

| Sr | Particulars  | The New India Assurance Co Ltd 2007 Policies   | The New India Assurance Co Ltd 2012 Policies  | Impact  |
|----|--|--|---|---|
| 1  | <b>Definition of Accident</b>                              | <b>Accident:</b> Sustain any bodily injury through accident (hereinafter called INJURY)  | <b>Accident:</b> Accident means sudden , unexpected , unusual , undersigned specific event which occurs at an identifiable time and place during the period of insurance and which results in identifiable physical injury. Injury for the purpose of this clause means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.     | Clarity in Definition made which will help for claim arising in first 30 days of policy falls under the category of Accident or is out of scope of the policy.  |
| 2  | Definition of Congenital Internal Anomaly                  | <b>No clause earlier</b>   | <b>Congenital Internal Anomaly:</b> Means a Congenital Anomaly which is not in the visible and accessible parts of the body   | <b>Clarity in Definition - Lot of claims used to be in dispute for disease falling under the category of Congenital Internal or Congenital external, this definition will help to clarify the same for settlement of claims and resolutions of Disputes.</b>  |
| 3  | Definition of Congenital External Anomaly                  | <b>No clause earlier</b>   | Congenital External Anomaly: means a Congenital Anomaly which is in the visible and accessible parts of the body  | <b>Clarity in Definition - Lot of claims used to be in dispute for disease falling under the category of Congenital Internal or Congenital external, this definition will help to clarify the same for settlement of claims and resolutions of Disputes.</b>  |
| 4  | Definition of Reasonable, Customary and Necessary Expenses | <b>No such clarification</b>   | <b>Reasonable, Customary and Necessary Expenses</b> means charges for medical treatments, supplies or medical services that are medically necessary to treat the condition of the Insured to the extent relatable to that condition and does not exceed the usual level of charges for similar medical treatments, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no Insurance existed. | <b>Clarity in Definition - Earlier all the claims were paid by deducting the claim amount on reasonable and customary without giving proper justification and comparison on which the claims are paid. This will help claimant to get proper clarification and justification for any amount deducted.</b> |
| 5  | Definition of Room Rent Category                           | <b>The amounts payable under 2.3 and 2.4 shall be at the rate applicable to the entitled room category. In case insured opts for a room with rent higher than the entitled category as under 2.1, the charges payable under 2.3 and 2.4 shall be limited to the charges applicable to the entitled category.</b> | Room Rent Category : with the expectation of cost of medicines shall be effected in the same proportion as the admissible rate day bears to the actual rate per day of room rent /ICU/ICCU charges.   | <b>Clarity in Definition -Earlier the claims were paid by deducting the amount on pro rata basis for the excess amount of room category and now claimant, if able to prove the exact charges as per room rent category, he is entitled to ask Justification for deduction of excess amount.</b>           |
| 6  |  | <b>No such clause earlier</b>  | In respect to any insured person : a) who is over 55 years of age as at the commencement of the period of Insurance b) whose continuous incepts in a MEDICLAIM 2012 policy, and c) Who does not have forty eight months of claim free Continuous Coverage We will pay only 80% of the admissible claim amount.  | <b>Clause added for deduction. This will have a negative impact on client as they will have to bear 20% co-payment (specially those having a bad claim history/newly taken policy above age of 55)</b>  |
| 7  | Limit on payment for cataract                              | <b>Rs 24000</b>  | Our 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 Rs.24000  | <b>Negative Impact on policyholders having a SI of 1 Lac, will now be getting Rs.20000/-</b>  |
| 8  | Hospital Cash  | <b>No such clause earlier</b>  | For those Insured Persons, whose Sum Insured is more than or equal to Rs Three Lakhs, We will pay Hospital Cash at the rate of 0.1% of the Sum Insured , for each day of Hospitalization, admissible under the Policy. The payment under this Clause for Any One Illness shall not exceed 1% of the Sum Insured. The payment under this Clause is applicable only where the period of Hospitalization exceeds twenty four hours   | <b>Newly added clause which will have a positive impact on the claimant, as he can get the money even for his hospitalization stay which he would be losing due to absenteeism from work</b>  |



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| 9  | Additional Benefit Health Checkup                                 | Every 4 claim free year                      | The Insured Person shall be entitled for reimbursement of the cost of Medical check up at the end of a block of every three Renewal years, if there are no claims reported during the block. Such payment shall be restricted to Rs 5000 or 1% of the average Sum Insured of the Insured Person in the preceding three years, whichever is less. This benefit is available only once in three years. | Clause amended for free health check up from 4 claim free yrs to 3 claim free yrs. This will be a boost to Insured who are not claiming for yrs.   |
| 10 | Payment of Ambulance Charges                                      | Rs.1000 max                                  | We will pay You the charges for Ambulance services not exceeding 1% of the Sum Insured, Reasonably and Necessarily incurred for shifting any Insured Person to Hospital for admission in Emergency Ward or ICU, or from one Hospital to another Hospital for better medical facilities.  | Positive impact on policyholders having a SI above 1 Lac as they will now be entitled for 1% of Sum Insured of reimbursement of ambulance charges, which was earlier restricted for Rs.1000/- for any Sum Insured.                                 |
| 11 | 2 yrs Exclusion   | Hypertension and Diabetes Mellitus Included  | Hypertension and Diabetes Mellitus excluded  | Positive impact for claimant. Earlier a waiting period was to be maintained but as it is now removed, it will help the claimant who has recently developed diabetes or hypertension for making a claim even if the policy has not completed 2 yrs. |
| 12 | Congenital Internal and External Disease or Defects or anomalies. | No included life time                        | The exclusion for Congenital External Disease or Defects or anomalies shall not apply after forty eight months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to 10% of the average Sum Insured of the Insured Person in the preceding four years.  | Positive impact on claimant as it was earlier never covered during the policy period and now it is covered for at least 10% of avg. SI of 4 yrs  |
| 13 | Treatment for Age Related Macular Degeneration (ARMD)             | No clarification was covered                 | Treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy  | Negative Impact as all elderly persons will have this disease and treatment is a must because patient may lose his/her eyesight and insured who were getting support by insurance for such an expensive treatment would lack support.              |
| 14 | Notice of claim   | 7 days intimation and 30 days submission     | If You intend to make any claim under this Policy You must:  | Negative impact as the duration for intimation and submission is reduced as this will be difficult for the claimant.   |
|    |   |  | a) Immediately intimate TPA in writing on any Disease/Injury being suffered before Hospitalization   |  |
|    |   |  | b) Intimate TPA within twenty four hours from the time of Hospitalization in case of Hospitalization due to medical emergency  |  |
|    |   |  | c) Submit all supporting documents to TPA relating to the claim within seven days from the date of discharge from the Hospital or  |  |
|    |   |  | d) In case of Post-hospitalization treatment (limited to sixty days), submit all claim documents within 7 days after completion of such treatment.   |  |
|    |   |  | e) Provide TPA with authorization to obtain medical and other records from any Hospital, Laboratory or other agency.   |  |