



GOOD HEALTH is a comprehensive healthcare insurance package offered by The New India Assurance Company Ltd. Good Health packs a variety of medical covers and comes in a wide range of plans to choose from.

MAJOR BENEFITS OFFERED

Good Health takes care of your Hospitalization expenses due to illness or accident. (Hospitalization refers to medical treatment for a period of not less than 24 hours for such illness/ disease which requires care and treatment at a Hospital).

Cashless Facility in 8000 plus network hospitals across India is offered under Good Health. The cashless facility is subject to conditions (refer to Claim procedure detailed separately in brochure). Hospitalization at non network hospitals is also covered on reimbursement basis.

Pre and Post Hospitalization charges are covered for 30 and 60 days respectively.

Non-Allopathic/Alternate Treatment : Hospitalisation expenses are admissible up to 25% of Sum Insured.

Organ Transplant-Donor's Claim : Hospitalisation expenses of a person donating an organ during the course of organ transplant will be payable within the overall sum insured of Insured person.

Coverage for Modern Treatments or Procedures :

The following procedures are covered with sub limits :

1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2. Balloon Sinuplasty
3. Deep Brain stimulation
4. Oral Chemotherapy
5. Immunotherapy
6. Intravitreal Injections
7. Robotic Surgeries
8. Stereotactic radio surgeries
9. Bronchial Thermoplasty
10. Vaporisation of the Prostate (Green Laser treatment or holmium laser treatment)
11. IONM (Intra Operative Neuro Monitoring)
12. Stem cell therapy

Please refer to our Terms & Conditions for further details.

PERSONAL ACCIDENT COVERAGE is available as an add on cover to your Good Health policy. Plans are available at reasonable rates to choose from.

SUM INSURED

Good Health Mediclaim cover is available for a sum insured of up to Rs.10 lakhs.

Good Health Personal Accident cover is available for a sum insured of up to Rs.25 lakhs.

AGE LIMIT FOR APPLYING

Good Health is available for persons aged between 18 years and 65 years. Children between 3 months and 18 years can be covered provided one or both parents are covered simultaneously. For applicants between the age of 61 and 65 years, the following medical reports are needed with Doctors certificate of Health

ECG
Blood sugar - fasting & PP
Urine sugar

These reports should be dated not prior to 30 days from the date of application

LIFE LONG RENEWAL

Persons up to 60 years of age are permitted to shift to any plan of their choice at the time of renewal. On the other hand, persons between 61 and 65 years of age are allowed to increase sum insured by one slab only. No Change in plan is allowed for persons above the age of 65 years.

PLANS AVAILABLE & PREMIUM RATES

The unique Good Health Cover package comes to you in attractive plans & options with competitive rates & benefits. The table below shows the premium chart based on a sum insured of Rs. 4 lakhs for a one year policy.

Premium rates indicated below are inclusive of GST applicable as on now (GST subject to change if revised by GOI)

Good Health Plan/ Premium	Upto 25 years	26-35 years	36-45 years	46-55 years	56-60 years
Basic GH Plan 11	5635	6299	7459	13260	16574
GH Plan with 15 Days Hospital Cash @ Rs.800 per day – Plan 21	6293	6994	8218	14441	17947
GH Plan with 30 Days Hospital Cash @ Rs.800 per day – Plan 29	6949	7676	8963	15629	19320
GH Plan with 200 Days Hospital Cash Rs.1000 per day – Plan 34	7485	8147	9309	15899	20113

PA rates across different sum insured are given below :

Personal Accident Sum Insured	Premium (including GST)
2 lakhs	268
3 lakhs	401
4 lakhs	535
5 lakhs	663
7.5 lakhs	1005
10 lakhs	1337
15 lakhs	2006
20 lakhs	2675
25 lakhs	3317

The above rates are inclusive of Goods & Services Tax @ 18%. Goods & Services tax is subject to change as amended by Government of India and Ministry of Finance from time to time.

TAX BENEFITS

Good Health Premium paid in following cases is eligible for Tax Deduction Under Section 80D.

Premium paid for self, spouse and children up to a maximum of Rs. 25,000* per year. In case of premium paid towards dependent Parents, you can avail an additional benefit of Rs. 25,000* and if they are senior citizens the benefit is extended to up to a maximum of Rs. 30,000*.

*The above exemption is as per the Income tax act 1961 and is subject to change as per

amendments made there to from time to time.

CLAIM PROCEDURE

i) MEDICLAIM

- Claims will be administered by M/s. MDIndia Health Care Services TPA Pvt. Ltd..
- This policy provides for cashless access to network hospitals I.e. those hospitals empanelled by the TPA. If cashless facility is availed, the TPA will directly settle the hospital bills, subject to fulfillment of specified formalities by the insured and policy terms and conditions.
- If cashless access facility is not availed, the hospital bills will have to be first settled by the insured and thereafter reimbursement to be claimed from the TPA. The same procedure is applicable for Non-Network hospitals. Such claims will be processed by the TPA as per policy terms and conditions. Preliminary notice of claim with particulars relating to policy number, name of insured person in respect of whom claim is made, nature of illness/.injury and name and address of attending medical Practitioner/hospital/nursing home should be given by the card member to TPA within 7 days from the date of hospitalization, in receipt of which claim form will be sent by the TPA.
- Final claim along with originals of all receipts bills and cash memos, claim form and other documents as listed in the claim form, and the policy copies of current and earlier years, should be submitted to the TPA within 30 days from date of completion of treatment in the Hospital.
- The claim for reimbursement of pre and post hospitalization expenses should be sent to the TPA which will also be processed by them as per policy terms and conditions.

ii) PERSONAL ACCIDENT

- The insured person will need to get in touch with NIA directly, in case of claims and shall not involve Diners/Citibank in any manner.
- Insured person will need to inform the Insurance Company, fill up the claim form and support claims with appropriate documents as per procedure laid by Insurance Company.
- Customer can contact NIA by mailing to nia.712500@newindia.co.in or visiting their website www.newindia.co.in/portal/citibank.html#/home

ADDITIONAL BENEFITS

Good Health policy comes to you with certain additional benefits as listed below:

a. Hospital Cash Benefit

Offers fixed amounts per day to take care of incidental expenses during Hospitalization. It is available only under certain plans. Hospital Cash benefits are available for upto a maximum of 15 days / 30 days / 200 days. This benefit is not applicable for Day Care Procedures.

Claim Procedure for Hospital Cash Benefit

- Only If Mediclaim hospitalization claim is admissible, Hospital cash benefit will be paid
- MD India Healthcare Services (TPA) will administer the claim.
- For allowing this benefit evidence of hospitalization is necessary and there is no need to submit bills/receipts
- In case of Cash Less approval for Hospitalization claim, Hospital Cash claim will be paid separately to insured directly.

b. Accident Claim / ICU Treatment / Prolonged Hospitalization :

Additional lump sum payments are made in respect of accident treatment, ICU treatment and Prolonged Hospitalization under our Table 5 plans @ Rs 2000 per day for 15 days in case of Accident Treatment / ICU and Lump sum amount of Rs 15,000 in case of prolonged Hospitalization when confinement to hospital exceeds 21 consecutive days. These benefits are payable only once during the policy period.

c. Day Care Procedures : Good Health covers 160 Day Care Procedures. Please refer to our Terms & Conditions for the list of Day Care Procedures covered under Good Health.

d. Cumulative Bonus : Good Health provides rewards for claim free record by way of Cumulative Bonus. Sum insured under the policy shall be progressively increased by 5% in respect of each claim free year of insurance subject to maximum accumulation of 10 claim free years. In case of claim under the policy the cumulative bonus shall stand reduced by 5% for the person who has made the claim.

IMPORTANT DEFINITIONS

Pre-Existing condition:

means any condition, ailment, Injury or Illness

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the Policy issued by Us and its reinstatement or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its reinstatement.

Pre-Existing conditions at the time of applying for insurance shall be covered after 48 months of continuous Insurance under this policy.

Waiting Period for Specific Ailments

SL.No.	Disease/Ailment/Treatment	Period to which claims not admissible
1	Treatment of Mental illness, stress or psychological disorders and neurodegenerative disorders	4 Years
2	Age Related Macular Degeneration (ARMD)	4 Years
3	Genetic diseases or disorders	4 years
4	Total Knee / Hip replacement (due to arthritis, rheumatism and other degenerative disorders)	3 years
5	Cataract	3 years
6	External Congenital Diseases	3 years
7	Benign Prostatic Hypertrophy	2 years
8	Hysterectomy (Due to fibroids or Menorrhagia)	2 years
9	Hernia	2 years
10	Hydrocele	2 years
11	Congenital Internal Disease/Defect	2 years
12	Fistula in Anus and Piles	2 years
13	Sinusitis & Related Disorders	2 years
14	Puberty and Menopause related Disorders Puberty and Menopause related Disorders	2 years
15	Behavioural and Neurodevelopmental Disorders	2 years

IMPORTANT EXCLUSIONS – MEDICLAIM SECTION

- Any illness/disease which occurs during the first 30 days of Policy (not applicable on renewal)
- Any pre-existing illness i.e. any sickness or symptoms of the same illness, existing prior to effecting insurance and complications thereof
- Any dental treatment or surgery unless arising out of an accident and requiring hospitalization
- All health check-ups and any routine eye examination and cost of glasses / lenses, hearing aids, crutches, walker and similar expenses
- Any expenses traceable to pregnancy/child birth/abortion
- Any expenses on vitamins and tonics unless necessitated by surgery/disease
- Any expenses incurred for diagnosis etc., not consistent with treatment for injury/illness/disease
- Circumcision, vaccination, inoculation, cosmetic or aesthetic, plastic surgery unless necessitated by an accident
- Convalescence, nervous breakdown, rest cure, venereal disease, insanity, intentional self injury and any disease resulting from use of drugs or liquor Naturopathy treatment
- Voluntary medical termination of pregnancy
- RFQMR, ECP and Hyperberic Oxygen Theraphy..

IMPORTANT EXCLUSIONS – PERSONAL ACCIDENT SECTION

- Any Claims arising out of intentional self-injury or attempted suicide will NOT be covered
- Any accident caused by liquor, drugs, while engaged in aviation or travelling as non passenger in any aircraft will NOT be covered.
- Any accidents caused due to veneral disease, insanity and actions committing breach of law with criminal intent will NOT be covered
- Any accidents caused by war, nuclear weapons, radiations, claims traceable to pregnancy/child birth/abortion will NOT be covered
- Any pre-existing disablements will NOT be covered,.

Please refer to policy wordings for complete list of exclusions.

CANCELLATION

In case you cancel your coverage before the end of policy period and have not made any claim, New India will refund part of the premium paid as per chart detailed below.

Cancellation Request	Premium Refundable
Within 45 Days	100%
Within 3 Months	50%
Within 6 Months	25%
Beyond 6	Nil

Even in the event of Citibank not renewing the master policy or the individual ceasing to be a customer of Citibank, the existing health certificate can be renewed under The New India Assurance Co's Retail Mediclaim Policy.

TPA CONTACT DETAILS

Good Health Policy claims will be serviced by TPA, M/s MDIndia Healthcare Services (TPA) Pvt. Ltd.

**MDIndia Healthcare Services (TPA) Pvt.
Ltd. No.443 & 445, Guna Complex, Anna
Salai, Teynampet, Chennai – 6000018.**

MDINDIA TOLL FREE #1800-233-1166

MDINDIA FAX TOLL FREE # 1860-233-4449

MDINDIA PAN UAN # 1860-233-4446, 1860-233-4448

Email: Citibank_chennai@mdindia.com

Website:www.mdindiaonline.com

This brochure is only a brief summary of Good Health Policy. This is not an insurance contract or an offer of insurance. The coverage will be subject to the Terms & Conditions of the Good Health Master Policy.

Good Health Insurance is brought to you by The New India Assurance Co. Ltd.



दि न्यू इन्डिया एश्योरन्स
कंपनी लिमिटेड
**The New India Assurance
Company Limited**

New India is a leading global insurance group, with offices and branches throughout India and various countries abroad. The company services the Indian subcontinent with a network of 2214 offices, comprising 31 Regional Offices, 6 Large Corporate Offices, 473 Divisional Offices, 587 Branches and 1086 Micro Offices. With approximately 15249 employees, New India has the largest number of specialist and technically qualified personnel at all levels of management, who are empowered to underwrite and settle claims of high magnitude.

New India has been rated bbb+ (Stable) by A.M.Best Co., making it the only Indian insurance company to have been rated by an international rating agency. Rating is based on following factors :

Superior Capital Position, Strong Operating Performance, Only Company to Develop significant International Operations, Long record of successful trading outside India.

New India Offers a wide variety of Non-Life Insurance Products. Good Health is one such product brought to you in association with our Corporate Agent.

Corporate Head Office Address :

The New India Assurance Co. Ltd.
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022 22708100/8400
Toll free number : 1800-209-1415
IRDA REGN NO.190
CIN:U99999MH1919GOI000526

Good Health Policy Servicing Divisional Office:

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Chennai 600 006.
Phone 044 23456824/826/827
Fax : 044 23456825
Web:www.newindia.co.in/portal/Citibank.html#/home
E-mail:nia.712500@newindia.co.in

Section 41 of the insurance act 1938 – Prohibition of rebates

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. If any person fails to comply with regulation above he shall be liable to payment of fine, which may extend to ten lakh rupees.