
VIDYARTHI-Mediclaim for Students

1. Salient Feature

VIDYARTHI-Mediclaim for Students is a unique policy designed to provide Health and Personal accident cover to the students. It also provides for continuation of insured students education in case of death or permanent total disablement of the guardian due to accident.

Parents/Legal Guardian of individual student in any Registered Educational Institution affiliated to any State Board, Council, University and AICTE or any other Govt. Statutory Authority, within the territory of India may take this policy. The Educational Institutions may also take a Group Policy covering named students enrolled with them.

Age: 3 years to 25 years.

2. Section I - Hospitalization for illness, diseases or accident

a. Scope Of Cover

- 1) Room, Boarding expenses as provided by the Hospital/Nursing Home.
- 2) Nursing expenses.
- 3) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
- 4) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances (any disposable consumables subject to upper limit of 10% of Sum Insured), Medicines & Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs and cost of Stents and implants

Note: Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the sub limits under “4” above applicable to the insured person within the overall sum insured of the insured person.

b. Other benefits

1. The guardian of the insured will be eligible for deduction under Section 80 D of the Income Tax Act 1961 as amended from time to time, for the premium paid under this section of the policy subject to limits specified in the Income Tax Act.

2. The Policy will be serviced by Third Party Administrators (TPA) for hospitalization expenses.

3. Cumulative Bonus

Sum insured under this 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 of insurance.

In case of claim under the policy in respect of insured person who has earned the cumulative bonus, the increased percentage will be reduced by 10% of sum insured at the next renewal. However, basic sum insured will be maintained and will not be reduced.

N.B.:

a) for existing Medclaim policy holders (as on date of implementation) of the company the accrued amount of benefit of cumulative bonus will be added to the sum insured, subject to maximum 10 claim free years.

b) Cumulative Bonus will be lost if policy is not renewed on the date of expiry.

However, insured has the option either to avail cumulative bonus or claim 5% discount in renewal premium in respect of each claim free year of insurance subject to maximum of 10 claim free years of insurance. This discount will not be applicable to the S.I. increased ,if any, by the insured at renewal.

c. Definitions

1.Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which either

- (a) Has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of the registered and qualified medical practitioner OR
- (b) Should comply with minimum criteria as under:
 - i. It should have at least 15 inpatient beds. In Class "C" towns condition of number of beds may be reduced to 10
 - ii. Fully equipped Operation Theatre of its own wherever surgical operations are carried out.
 - iii. Fully qualified nursing staff under its employment round the clock
 - iv. Fully qualified Doctor(s) should be in charge round the clock.

The term, `Hospital/Nursing Home`, shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts or place of alcoholics, a hotel or a similar place.

2.Surgical Operation means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life

3. Expenses of Hospitalization for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments i.e. day care treatment for stitching of wound/s, close reduction/s and application of POP casts, Dialysis, Chemotherapy, Radiotherapy, Arthroscopy, Eye surgery, ENT surgery, Laparoscopic surgery, Angiographies, Endoscopies, Lithotripsy (Kidney stone removal), D & C, Tonsillectomy taken in the Hospital/Nursing Home and the Insured is discharged on the same day. The treatment will be considered to be taken under Hospitalization benefit. This condition will also not apply in case of stay in Hospital of less than 24 hours provided –

a) the treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in Hospitals.

and

b) due to technological advances hospitalization is required for less than 24 hours only.

4. Any One Illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

5. Pre Hospitalisation: Relevant Medical Expenses incurred during period up to 30 days prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim mentioned under item 1.0 above

6. Post Hospitalisation: Relevant Medical Expenses incurred up to 60 days after hospitalisation/domiciliary hospitalisation on disease/illness/injury sustained will be considered as part of claim mentioned under item 1.0 above

7. Medical Practitioner means a person who holds a degree/diploma from a recognised institution and is registered by Medical Council or respective State Council of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.

8. Qualified Nurse means a person who holds a certificate of a recognised Nursing Council and who is employed on the recommendations of the attending Medical Practitioner.

9. TPA means a Third Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the Company, for the provision of health services.

d.Exclusions:

The Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any person in connection with or in respect of :

1. All diseases/injuries, which are pre-existing when the cover incepts for the first time. This exclusion will be deleted after three continuous claims free years under this policy.
2. Any disease other than those stated in Clause 4.3, contracted by the Insured Person during the first 30 days from the commencement date of the policy. This condition 4.2 shall not however apply in case of the Insured Person having been covered under this Scheme or any health insurance scheme with any one of the Indian Insurance Companies for a continuous period of preceding 12 months without any break.
3. During the first 2 years of the operation of the policy the expenses incurred on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Chronic fissure in anus, Piles, Pilonidal Sinus, Sinusitis, Stone disease of any site, Benign Lumps/growths in any part of the body, CSOM(Chronic Suppurative Otitis Media), joints replacements of any kind unless arising out of accident, surgical treatment of Tonsils, Adenoids and deviated nasal septums and related disorders are not payable. If these diseases (other than Congenital Internal Disease/Defects) are pre-existing at the time of proposal, they will be covered only after four continuous claim free years as mentioned in column 4.1 above. If the Insured is aware of the

existence of Congenital Internal Disease/Defect before inception of the policy, the same will be treated as pre-existing.

4. Injury or disease directly or indirectly caused by or arising from or attributable to War Invasion Act of Foreign Enemy Warlike operations (whether war be declared or not).

5. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as part of any illness.

6. The cost of spectacles and contact lenses hearing aids.

7. Any Dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from accidental injury and which requires hospitalization for treatment.

8. Convalescence general debility 'Run Down' condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol, rehabilitation therapy in any form.

9. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

10. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with nor incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury for which confinement is required at a Hospital/Nursing Home.

11. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

12. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.

13. Treatment arising from or traceable to pregnancy childbirth including caesarean section.

14. Naturopathy treatment

3. Section II & III - Personal Accident to student and guardian of the student

a. Scope of Cover

If the Insured persons shall sustain any bodily injury resulting solely and directly from Accident caused by external violent and visible means then the Company shall pay to insured the sum hereinafter set forth that is to say

(a) If such injury within twelve calendar months of its occurrence shall be the sole and direct cause of the death of the Insured persons the Capital Sum Insured stated in the Schedule.

(b) If such injury within twelve calendar months of its occurrence shall be the sole and direct cause of the total and irrecoverable loss of sight of both eyes or total and irrecoverable loss of use of two hands or two feet, or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot, the capital sum insured stated in the schedule hereto.

(c) If such injury within twelve calendar months of its occurrence shall be the sole and direct cause of the total and irrecoverable loss of sight of one eye or total and irrecoverable loss of use of a hand or foot, fifty percent to the capital sum insured stated in the schedule hereto.

(d) If such injury within twelve calendar months of its occurrence shall be the sole and direct cause of permanently totally and absolutely disabling the Insured from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever the Sum Insured stated in the Schedule.

PROVISOS

Provided always that the Company shall not be liable under this Policy for

1. Compensation under more than one of the aforesaid sub-clauses (a) (b) (c) or (d) in respect of the same injury or disablement.
2. Any payment in excess of Sum Insured under the Policy during any one period of Insurance.
3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to be or traceable to any disability existing on the date of issue of this policy.

This policy will also cover:

Transport cost of insured's dead body(death due to accident only) to the place of residence subject to a maximum of 2% of the Capital Sum Insured or Rs.1000/- whichever is lower. This cover is applicable both for Section II & III.

b.Exclusions

1.Payment of compensation in respect of death of the insured

- (a) from intentional self injury, suicide or attempted suicide
- (b) whilst under influence of intoxicating liquor or drugs

(c) whilst engaging in Aviation or Ballooning, whilst Mounting into, Dismounting from or Travelling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world

(d) directly or indirectly caused by venereal disease or insanity,

(e) arising or resulting from the insured committing any breach of the law with criminal intent.

Note:

“Standard type of aircraft” means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multiple engines.

2. Payment of compensation in respect of death of the insured due to or arising out of directly or indirectly connected with or traceable to war, invasion, Act of foreign enemy, Hostilities (Whether war be declared or not) Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, restraints and Detainment of all kings, princes and people of whatsoever nation, condition or quality.

3. Payment of compensation in respect of death of the insured:

Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.

Directly or indirectly caused by or contributed to by or arising from nuclear weapon material.

4. Pregnancy Exclusion Clause: The insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by or contributed to by or aggravated to prolonged by childbirth or pregnancy or in consequence thereof.

Provided also that due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements here on are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the Company under this Policy.

4. Premium Chart

Section	Sum Insured (Rs.)						
I	50000	75000	100000	125000	150000	175000	200000
II	100000	150000	200000	250000	300000	350000	400000
III	50000	50000	50000	50000	50000	50000	50000
Premium (Rs.)	582	838	1111	1365	1620	1851	2084

Group Discount : This discount will be applicable only on actual number insured. Group Discount Structure will be as under:

No. of persons	Discount(%)
101-5000	10
5001-15000	15
15001-25000	20
25001-50000	25
50001 and above	30

5. Claims Procedure

Section-I

Claims will be settled by the Third Party Administrators (TPA). They will send details of the claims procedure for emergency/planned hospitalisation.

Documents to be submitted :

1. Claim form
2. First Consultation documents
3. Copy of admission advice
4. Discharge Summary
5. Prescription with bills
6. Test Reports
7. Any other document required by TPA.

The amount payable under this section will be paid to the insured person.

Procedure for availing Cashless Access Services in Network Hospital/Nursing Home :

Claims in respect of Cashless Access Services will be through the list of the network of Hospitals/Nursing Homes and is subject to pre admission authorization. The TPA shall, upon getting the related medical information from the insured persons/ network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre- authorisation letter/ guarantee of payment letter to the Hospital/Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as a patient.

The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his/her treating doctors advice

and later on submit the full claim papers to the TPA for reimbursement subject to admissibility of claims as terms and conditions of the policy.

The TPA may repudiate the claim, giving reasons, if not covered under the terms of the policy. The insured person shall have right of appeal to the insurance company if he/she feels that the claim is payable. The insurance company's decision in this regard will be final and binding on TPA/insured person.

Section-II & III:

Claims will be dealt by the Underwriting Office of the company

Documents to be submitted :

- 1.FIR
- 2.Death Certificate
- 3.Post Mortem Certificate wherever required
- 4.Any other Documents required by Company

Payment of Claim

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

Section-I: Claim will be paid to the guardian.

Section II: In case of PTD- claim will be paid to the guardian. In case of Death- Claim amount will be paid to the nominee named in the schedule.

Section III: Claim will be paid to the guardian.