can be taken by a person age of between 18 and 60 years. Dependent children between the age of 3 months and 25 years can be covered provided at least one parent is covered at the same time. The policy can be renewed up to 65 years of age if it is renewed without break and insured is ready to pay 25% additional premium on the premium rate as per age slab of 50-60 years.

Sum Insured: Sum insured ranges between 2 and 5 Lakh, in multiples of 50000/-. Sum insured can be enhanced only at the time of renewal up to the next higher slab.

Pre Policy Checkup: Age up 50, no medical check-up is required subjected to clean proposal form. But after the age of 50 the prescribed medical check-up will be needed. Full cost of expenses of such check-up will be bear by customer.

Loading for Diabetes and Hypertension: Diabetes and Hypertension will be covered from the inception of the policy on payment of additional premium at the rate of 10% for each disease and 25% in case insured is suffering from both. On continuous payment of this additional premium, from 3rd year 50% claim amount and from 4th year 75% of claim amount, and beyond 4 year 100% of claim amount related to such disease will be covered but in any situation claim amount should not be exceed the sum insured.
**Premium Rates:**

Premium for Parivar Mediclaim Policy is to be charged as per the rates given in the table (3.11). For spouse 40% extra on premium amount and for two children 20% extra on the premium amount for each child has to be charged. It is to be noted that only for the age between 46 – 50 years the premium amount for wife will be charged by 35% on the premium amount. It can be explained by an illustration:

Suppose a person aged 34 having two children, the premium for sum insured of `200000, will be:

<table>
<thead>
<tr>
<th>Self</th>
<th>Spouse (40%)</th>
<th>1st child (20%)</th>
<th>2nd child (20%)</th>
<th>Total premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>2469</td>
<td>617</td>
<td>494</td>
<td>494</td>
<td>4074</td>
</tr>
</tbody>
</table>

A person aged 47 having two children, the premium for sum insured of `200000 will be:

<table>
<thead>
<tr>
<th>Self</th>
<th>Spouse (35%)</th>
<th>1st child (20%)</th>
<th>2nd child (20%)</th>
<th>Total premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>4290</td>
<td>1502</td>
<td>858</td>
<td>858</td>
<td>7508</td>
</tr>
</tbody>
</table>

**Table 3.11**

**Premium Rates**\(^1\) (excluding service tax) for Parivar Mediclaim Policy of NIC

<table>
<thead>
<tr>
<th>Sum Insured</th>
<th>Up to 35 years</th>
<th>36 – 45 years</th>
<th>46 – 50 years</th>
<th>51 – 55 years</th>
<th>56 – 60 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>200000</td>
<td>2469</td>
<td>2683</td>
<td>4290</td>
<td>4485</td>
<td>5127</td>
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<td>250000</td>
<td>2956</td>
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<td>5200</td>
<td>5436</td>
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<td>300000</td>
<td>3444</td>
<td>3743</td>
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<td>6386</td>
<td>7346</td>
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<td>5151</td>
<td>5598</td>
<td>5444</td>
<td>9873</td>
<td>11466</td>
</tr>
</tbody>
</table>

The payable premium depends upon Age, the Sum Insured and disease like Diabetes and Hypertension existing at the time of taken the policy.

Payment and Reimbursement (Coverage)

All the Coverage clause are same as in National Mediclaim policy the company except -

- Surgeon, medical practitioner, consulting charges, etc, that are actual payable.
- Pre-Hospitalization expenses (for 15 days prior to hospitalization are payable).
- Post-Hospitalization expenses (for 30 days after the date of discharge are payable).
- Total expenses incurred for any one illness is limited to 50% of the overall limit.

Exclusion:

Exclusions are same as in National Mediclaim policy.

General Note:

1. Clauses related to Claim Procedure, Continuity Benefit, Tax Benefit, Renewal, Fraud and Misrepresentation, Concealment, Contribution, Cancellation are similar to the National Mediclaim policy.
2. Cumulative Bonus, Family Discount and Health Check - up benefit are not available in Parivar Mediclaim policy.

3.4 Services provided by New India Assurance company and National Insurance Company with respect to their Health Insurance Products:

Health Insurance is being a personal insurance mostly driven on the basis of services. Basically insured purchase services that can help him at the time of emergency. At the various stage of the policy, a lot of services provided by New India Assurance Company and National Insurance Company, which elaborated in coming pages.
Since both the companies use services of TPA so on behalf of these two companies TPA provide all the services after issuance of the policy. New India Assurance Company has 14 tied up TPAs and National Insurance Company has 28 tied up TPAs in all over India who serves for different health insurance policies in different regions of the country. The services provided by the both are:

1. **At the time of taking the policy:**
   - **Counseling Services** – This includes to narrate entire thing regarding the policy matter like new Products, premium rate, discount, claim process, list of tie up hospitals/network hospitals, Benefit in the policy, deductibles, co payments, limits applicable on the policy, answer to cross question etc.
   - **If Pre Policy checkup is needed then makes Arrangements** for dates, timing and nursing home/ diagnostic centre for such check-up.
   - **Convey to customer about Acceptance/Rejection** of proposal by explaining reason.
   - **If proposal accepted then Issuance and Deliver** of the policy and Health Card (if any) by Company/ TPA or both.

2. **Services during Policy period**:
   - To convey about new beneficial provisions that can be applied on current policy in between.
   - Give reminders about renewal date, premium payment status etc. through messages or calls.

3. **Services at the time of Claim arises**:
   - **Cashless service** – If treatment has taken in network hospital then TPA provide cashless service to insured by giving preauthorization to its customer on his request and makes payment directly to the hospital.
Reimbursement Services – When insured takes treatment in non network hospital, he pays all the medical bills to the hospital and then TPA reimbursed the same bills to insured on submission of necessary documents.

4. Online Services:
   - Online analysis of products is possible as document like policy details, broachers of products, premium chart/calculator etc are available online.
   - Facility to calculate premium through premium calculator
   - Online Chatting if one has doubt or counter query.
   - Availability of various forms and document form related to claim, grievance, and enrollment etc.
   - Services of online buying and premium payment of the policy through credit/debit card.
   - Online renewal facility.
   - Online registration of grievances by filling necessary information in specified forms.
   - Portal for diagnostic centre and network hospital and the companies provide services to empanel the network hospitals on line at free of cost, as per need of customer.
   - Online inquiry about policy status, progress of claim request and grievance registered earlier.

5. Other Important Services
   - SMS Enquiry services
   - Facility of Toll free Helpline Numbers