



EBOOK ON HEALTH INSURANCE

(Specific to Indian Markets)

Venkatesh Jayaraman

October 2019

@VenkateshJayar2

DISCLAIMER

- This presentation is only for educational purpose to give a high-level overview of Health Insurance related terminologies, glossary and a comparative analysis of different plans in the market place
- I have made best efforts to ensure accuracy of contents. However, errors could creep beyond my best effort. Kindly bring to my notice and the same shall be rectified.
- The contents and knowledge from this eBook are no way a substitute for professional advice offered by registered investment advisors.
- **I shall in no way be responsible to any one (directly or indirectly) for any kind of loss that might arise from using or sharing the information in this presentation.**
- None of the company names, product names mentioned in this eBook are recommendations.
- Use the comparison table to shortlist a few policies and make a decision on purchase of a policy only after reading and understanding the “Policy Wording Document”
- Do not decide to purchase a policy based on the contents of this document alone but after sufficient research (1) In reading the Policy Wording Document and (2) Discussing with the agents of the Health Insurance company

Visit my landing page at <https://www.linkedin.com/pulse/my-notes-compilation-value-investing-venkatesh-jayaraman/> for presentation, notes and compilation on various topics related to Personal Finance and Stock Investing.

Contents

INTRODUCTION	2
WHY IS THE CHOICE OF A HEALTH INSURANCE PLAN DIFFICULT?	3
TYPES OF HEALTH INSURANCE.....	3
FEATURE & JARGONS IN HEALTH INSURANCE	4
WHAT SHOULD YOU CHECK IN THE FEATURES/JARGONS WHEN COMPARING POLICIES?	10
WHAT STEPS TO FOLLOW IN CHOOSING THE BEST HEALTH INSURANCE?	14
STEP 1: ANALYSE AND UNDERSTAND YOUR NEEDS.....	15
STEP 2: INITIAL SCREENING OF POLICIES THAT MEET YOUR NEED	16
STEP 3: READ POLICY WORDING DOCUMENT OF SCREENED POLICIES/PLANS AND SHORTLIST A FEW.....	17
STEP 4: COMPARE PREMIUM OF SHORTLISTED POLICIES/PLANS	17
STEP 5: DISCUSS WITH AGENT FROM HEALTH INSURANCE COMPANY	17
STEP 6: PURCHASE POLICY	18
STEP 7: INVOKE FREE-LOOK UP PERIOD (IF NEEDED)	18
COMPARISON OF HEALTH INSURANCE PLANS	18
COMPARISON OF CRITICAL ILLNESS PLANS	18
FREQUENTLY ASKED QUESTIONS	20
ADDITIONAL READINGS.....	25
REFERENCES.....	26
CRITICAL ILLNESS PLAN.....	26
SENIOR CITIZENS PLAN	26
APPENDIX.....	28

INTRODUCTION

Health Insurance is a very important aspect of finance planning, but unfortunately the most neglected aspect. Taking Health Insurance must be one of the priorities once a person starts earning. Health Insurance might appear to support the hospitalization expenses, but in reality, it insurances our financial life.

If there was no Health Insurance, we would need to shell out a huge amount of money from our savings and investments meant for various financial goals. A Health Insurance ensures that this part of our financial journey is not affected.

An overview of what is covered and what is not covered in this eBook.

What is Covered?

- Understanding of various jargons and features in Health Insurance
- Steps in choosing a Health Insurance product
- Comparison of various Health Insurance companies and their products
- Comparison of various Critical Illness plans and their coverage to different Critical Illness

What is not Covered?

- Senior Citizen Plans
- Term insurance that cover Critical Illness
- Health Insurance that cover Critical Illness (through option or Add on)

WHY IS THE CHOICE OF A HEALTH INSURANCE PLAN DIFFICULT?

There are around 25+ companies offering Health Insurance policies in India, of which 5 private sector insurers are registered exclusively in Health Insurance segment. Many of these 25+ companies offer more than one product and each product has multiple plans. Thus, selecting one company or a plan becomes a daunting task. Apart from the number of plans to choose, intimidating jargons add a layer of barrier for a common man to understand the offering and make a decision in choosing the right policy.

This eBook covers the following topics intended to improve your understanding on Health Insurance and eventually enable you to choose the right policy for yourself.

1. Understand the different
 - a. Types of Health Insurance
 - b. Jargons and features in Health Insurance
2. What should you check in these features and jargons when comparing policies
3. What steps to follow in choosing the best Health Insurance
4. Comparison of different Health Insurance policies and plans based on a few parameters/features
5. Comparison of different Critical Illness policies along with the list of different critical illnesses they cover

TYPES OF HEALTH INSURANCE

Individual Insurance Plans

- In this policy, you alone get insurance cover
- You will be eligible to claim the benefit in case of hospitalization

Advantages

- Offers higher protection for each person rather than as a family

Disadvantage

- Might be costly when going for individual plans for all family members

Family Health Insurance

- Family floater health policies are umbrella health cover for the entire family
- A single premium is paid to obtain a cumulative health cover for the entire family and the amount of health cover can be utilized for hospitalization expenses of any member of the family in the policy

Advantages

- You cover your entire family with health insurance at a lesser cost

Disadvantages

- High possibility of the entire cover getting exhausted due to the hospitalization of one family member, which would deprive other members of benefits in case of their hospitalization.

Senior Citizens Insurance

These are similar to individual health policies but are issued with stringent medical check-ups coupled with high premiums, the higher waiting period for pre-existing illnesses and a greater number of exclusion clauses. In general buying health insurance at an old age is difficult or unaffordable.

These policies are for people over 60 years of age but did not have any health insurance until then.

Critical Illness Policies

- These policies provide cover against life-threatening critical illness such as cancer, heart attack, stroke, kidney failure etc.
- This policy provides coverage in the form of a lumpsum on diagnosis of a covered illness
- The lumpsum can be used for any purpose:
 - Medical expense
 - Changing life style due to the critical illness
 - Make up for the loss of income due to critical illness etc.
- This policy expires on one-time use i.e. The insured is diagnosed for a critical illness covered in the policy, the company pays the lump sum amount and the policy closes

Employer offered Insurance

- This insurance is offered by our employers and is widely held by many of us
- The main reason why people avoid taking Health Insurance is because of employer-offered health coverage
- No matter how much health cover your employer provides, it has its own drawbacks and one needs to have a Health Insurance in their personal capacity. [Refer FAQ for more details](#)

FEATURE & JARGONS IN HEALTH INSURANCE

Let us try to understand the different jargons, terminologies and features in health insurance. Understanding these are very crucial in comparing the various plans and policies in the market place.

AYUSH Benefits

- AYUSH stands for Ayurveda, Unani, Sidha or Homeopathy
- This benefit covers the medical expenses for treatment taken under AYUSH

- One condition is that the same insured person will not receive payment for allopathic treatment for the same medical condition

Black Listed Hospitals

- Insurance companies blacklist hospitals found indulging in corrupt practices like:
 - Overcharging patients with Health Insurance
 - Inflating the bills submitted to insurance companies
 - Perform needless surgeries and procedures with the only purpose of charging exorbitant medical bills.
- Claims (cashless or reimbursement) for treatments availed at any of the blacklisted hospitals stand to be denied by your insurance company

Day care procedures

- These procedure or surgery requires an admission of less than 24 hours
- Insurance companies may not cover these procedures if treatment is done at a health care facility, other than a hospital

Domiciliary Treatment

- Treatment done at home which otherwise would have been done in hospital
- This must be done on the advice of medical practitioner

Emergency Ambulance

Expense of Ambulance provided by hospital or ambulance service to transfer the insured to the nearest hospital with adequate facility following an emergency, with the condition that the insurer should have been accepted for In-Patient hospitalization.

Cashless Facility

This allows receive treatment in a hospital (called as [Network Hospital](#)) which is registered with the health insurance company without paying the bills upfront.

Claim Settlement Ratio (CSR)

- The ratio of claims approved to total claims received
- The higher the CSR the better
- A insurer with a CSR of 70% indicates that for every 100 claims, only 70 are honoured and paid, and remaining 30 are rejected

Co-payment

- Also called as Co-pay, mandates that the policy holder will bear a predefined percentage of the claim
- The terminology is used interchangeably with “co-insurance”.

Cumulative bonus

- Cumulative bonus is provided when the insured does not make a claim in the previous policy year
- One can accumulate this bonus year after year

- The bonus is an increase in the sum insured or discount on the premium payable, or a combination of both

Critical Illness

- These are relatively more serious forms of illnesses which are more difficult to treat and require more time and money for treatment
- Such situations entail relatively higher expenses and longer period of absence from work for the affected person
- Critical illness can be life threatening or life style disabling

Critical Illness Cover

- A benefit which helps cover for treatment of critical illnesses
- One of the key features of critical cover is that hospitalization is not required as the diagnosis is enough to get the critical illness benefits

[Click here for more details](#)

Free Look-up Period

- Free-look is an important feature mandated by regulation
- It gives you a second chance to review your policy and understand what you have bought, and even return it if you feel you misunderstood or were mis-sold the plan.
- This is a window of 15 days, where you can review the policy that was purchased and return if not satisfied
- The premium money is refunded by the insurance company after deducting:
 - Cost for medical check-up
 - Cost of insurance cover for that period and
 - Stamp duty charges
- The free-look period kicks in from the time you receive the policy document and applies to the first-time purchase and not to renewals.
- This is applicable to plans that are for a term of at least 3 years

More details of this regulation at http://www.policyholder.gov.in/Free-Look_Period.aspx#

Free Medical Check-up

- Health insurance companies provides the insured person with a free medical check-up
- The frequency (i.e. Annual or once in 2 years etc) depend on the terms and condition of a particular plan
- This does not affect the premium when policies undergo renewal

Incurred Claims Ratio (ICR)

- The total value of all claims paid by the health insurance company divided by the total amount of premium they collected in the same period
- ICR indicates the company's ability to pay the claims

- A number greater than 1 indicate that the company must pay-out more towards claims, than what it earns through premium from policy holders
- In this situation, the sustenance of the company itself becomes a challenge and hence may not be able to honour payments in future

In-Patient Treatment

This component covers the expenses of:

- Room Rent, Boarding Expenses
- Nursing
- Intensive Care Unit (ICU)
- Medical Practitioner expenses
- Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances
- Medicines, Drugs and Consumables
- Diagnostic Procedures

Lifetime Renewal

- Health insurance must be renewed at the end of every policy year to enjoy continuous coverage
- Insurers may not provide lifelong renewal, with renewals stopping after a certain age i.e. 65 or 70
- The service of lifelong renewal helps people enjoy the benefits throughout their live time

Network Hospital

- These are hospitals that the health insurance provider has a tie-up for providing [cashless facility](#) to its policy holders
- If the insured is admitted in these hospitals, then there is no worry to arrange the money as insurance company directly bears the cost
- This relieves the policy holder or family members from the burden of arranging money for hospitalization

OPD Cover

- Normal insurance covers only hospitalization expenses and not OPD related expenses like dental procedures, diagnostics etc
- OPD cover is a new feature or add-on to cover such expenses
- Very few companies are providing this feature and the policy premium of the plans with OPD cover are significantly higher

Organ Donor

Medical expense of the organ donor treatment for harvesting, with the condition that:

- The organ is for use on insured person
- The insured should have been accepted for In-Patient hospitalization
- The organ donor is a person in accordance with "[The Transplantation of Human Organs, 1994](#)"

Permanent Exclusions

Health Insurance companies may not cover certain diseases or conditions like addictive conditions (Alcohol), active participation in adventure or hazardous sports, infertility treatment, procedures needing Artificial life maintenance are a few to name

Pre-Existing Condition

- This refers to any medical condition or disease that an individual before taking buying Health Insurance
- Health Insurance companies are cautious in such cases as there is a greater need for medical assistance and a higher financial outgo for the insurance company

Pre-& Post Hospitalization expenses

- Pre-Hospitalization Expenses: Doctor consulting charges, testing and medicine costs before the hospitalization.
- Post Hospitalization Expenses: Follow up consultation charges and medicine expenses after discharge

Note: For Pre-and Post-hospitalization expenses, two conditions that may be needed to cover this expense are:

- Expenses should be for the same medical condition as In-Patient hospitalization
- The insured should have been accepted for In-Patient hospitalization (or day care procedure)

Restoration Benefits

- It is a benefit wherein the insurance company restores the original sum insured in the policy year when it gets exhausted fully due to incurred claims
- Even if the entire sum insured is exhausted the insured need not worry as this benefit by the insurance company can restore the entire amount which can be used for future hospitalization
- One common condition is that the benefit is only for different illnesses and not for the same illness
- Another condition may be that sum insured and cumulative bonus is exhausted in a single claim
- Restore benefit unlike no-claim bonus cannot be carried forward to the next year
- This benefit is available for both individual and family floater policies
- Other names for this benefit are Recharge, Replenish and Refill benefits

Sub-Limits

Sub-Limits (also called as capping) refer to the limits (or caps) placed by health insurers in their policies in the form of a predetermined limit on the claim amount. The sub-limit may be indicated in terms of percentage of the sum insured or a specific amount. There are different kind of Sub-Limits:

(1) Disease Wise Capping

A policy would have a cover of Rs. 5 Lacs, but the insurer incorporates 'Disease Wise Capping' which restrict the maximum pay-out for a specific set of illnesses to say, 1 Lac.

(2) Room Rent Capping

Most health insurance companies have a cap on room rent charges. It is important to note that other hospital charges are directly related to the type (Shared or Semi-Deluxe or Deluxe) of room opted by a patient. Hence the choice of the room has a cascading effect on the overall hospital bill.

(3) Capping on Different Expense Components

There could be capping on expenses like ambulance charges, oxygen supply, physicians' consultation fees, anaesthetists' charges and diagnostic tests (X-rays) among many others.

Sum Assured

- Sum assured is a pre-decided amount that the insurance company pays to the policyholder when the insured event takes place
- In case of life insurance, the insured amount is paid to the dependant, in the event of death of the policy holder
- This term is not relevant to Health Insurance

Sum Insured

- Sum Insured (SI) is the maximum value for a year that your insurance company can pay in case you are hospitalized
- Any amount above and beyond the sum insured will have to be paid from your own pocket

Survival Period

- This term or clause is specific to Critical Illness policies
- It is the length of time, for which the insured must survive after being diagnosed with the illness, to get the claim or policy benefits
- The insured amount/policy benefits will be paid only after the survival period has passed
- Consider an example, where a person dies in a few hours following a heart attack, even if he/she has a critical illness insurance, his or her family may not receive any pay-out from the insurer as the person did not survive the survival period outlined in the policy

Third Party Administrators

- Third Party Administrators (TPA) are representatives of Health Insurance companies who facilitates and settlement of claims (cashless & reimbursement)
- They process the claims using various documents like hospital bills and medical reports
- They however are not responsible for claims rejection or acceptance, which is in the hands of the insurance company

Note: Some companies have their own in-house claims processing departments

Waiting Period

It is the period which must pass before some or all your policy benefits can begin. This is the period during which claim is not admitted. There are different kinds of waiting period:

1. General Waiting Period

- a. This is the period between purchase of policy and a claim that the policy holder can apply
 - b. It is normally 30 days across all plans
2. Waiting Period for Specific Diseases
 - a. Policies may incorporate an additional 'waiting period' for specific diseases i.e. cataract
 - b. This period is normally 24 months
 - c. The policy document covers the list of such illness/diseases
3. Pre-Existing Diseases
 - a. This is the waiting period for pre-existing diseases by the policy holders
 - b. Example: A person with diabetics may not be able to claim for treatment related to diabetics during the waiting period.
 - c. 48 months is the normal waiting period, however some policies have waiting periods of 24 or 36 months

WHAT SHOULD YOU CHECK IN THE FEATURES/JARGONS WHEN COMPARING POLICIES?

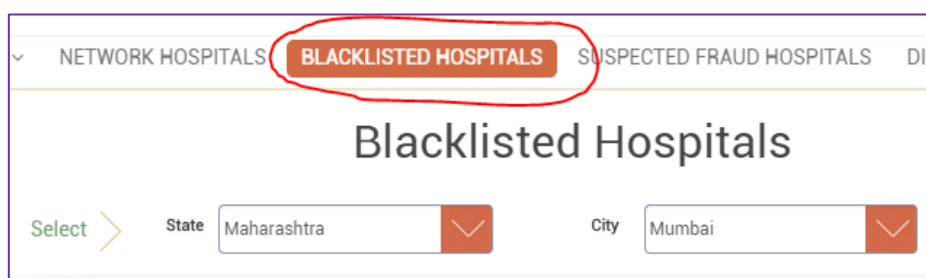
Now that you have understood the different jargons, terminologies and features in health insurance in the previous section, we will now see what to look for in the 'Brochure' and 'Policy Wording' ([Importance of reading Policy Wording than a Brochure](#)) documents when comparing policies

AYUSH Benefits

- Check if the policy covers treatment for AYUSH
- If covered, what is the nature of limit:
 - Is it for the full SI or some %-age of SI?
 - Amount upto some maximum limit
- Other conditions: Some companies insist that such a treatment must be taken in Government hospitals

Black Listed Hospitals

- Health Insurance companies would not process the claims for treatment made at Black listed hospitals
- The list of such hospitals is available in their websites
- Make a note of that hospitals, to ensure that you don't get admitted there



Cashless Facility

- The time taken for authorisation of cashless facility
- Get the details of the procedure for planned and emergency hospitalization

Note: Even with cashless facility, the role of an emergency fund cannot be ignored. [Refer the FAQ for more details.](#)

Claim Process

The actual benefit of the policy is realized during the claim phase. Three factors to consider in claim process:

- Simple claim process
- Faster settlement of claims – Better for the insured
- Good customer support – an additional advantage

Claim Settlement Ratio (CSR)

- A high claim settlement ratio is preferred
- The ratio should at least be 90 to 95%
- Anything less than 80% is not good for you as a policy holder and ignore such companies

Co-payment

- This feature is a clear disadvantage to the policy holders
- Having no co-payment is ideal, but if it does - it's best that you have the least amount
- When you compare policies, select one with the least or no co-payment amount

Domiciliary Treatment

- The minimum number of days for which the treatment must be done
- Does the policy cover Pre-Post Hospitalization expenses? (Some insurers may not cover either one of the expenses)
- The number of days Pre-and Post Hospitalization expenses are covered for such treatments
 - Some insurers offer a restrictive coverage for Pre-& Post hospitalization in the form of less number of days coverage
- The limit expenses for such treatment
 - What % of SI
 - How many days treatment is paid?
- What is the minimum number of days the treatment must be done
- Which are the diseases that are exempt from coverage

Day care procedures

- You must compare the number & list of day care procedures covered by different insurers

Family floater

In case of family floater policies check how many family members and the relations that are covered.

Free Look-up Period

- Since health insurance providers offer a lot of different policies, it is easy that you may choose a wrong plan – This option gives the insured to exit the policy in this window of 15 days
- If you have made the wrong choice, do not hesitate to return your plan during the free look-up period

ICR

A low ratio or a high ratio does not go well for policyholders

- A high ratio of 100% or more shows that the insurer is paying out the entire premium (or more) that it collects
- Companies in such a situation will financial crunch and may resort to rejecting some borderline claims, raise the premiums to manage claims
- A low ratio indicates that the company is paying out very less claims or their premiums are highly priced
- A range of 60-80% can be seen a safe range

Network Hospital

- One should always check the number cashless network of hospitals with the insurance company.
- At the time of a medical emergency or hospitalization, the hospitals in the network offer [cashless option](#), where by the insurer settles the medical bills directly with the hospital
- Choose insurers with high number of network hospitals
- More importantly focus more on the number of network hospitals that are there in the city you reside (and also the ones you frequently travel to)
- You may also check, if your preferred hospital (or nearby hospital) is in the company's list of network hospital – But remember! The list of network hospital is ever changing.
 - The hospital that you see as a Network hospital today may not continue to be a network hospital after a few years

Lifetime Renewal

- There is a higher chance of suffering from diseases and illnesses at old age when compared to when you are young
- A health policy which offers lifetime renewability is preferable
- Most of the policies provide now provide lifetime renewability – But still check

OPD Cover

- The services must be availed only in a network hospital
- The premiums may be significantly higher compared to the OPD benefit cover that the insurer may offer
- This a new feature and not all insurers provide this feature – So this aspect can be ignored from analysis

Sub-Limits

- Ensure that you know the different Sub-Limits applicable for your policy and understand them well with various numerical illustration and cases provided in the policy wording document
- The higher the limit, the better for the policy holder
- Of all the limits, the room rent limit is very crucial as the type of room you choose has a cascading effect on the overall hospital bill
- If you choose a room category that is not within the limits prescribed in the policy, you would need to pay 30-40% of the total hospitalization charges and the room rent difference alone
- This article brings out clearly how the overall hospitalization bill and room rent charges are related <https://www.coverfox.com/health-insurance/articles/room-rent-limit-in-health-insurance/>

Survival Period

- This clause is applicable only for Critical Illness plans and not Health Insurance
- When buying a critical illness policy make sure that the policy has the least survival period
- The length of survival period varies among different insurers, it can be 14 days or 30 days, etc.
- The logic behind survival period clause is that, critical illness insurance benefits are meant to be used by the insured as a living benefit to recover from illness, not a death benefit.

Given the last fact, it is very clear that you should have a term insurance (life insurance) to provide the cover to your family, even if already having a critical illness cover.

Pre-& Post Hospitalization expenses

- Different companies offer different period (i.e. # of days) for the Pre-and Post-Hospitalization expenses.
- You need to compare this period offered by different policies
- How many days would be better? Answer: More the better

Premium Amount

- Many health insurance companies publish the rate card of their policies with a table having premium details for different ages and SI
- In recent years, once can find 'Premium Calculators' in their websites where you can enter a few variables i.e. age, SI etc, and you get your annual premium in a few seconds
- Please do not do these both - The annual premium amount SHOULD NOT be a weighing factor in choosing a Health Insurance product
- Health Insurance is long term product and so do not look for a cheap one (less premium), but look for a good one that suits your need, irrespective of low or high premium
- There is no second opinion that one must go for a plan that is most cost-effective plan, but make sure that you finish all the steps identified in the [next section](#) before going to cost comparison

Restoration Benefits

- Companies could offer this as an option or an add-on and hence the premium with this option would be slightly higher
- Check with the agent from the health insurance companies in the different conditions during which this restoration benefit gets triggered

Pre-Existing Condition

- The approach followed in these cases different from different insurance companies
- Insurance companies do cover pre-existing condition with some conditions or [waiting period](#)
- Do not hide any pre-existing condition at the time of buying an insurance, as it could lead to rejection of claims in future

TPA

- Inform the TPA for authorisation in case of planned hospitalization and at the earlier in case of emergency hospitalization

- All assistance related to claim settlement is provided to you by the TPA from the process perspective until the claim is done/settled

Waiting Period

- It is best for policy holders, if there is no waiting period clause in their plan
- In the event that it does exist, the waiting period must be extremely short
- When you compare policies, look for different pre-existing waiting periods
- If you do not have any ailments or conditions, you have no pre-existing waiting period

WHAT STEPS TO FOLLOW IN CHOOSING THE BEST HEALTH INSURANCE?

The process of marketing Health Insurance policies have been over simplified to a few steps as below:

- (1) Compare claim ratios
- (2) Compare the features without insights to all the clauses in the policy wording document
- (3) Compare premiums

Then What? “Click” You have the policy in a few minutes...

It is over simplified to the extent that a policy can be purchased in a few minutes. This over simplification does serve the purpose of marketing i.e. Selling the Health Insurance policies at the least cost in the least time.

But does it serve Your purpose as a buyer?

- The power of a Health Insurance product lies not ‘How easy’ or ‘How Quick’ the policy can be purchased online, but...in the of getting the claims at the time of need i.e. Hospitalization
- Do not give any important to this aspect of getting a Health Insurance policy in easily/quickly, but focus how easy it is to get claims
- This information on how easily a claim is honoured can be gathered from few friends or relatives, who would be holding policies of different companies
- Remember Health Insurance is a long-term product, it is going to be associated for years and supporting at bad times by providing medical cover to you and your family members
- Such an important decision on an important product, to be made only by taking some sufficient time for careful study and in doing the necessary analysis
- **Don’t hurry up**, take a few hours, compare policies in the market place and get a complete understanding before buying a policy.

One mistake is that we don’t identify our requirement to the finest details and take a policy with inadequate research on the insurance company and various policies in the market. The result:

- We end up with products that might not be a right fitment to us
- Pay premium for years, many times even without understanding what is loaded in the various clauses and sub-clauses of those policies, only to know them at the time of claim or hospitalization!

Outlined below are a few steps, that one need to take before making a purchase decision on a Health Insurance product.



STEP 1: ANALYSE AND UNDERSTAND YOUR NEEDS

The first and foremost activity before considering any plan or policy in the market place to understand your needs. Every person's situation is unique. Don't go by recommendation of your friends or relatives, though you can weigh their views on the Health Insurance company credentials.

You may take the help of an agent in buying a policy. But without understanding your needs you may end up buying a product that the agent distributes or something that is not suitable for you. Understand what kind of coverage you need. You need depends on many factors, a few of them being:

- Individual Status – Single, Married & with kids
- Whom all to cover?
- What is your life style?
 - Do you travel often
 - Do you eat too much outside food?
 - Do you drink/smoke?
- Are you covering them through individual policies or family cover?
- Extend of corporate insurance cover and its policy terms
- Current health condition / pre-existing diseases
- Room limits, sub limits:
 - Do you go for a deluxe or private or semi-private rooms?
 - High category has a higher room rent, which has a cascading effect on other charges
 - These ensure that you opt for a policy which matches your requirements

- Check for room categories and rent for the hospitals nearby your residence and office...as in the event of emergency, you are most likely to be here. This exercise will help to connect with reality.

A FEW BASIC QUESTIONS THAT YOU NEED TO SEEK ANSWER ARE...

How much insurance cover is needed?

Selecting the right insurance amount would depend on the following:

- The amount should be sufficient (enough not to fall short) to cover the medical expenses for a year (For self in case of Individual policies and the entire family in case of floater) and not too high that you are not able to afford the premium.
- Your Income levels to afford premium affordable
- Your Age: The younger you are, lesser the chances of getting sick and hence lower the SI you need.
- When selecting the insurance amount keep the inflation in mind:
 - Medical expenses have a high inflation rates of 18-25%
 - A particular sum assured appearing to be appealing now will in the next few years, may turn out to be inadequate

Should You go for individual or family cover?

- Ascertain the benefits and the relative costs of obtaining a family-coverage policy and individual covers
- It is more cost-effective than opting for separate individual policies for each family member
- Check details of [Family Health Insurance](#), for more details, advantage and disadvantage of this type of cover
- The policy is issued for the eldest member, which impacts the premium

STEP 2: INITIAL SCREENING OF POLICIES THAT MEET YOUR NEED

- Compare the benefits of every Health Insurance plan/product in the market place to identify the ones that serve needs that you identified in the previous step
- However, you extend beyond your needs as well in this comparison, a few could be:
 - Individual or Family floater or Senior Citizen or Critical Illness Cover
 - FINANCIAL BENEFITS: Sum Insured and restoration features
 - RENEWAL BENEFITS: No Claim Bonus (NCB), Health check-ups etc.
 - RESTRICTIONS: The Sub-limits (Capping) for room rent, ICU charges, AYUSH Benefits, Ambulance cover, Waiting period of pre-existing diseases etc
 - NETWORK HOSPITAL: Look for the number around the city you live (or travel frequently) rather than the big numbers that the Health Insurance company covers across India!
 - Number of Day Care procedures
 - Settlement ratio:
 - This detail is not available in the policy document
 - However, some websites provide the latest values for various ratios of Health Insurance companies
- Product Brochures by Health Insurance companies will give a high-level overview of the above details
- Screen a few policies (< 10) that met your needs and have strong positives in few or most of the above parameter

Note: I have added these high-level details of most of the policies and plans in the market place. Refer page 29 in this file for the comparison table.

STEP 3: READ POLICY WORDING DOCUMENT OF SCREENED POLICIES/PLANS AND SHORTLIST A FEW

- All the policies are not equal, hence this requires you to read the fine print carefully - Policy document is the place
- Download the policy documents of all the policies that you screened in the previous step
- Different insurers have different policy wordings - deep dive into the document for every screened policy
- Take time sufficiently for this exercise, even if it would take a few hours
- Do not hurry, take time to understand the policy wordings, illustrations – Remember Health Insurance is a long-term product to help at your bad times
- The insurance company will exhaust every legal clause in their policy document before releasing the money and paying the policy benefit
- The clauses and sub clauses in the following areas would need attention
 - Details of specific illness that are not covered for 24 months
 - Details of the Day Care procedures
 - Renewal benefits like No claim bonus, medical check-ups etc
 - What conditions trigger the restore benefits
 - Waiting periods, Survival Period (applicable for critical illness plans) and exclusions
 - Details of limits for room rent, ICU, AYUSH treatment, Domiciliary Treatment etc
 - Understand the requirements of where AYUSH treatment must be taken – Some companies are particular on taking these treatment at a government hospital
- Short list a few policies (3 to 4) based on your comparison of different policies for their policy wordings

Note: Many things may not be clear at this stage, note down your questions which will be clarified in Step 5 just before buying the policy.

STEP 4: COMPARE PREMIUM OF SHORTLISTED POLICIES/PLANS

- You now have 3-4 policies for which you can compare the premium amount from the premium calculator of the respective company website
- When you buy a health insurance policy, you will have to keep renewing it, so check how premiums rise with age i.e. If are aged 35, check the premium rates at age of 35, 40, 45 and 50

Note: Note any questions which can be clarified in the next step.

STEP 5: DISCUSS WITH AGENT FROM HEALTH INSURANCE COMPANY

- You now have a set of questions from Step 3 and 4 for a hand full of policies (May be 3 or 4)
- Go to the respective company websites, where there are chat bots
- You can give your number and request a call back

- Discuss the questions from Step 3 and 4 with the agent of the company and seek clarifications/response
- Repeat this step for the 3-4 companies that you have shortlisted
- Based on the responses choose **One** policy that you are satisfied

STEP 6: PURCHASE POLICY

Make the necessary payment (Premium) and purchase the chosen policy.

STEP 7: INVOKE FREE-LOOK UP PERIOD (IF NEEDED)

- On receiving the policy document, read through it completely
- If for some reason, you find that the details that you identified earlier is not covered in the policy or the response provided earlier by the agent when taking the policy was not correct, where by you took an unsuitable product or you were mis-sold, you must use this 15-day window and return your policy

COMPARISON OF HEALTH INSURANCE PLANS

Refer page 30 to 40 of this file for a comparison of different policies and plans on a few parameters. Though, best care has been taken to ensure the accuracy of the content, error could have crept. Use this table only for a comparison or get an overview and refer the “Policy Wording” document for more details before making a final decision.

COMPARISON OF CRITICAL ILLNESS PLANS

The following would be the primary criteria when comparing Critical Illness plans

- Critical Illness covered:
 - Number of illness: There is wide variation, with policies covering as low as 10 illness and the ones that cover as high as 60+ illnesses
 - Details of illness: Not all policies cover all kind of illness, compare different policies to check the different critical illnesses covered
- Waiting Period - There are two types of waiting period:
 - A general waiting period, during which none of the illness cover by their policies are accepted for claims, which is usually 90 days
 - Pre-existing condition - The waiting period, before covering the claims related to pre-existing medical conditions
- Survival Period – This is the most important clause in Critical Illness plans, which is the period that a person must survive to get the benefits of the policy.
- Payment structure
 - There are a few variants to benefit structure
 - Some policies give the payment benefits lumpsum or with an option to pay a certain % upfront and remaining amount over a period of few months.
 - Since the payment is staggered in the later option, the pay-out amount is more than SI i.e. 5-10% additional payment to the sum insured.
- Exclusion list: Compare the ‘Exclusion list’ under various policies, to understand clearly as to what all is not covered.

(Though all aspects are important, take time and carefully assess the survival period and exclusion list must be carefully assessed)

COMPARISON OF DIFFERENT POLICIES

Name of the Insurance Company	Policy Name	# Critical Illness	Preexisting disease Waiting period	Survival Period	Remarks
Aditya Birla Capital	Activ Secure - Plan 1	20	4 Years	15 days	
	Activ Secure - Plan 2	50	4 Years	15 days	
	Activ Secure - Plan 3	64	4 Years	15 days	
Apollo Munich	Optima Vital	37	4 Years		<u>Survival Period:</u> Different for different illness, refer the policy/website
Bajaj Allianz	Critical Illness Insurance	10	4 Years	30 days	
Chola MS	Critical Illness - Standard	10	4 Years	30 days	
	Critical Illness - Advanced	12	4 Years	30 days	
	Critical Care - Enhanced Plan	30		30 days	Same as above
Edelweiss Tokio	CritiCare	17	4 Years	28 days	
Future Generali	CritiCare	12		28 days	
HDFC Ergo	Silver Plan	8	4 Years	30 days	
	Platinum Plan	15	4 Years	30 days	
Kotak Mahindra	Secure Shield	18	4 Years		Details of Survival Period not available
Manipal Cigna	Critical Care - Basic Plan	15		30 days	<u>Pre existing Waiting Period:</u> No coverage to Pre existing diseases
	Critical Care - Enhanced Plan	30			<u>Pre existing Waiting Period:</u> No coverage to Pre existing diseases
Max Bupa	CritiCare	20	4 Years	30 days	
National Insurance Company	Plan A	11	4 Years		<u>Survival Period:</u> Different for different illness, refer the policy/website
	Plan B	37	4 Years		<u>Survival Period:</u> Different for different illness, refer the policy/website
Reliance General Insurance	Critical Illness Insurance	10	Refer Remarks		<u>Pre existing Waiting Period:</u> No coverage to Pre existing diseases <u>Survival Period:</u> Different for different illness, refer the policy/website
Religare Healthcare		20		0 days	<u>Pre existing Waiting Period:</u> No coverage to Pre existing diseases
SBI Life	Critical Illness Insurance	13	4 Years	28 days	
TATA AIG	CritiCare	11	4 Years	30 days	
United India Insurance	UNI Criticare	11	4 Years	30 days	

Most of the companies have a standard general waiting period of 90 days, hence not captured in the above table.

What is not covered in the above list?

- Some Term Insurance products offers critical illness cover along with its Term Insurance.
- Some Health Insurance products offer coverage to critical illness as add-on or optional benefit
- These are not pure critical illness plan and hence not discussed here.

CRITICAL ILLNESS MATRIX

Refer to page 41 & 42 of this file for a matrix of different illness covered by various insurance companies.

Note:

There is slight difference between the way the terms used for the critical illnesses by the various insurers. I am not sure, if they are similar or if these changes carry a significant importance. Before finalizing a policy, I suggest, that you consult on these differences with:

- (1) A medical practitioner or
- (2) The policy wordings document of the insurers or
- (3) The Health Insurance agent who will be connected with you, when you take a policy online.

A few that I observed is listed below.

- "Cancer" and "Cancer of specified severity"
- "Coma" and "Coma of specified severity"
- "Coronary Artery Bypass Graft" and "Coronary Artery Disease"
- "End stage Liver Disease" and "End stage Liver Failure"
- "Kidney Failure" and "Kidney Failure requiring regular dialysis"
- "Deafness" and "Loss of Hearing"
- "Blindness" and "Total Blindness" and "Loss of Sight"
- "Major Burns" and "Third degree burns"
- "Major Organ Transplant" and "Major Organ / Bone Marrow Transplant"
- "Motor Neurone Disorder" and "Motor Neurone Disease with Permanent Symptoms"
- "Multiple Sclerosis" and "Multiple Sclerosis with Persisting Symptoms"
- "Myocardial Infarction" and "First heart attack of specific severity"
- "Open Heart Replacement or Repair of Heart Valves" and "Heart Valve Replacement"
- "Aorta Graft Surgery" and "Surgery of Aorta"
- "Stroke" and "Stroke resulting in Permanent Symptoms"

FREQUENTLY ASKED QUESTIONS

I have an employer provided Insurance cover. So why do I need to take another Health Insurance?

- Employer-provided insurance benefits will end the moment you leave or lose your job
 - With drive to cut cost at every possible manner, employer can stop this benefit in future or expect a co-share from the employees
 - What if you jump to a smaller company with no insurance
 - What if you plan to leave your corporate life and start up your own company

- Coverage for family members: May cover only the employees or not all members in the family
- You cannot carry forward the benefits of employer health insurance
 - No claim bonus
 - Renewal benefits like medical check up
- Employer-provided insurance clauses change with changes in the insurance company offering the coverage to your company.
- Employer-provided health coverage can exhaust in a single hospitalisation. You must have a backup policy.

Above all... by not having your own policy you run into the risk and challenge of an expensive health cover post-retirement (after age of 60), which is more restrictive. One may not even get an insurance cover.

- The coverage by employer is only till your retirement
- This is the time of a real requirement for a health insurance cover
- Assume that you retire at the age of 60 and was covered employee offered insurance till then
- On retirement, this cover ceases and you also had not taken any insurance cover in your individual capacity till then
- At the age of 60 is when, there are more probabilities of getting ailments and sickness
- You don't have a cover at this point of time
- If you go for a cover after retirement you need to go for Senior Citizen Insurance cover which is more stringent with waiting period for a few years and lot of exception clauses
- Also based on pre-existing conditions you may not get a Health Insurance cover

What is the difference between a 'Brochure' and a 'Policy Wording' document?

There is a huge difference between both:













	Brochure	Policy Wording Document
<i>Document Type</i>	Marketing document / flier	Legal/Contractual document
<i>Contents</i>	Key product features High level product description	Detailed product definition, clauses and sub-clauses that are applicable in various situations, exclusions, numeric illustration of various features etc.
<i>Purpose</i>	Product marketing (Sell us policy)	Referred during claim settlement (Giving money to us)
<i>Volume</i>	Usually one-page document or maximum 4 pages	Easily 40+ pages
<i>Look and Feel</i>	<ul style="list-style-type: none"> • Colourful and attractive with a happy family in the cover page • Colourful and big font text 	<ul style="list-style-type: none"> • Dull and Boring 😞 • Black and normal font text

Which should I give importance, 'Brochure' and a 'Policy Wording' document?

- The power of Health Insurance is not realized when you buy it. The process is easy and takes a few minutes. You might be shown the Brochures with key features and you make a decision from it.

- The real need for health insurance kicks in at the time of claims and hospitalization. That is when ‘Policy wording’ document kicks in to analyse the situation, exclusions etc before sanctioning the claims.
- Below is a sample from one of the products. the Brochure indicates the “Sum Insured Reinstatement” feature, which you would have accorded importance at the time of buying the document. But ‘Policy Wording’ document contains the various conditions in which this feature get triggered or not triggered.
- While you might screen a few policies using Brochure document, it is imperative that you finalize a one to purchase only after you completely go through the policy wording document.

Sample Brochure

 Multiple sum insured options	 Immediate family cover
 Ayurvedic and homoeopathic treatment	 Daycare procedures cover
 Convalescence benefit	 Bariatric surgery cover
 Sum insured reinstatement	 Pre and post hospitalisation
 Road ambulance cover	 Organ donor expenses cover
 Daily cash benefit	 Maternity/newborn baby cover

Sample Policy Wording Document

<p>9. <u>Sum Insured Reinstatement Benefit</u></p> <p>If Inpatient Hospitalization Treatment Cover Sum Insured and cumulative bonus (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the Sum Insured specified under Inpatient Hospitalization Treatment Cover be reinstated for the particular Policy year provided that:</p> <p>i. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Cover Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the policy year;</p> <p>ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Hospitalization Treatment Cover.</p> <p>iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims</p> <p>iv. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person. In case of relapse within 45 days, this benefit will not trigger</p>

Refer [Appendix](#) for another sample on a huge number of clauses for No Claim Bonus and reloading feature

I already have a Health Insurance cover. Do I still need a Critical Illness Cover?

- Many have the wrong impression that Health Insurance and Critical Illness cover are the same and one of the two would be sufficient.
- In reality, there is a huge different between the two products meant for serving different needs

- A basic purpose of Critical Illness Cover is not only to bear the high medical expense associated with the illness, but also to provide financial security and compensate for the financial loss incurred due to critical illness.

	Health Insurance Cover	Critical Illness Cover
Purpose	Pays insured the medical expenses and hospitalization related costs	Pays the insured a lumpsum amount, diagnosed with any of the critical illnesses covered in the plan
When is the cover triggered	On hospitalization of the insured	<ul style="list-style-type: none"> • Diagnosis of the critical illness covered in the policy and • Survival of the insured for the “Survival period” outlined in the policy
Benefit Structure	The amount paid is only to the extent of the actual expense incurred in the treatment. Based on policy terms, limits and sub-limits, the company would pay out a lesser amount to the insured.	The entire SI is paid to the insured irrespective of the expenses incurred for the treatments.
What can be the money used for	Not applicable, as no money is paid to the insured. Only claims for earlier medical expenses are paid or direct settlement by the company to the hospital.	Insured can use the lumpsum payment for treatment expenses, replace lost income, or make lifestyle changes required for recovery
Premium amount	Higher because it covers a wider scope of possible events	Lesser, because only a limited number of pre-determined medical conditions are covered
“Survival Period” Clause	Not applicable to Health Insurance	The lumpsum amount is paid only if the insured lives the duration outlined in the survival period of the plan
Policy expiry	The policy remains active for the policy term and for the time, it is renewed after every policy year	Ceases to be active once the insured is diagnosed for the critical illness and the amount is paid by the company

There are also some disease specific covers i.e. Cancer Insurance. Read more details in the difference of such policies at <https://www.maxlifeinsurance.com/blog/cancer-insurance/difference-between-health-critical-illness-and-cancer-insurance>

Is more number of Day Care procedures coverage good for insured?

- Numerically Yes. Most Insurance Companies throw a large list of more than 100 Day Care Procedures covered under their policy.
- This is a very strong marketing pitch among different providers
- However, comparison of such numbers can be very misleading.

- The below is from <https://www.jagoinvestor.com/2011/08/health-insurance-myths-india.html>, though this is quite old and quite possible that it is not applicable today, however it well drives the point that it tricky going merely by number of day care procedures

You must compare no. of Day Care Procedures covered

Most Insurance Companies (specially the Private ones) flaunt a large list of more than 100 Day Care Procedures being covered under their policy. In fact, it is a highlight of their product pitch. The truth is comparison of such numbers can be very misleading. One company could list every procedure, while another could list macro-level treatments, including the listed procedures of the former. For instance, a person who compares Apollo Munich's Easy Health Insurance which covers 140 Day Care procedures, with an Oriental Happy Family Floater which covers only 26 procedures would feel that Apollo has wider cover on Day Care Procedures. Believe me, but it could actually be the reverse. How? Oriental promises to cover Eye Surgery (a broader definition) in its daycare list, compared to say an Apollo which lists 15 specific eye treatments, which results in a larger number. Now, if the treatment being carried out is an eye surgery, which is day care but not a part of the 15 specific treatments, Apollo or many other Private players may not pay, whereas, in the case of Oriental it would get paid in the broad definition of eye surgery. By providing a specific list of surgeries instead of a macro area of treatment, the coverage under Apollo may actually be more restrictive in the long run than Oriental's wide area of treatment wise list.

Conclusion

A short list of procedures could be wider than a long one. Do not compare the no. of Day Care Procedures.

- So, what should you do? Take help of some medical practitioner in comparing the Day Care procedures in different policies

I have a health insurance cover with cashless facility, Do I still need an Emergency fund?

- Cashless facility feature of the Health Insurance companies adds a huge great value by removing the burden of large payments by the policy holder or their family members
- This significance is much higher during emergency hospitalization
- But this facility cannot replace the requirement of emergency fund, due to the way the cashless facility arrangement works:
 - Cashless facility works in an arrangement between three stake holders (1) Health Insurance company, (2) TPA and (3) The Hospital
 - The payment to hospital is on authorized claims and not every claim!
 - This authorization needs some documents and a few hours with some communication between these three stakeholders
 - Sometimes the approval would need additional information from the policyholder / doctor
 - Irrespective of the level of urgency this process must happen and the hospital must get the authorization before they can start the treatment
- The above arrangement works perfectly well for planned hospitalization, but not an emergency hospitalization
- Would you or beloved ones need to battle for life, in the **Golden hour** till the approval comes through?
- Imagine a situation as below

- Say you had to be admitted (or your dependants) in an emergency
- The doctor prescribes a lifesaving injection costing Rs. 1 Lac to be administered in the next one hour
- Are you going to wait for the cashless approval to come through or open your purses?
- That is where comes the importance of having an emergency fund
- Cashless facility can never be a replacement for an emergency fund
- Have one which will help to cater the initial requirements, which you could claim it later from the insurance company

ADDITIONAL READINGS

<https://www.bankbazaar.com/health-insurance-guide.html>

Health Insurance India Guide – A huge repository of articles covering various aspects of Health Insurance

<https://www.policybazaar.com/health-insurance/general-info/articles/health-insurance-companies-in-india/>

List of Health Insurance companies in India

Articles by Mr. Pattabiraman (Pattu)

<https://freefincal.com/category/health-insurance/>

Directory of all articles by Mr. Pattabiraman on Health Insurance

<https://freefincal.com/suitable-health-insurance-policy/>

How to choose a suitable health insurance policy

<https://freefincal.com/purchased-super-top-up-health-insurance/>

Finally got myself a Super Top Health Insurance

<https://freefincal.com/selected-health-insurance-policy/>

How I selected a health insurance policy

<https://freefincal.com/health-insurance-room-rent-sub-limits/>

How room rent limits are crucial with his personal experience

You Tube Video: [Health Insurance is the toughest Personal Finance decision](#)

Articles by Stable Investor

<https://stableinvestor.com/2019/03/tax-saving-health-insurance-section-80d-india.html>

Article by Stable Investor in the Tax benefit of buying Health Insurance

<https://stableinvestor.com/2016/05/health-care-inflation-india.html>

Health care inflation

REFERENCES

CRITICAL ILLNESS PLAN

Company & Plan detail	URL
Aditya Birla Capital – Activ Secure Critical Illness	https://www.adityabirlacapital.com/healthinsurance/#!/activ-secure-critical-illness
Apollo Munich – Optima Vital	https://www.apollomunichinsurance.com/optimavital/index.html
Bajaj Allianz	https://www.bajajallianz.com/health-insurance-plan/health-insurance-documents (This link covers the brochure, policy words for all their products)
Chola MS	https://www.cholainsurance.com/health-insurance/critical-healthline
Edelweiss Tokio	https://www.edelweisstokio.in/health-insurance-plans/criticare
Future Generali Health Insurance	https://buyonline.life.futuregenerali.in/heart-health-insurance-plan/
HDFC Ergo Critical Illness Insurance	https://www.hdfcergo.com/health-insurance/critical-illness-insurance (Covers both Silver and Platinum plans)
Kotak Mahindra	https://www.kotak.com/en/personal-banking/insurance/health-insurance/critical-illness-insurance.html
Manipal Cigna	https://www.healthinsurance.manipalcigna.com/lifestyle-protection-critical-care (Covers both Basic and Enhanced plans)
Max Bupa - CritiCare	https://www.maxbupa.com/health-insurance-plans/health-assurance-critical-illness.aspx
Reliance General Insurance	https://www.reliancegeneral.co.in/Insurance/Health-Insurance/Critical-Illness-Insurance.aspx
Religare Health Insurance	https://www.religarehealthinsurance.com/health-insurance-brochure.html (This link covers the brochure for all their products, check for Assure – Critical Illness Product)
SBI Life	https://www.sbigeneral.in/SBIG/product/critical-illness-insurance-policy
TATA AIG	https://www.tataaig.com/health-insurance/criticare-insurance
United India Health Insurance	https://uiic.co.in/en/product/health/UNI-Criticare

SENIOR CITIZENS PLAN

Company & Plan detail	URL
Aditya Birla Capital	https://www.adityabirlacapital.com/healthinsurance/#!/activ-care-senior-citizens-health-insurance
Apollo Munich	https://www.apollomunichinsurance.com/optima-senior.aspx
Bajaj Allianz	https://www.bajajallianz.com/health-insurance-plans/health-insurance-for-senior-citizens
HDFC Ergo	https://www.hdfcergo.com/health-insurance/senior-citizen-health-insurance

Oriental Insurance	https://orientalinsurance.org.in/hope-policy
Star Health	https://www.starhealth.in/health-insurance-plan-for-senior-citizens
United India Insurance Company	https://uiic.co.in/en/product/health/Senior-Citizen
TATA AIG	https://www.tataaig.com/health-insurance/medisenior

Though senior citizen plans are not cover, this too follow the same [7 Step process](#) discussed above. Use these 7 steps in these plans an identify a suitable one for your elders.

APPENDIX

Sample to show the exhaustiveness of the Policy Wording of one feature

No Claim Bonus

We will increase Your Sum Insured by 10% of Base Sum Insured per Policy Year upto a maximum of 50% of Base Sum Insured of renewed Policy for Classic Variant and 20% of Base Sum Insured per Policy Year upto a maximum of 100% of Base Sum Insured of renewed Policy for Supreme and Elite variant, if the Policy is renewed with Us provided that there are no claims paid/outstanding in the expiring Policy Year by any Insured Person:

- You understand and agree that the sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the increase in total Sum Insured;
- Any earned No Claim Bonus will not be reduced for claims made in the future;
- You will not earn No Claim Bonus on Policy Renewal if any claim is made in expiring Policy Year. However, if there is no claim made in subsequent Policy Year, You will earn No Claim Bonus on Renewal as per the variant;
- If two or more Individual Policies of Lifeline are renewed as Family Floater Policy, then the No Claim Bonus of each member under Individual policies to be carried forward for credit in the Floater policy shall be least No Claim Bonus available amongst the Insured Persons in their expired Individual Policies.
- No Claim Bonus which is accrued during the claim free year will be available to those Insured Persons who were insured in such claim free year and continued to be insured in the subsequent Policy Year;
- If the Base Sum Insured is increased/decreased, No Claim Bonus will be calculated on the basis of Base Sum Insured of the last completed Policy Year and will be capped to max No Claim Bonus allowed for renewed variant Base Sum Insured;
- No Claim Bonus shall be applicable on an annual basis subject to the continuation of the Policy;

Re-load of Sum Insured

We will provide a 100% Re-load of Sum Insured once in a Policy Year, provided that:

- a) the Base Sum Insured and No Claim Bonus (if any) is insufficient as a result of previous claims in that Policy Year;
- b) The Re-load Sum Insured shall not be available for claims towards an Illness/Disease/Injury (including complications) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person under Inpatient Care under Section 3.1;
- c) The Re-load of Sum Insured will be available only for claims made by Insured Persons in respect of future claims that become payable under Section 3 of the policy and shall not apply to the first claim in the Policy Year;
- d) The Reload of Sum Insured shall not be available for claims towards an Illness/Disease/Injury (including complications) under Worldwide Emergency Hospitalization under Section 3.16 and International Treatment abroad for 11 specified Critical Illness under Section 3.17;
- e) The Re-load Sum Insured will not be considered while calculating the No Claim Bonus;
- f) In the policy is issued on a floater basis, the Re-load Sum Insured will also be available on the floater basis;
- g) If the Re-load Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
- h) Re-load of Sum Insured is applicable only for Base line Cover benefits and not for optional benefits

For any single claim during a Policy Year the maximum Claim amount payable shall be sum of:

- i. The Sum Insured
- ii. No Claim Bonus

During a Policy Year, the aggregate claim amount payable, subject to admissibility of the claim, shall not exceed the sum of:

- i. The Sum Insured
- ii. No Claim Bonus

COMPARISON OF VARIOUS HEALTH INSURANCE POLICIES & PLANS

This table compares the different policies and plans in the market place, against a few parameters i.e. Sum Insured, Restoration Benefits, No-Claim Bonus etc. Though, best care has been taken to ensure the accuracy of the content, error could have crept. Use this table only for a comparison to get an overview. But refer and understand the "Policy Wording" document for more details before making a final decision.

Abbreviations in this Table:

NWH Network Hospitals

Pre HC Pre Hospitalization Expenses

Post HE Post Hospitalisation Expenses

SI Sum Insured

PED WP Pre Existing Disease Waiting Period

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
1) ADITYA BIRLA INSURANCE											
5700	Activ Assure - Diamond	30	60	586	48	2L, 3L, 4L, 5L, 7L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 100L, 150L & 200L	Annual	100% of SI in a policy year	10% of SI per annum, Max upto 50%	SI upto 4L: ₹ 500 SI 5L to 10L: ₹ 2000 SI 15L to 40L: ₹ 2500 SI 50L to 75L: ₹ 3000 SI 1Cr to 2Cr: ₹ 5000	Ayush Benefit SI upto 4L: ₹ 15,000 SI 5L to 10L: ₹ 20,000 SI 15L to 40L: ₹ 30,000 SI 50L to 75L: ₹ 40,000 SI 1Cr to 2Cr: ₹ 50,000
	Activ Assure - Silver	30	60	586	48	2L, 3L, 4L, 5L, 7L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 100L, 150L & 200L	Annual	100% of SI in a policy year	10% of SI per annum, Max upto 50%	Network Providers – Actual expenses Non-Network Providers - Reimbursed up to max of ₹ 5000 per hospitalization	
	Activ Health - Essential	30	60	527	48	50K, 75K, 1 Lac – 10 Lacs	Annual	100% of SI in a policy year	10% of SI per annum, Max upto 100%	Network Providers – Actual expenses Non-Network Providers - Reimbursed up to max of ₹ 5000 per hospitalization	Individual & Family Floater, with upto 9 members covered
	Activ Health – Enhanced	60	180	527	48	2 Lac – 10 Lac, 15L, 20L, 25L, 30L, 40L, 50L, 150L and 200L	Annual	100% of SI in a policy year	10% of SI per annum, Max upto 100%	Network Providers – Actual expenses Non-Network Providers - Reimbursed up to max of ₹ 5000 per hospitalization	No mention about Ayush Benefits in brochure or policy documents
2) APOLLO MUNICH											
4600	Optima Restore – Individual Plan	60	180	All	36	3L, 5L, 10L, 15L, 20L, 25L and 50L	Not applicable for SI = 3L SI 5 Lacs: Upto ₹ 1500/Person (once at the end of every continuous 2 policy years) SI 10 Lacs: Upto ₹ 2000/Person (at the end of each year at renewal)	100% of SI in a policy year	50% of SI per annum, Max upto 100% In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal. This reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.	Upto ₹ 2,000 / event	No mention about Ayush Benefits in Brochure or policy documents

@VenkateshJayar2

@VenkateshJayar2

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
							SI 15 Lacs: Upto ₹ 4000/Person (at the end of each year at renewal) SI 20 to 50 Lacs: Upto ₹ 5000/Person				
	Optima Restore – Family Floater	60	180	All	36	3/5/10/15/20/25/50	Not applicable for SI = 3L SI 5 Lacs: Upto ₹ 2500/Policy (once at the end of every continuous 2 policy years) SI 10 Lacs: Upto ₹ 5000/Policy (at the end of each year at renewal) SI 15 Lacs: Upto ₹ 8000/Policy (at the end of each year at renewal) SI 20 to 50 Lacs: Upto ₹ 10000/Policy	100% of SI in a policy year	50% of SI per annum, Max upto 100% In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal. This reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.	Upto ₹ 2,000 / event	No mention about Ayush Benefits in Brochure or policy documents
	Easy Health – Standard	60	90	All	36	1/2/3/4/5/7.5/10/15	Individual Plans: Upto 1% of SI/Insured Person, only once at the end of a block of every continuous four claim free years. Family Floater: Upto 1% of SI/Policy only once at the end of a block of every continuous four claim free years	No mention in brochure or policy documents	10% of SI per annum, Max upto 100% In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year	Upto ₹ 2,000 / event	Ayush Benefit: Upto ₹ 20000
	Easy Health – Exclusive	60	90	All	36	3/4/5/7.5/10/15/20/25/50	Individual Plans: Upto 1% of SI upto a Max. of ₹5,000/Insured Person, only once at the end of a block of every continuous three policy years Family Floater: Upto 1% of SI/Policy Max. of ₹ 5,000/Insured Person, only once at the end of a block of every continuous three policy years	No mention in brochure or policy documents	10% of SI per annum, Max upto 100% In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year	Upto ₹ 2,000 / event	Ayush Benefit: SI Upto 10 Lacs: Upto ₹ 25000 SI 15 to 50 Lacs: Upto ₹ 50000

@VenkateshJayar2

@VenkateshJayar2

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
	Easy Health – Premium	60	90	All	36	3/4/5/7.5/10/15/20/25/50	Individual: Upto 1% of SI upto Max. of ₹5,000/Insured Person, only once at the end of a block of every continuous two policy years Floater: Upto 1% of SI/Policy subject to a Maximum of ₹ 5,000/Insured Person, only once at the end of a block of every continuous two policy years	No mention in brochure or policy documents	10% of SI per annum, Max upto 100% In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year	Upto ₹ 2,000 / event	Ayush Benefit: SI Upto 10 Lacs: Upto ₹ 25000 SI 15 to 50 Lacs: Upto ₹ 50000
3) BAJAJ ALLIANZ											
6500	Health Care Supreme Available in 3 variants: (1) Vital, (2) Smart and (3) Ultimo.	60	90	130	24	5 - 50 Lacs (Each variant has 3-4 plans based on SI. Check policy document for various SI.	Annual (on each renewal)	100% of sum insured in a policy year	10% of SI per annum, Max upto 50% or 5 years In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year	Details not available	Individual & Family Floater Ayush Benefit: Covers Ayurvedic and Homeopathic treatment, but could not get any limits
	Health Ensure	30	60	399	24	Individual: 0.5/0.75/1/1.5/2/3/4/5/10 Family Floater: 2/3/4/5/10	Individual Policy: Once in every continuous 3 Years. Limit 1% of SI or Max. ₹ 1500 for each member Family Floater: Once in every continuous 3 Years. Limit 1% of SI or Max. ₹ 1500 by both prosper and spouse		5% of SI per annum, Max upto 25% In case a claim is made during a policy year, the cumulative bonus would reduce by 5% in the following year	Upto ₹ 1,000 / event	Individual & Family Floater Ayush Benefit: Covers Ayurvedic and Homeopathic treatment, but could not get any limits
	Health Guard Available in 2 variants: (1) Silver and (2) Gold	60	90	130	36	Silver: 1.5/2 Gold: 3/4/5/7.5/10/15/20/25/30/35/40/45/50	Once in every continuous 3 Years: Silver: Limit 1% of SI, Max. 2000 Gold: Limit 1% of SI, Max. 5000	100% of sum insured in a policy year Subsequent claim within 45 days else this benefit does not trigger	10% of SI per annum, Max upto 100% or 10 years In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year	Upto ₹ 20,000 per policy year	Individual & Family Floater Ayush Benefit: Covers Ayurvedic and Homeopathic treatment, but could not get any limits (No mention of Ayush benefits for Health Guard Silver Plan)
4) BHARTI AXA											
4500	Smart Super Health Insurance Available in 3 variants: (1) Value, (2) Classic and (3) Uber.	60	90	404	48	Value: 5/7.5 Classic: 10/15/20	Annual (Could not validate this from brochure or policy wording document)	100% of sum insured in a policy year	Age @first policy < 45 years: 50% of SI per annum, Max upto 100% > 45 years: 20% of SI per annum, Max upto 100%	Upto ₹ 3,000 / event	Individual & Family Floater Ayush Benefit: Upto SI

@VenkateshJayar2

@VenkateshJayar2

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
						Uber: 20/30/50/60/70/80/90/100					
	Smart Health Insurance Available in 3 variants: (1) Basic (2) Premium and (3) Optimum	30	60	404	48	Basic: 0.5/1/2/3/5 Premium and Optimum: 1/2/3/4/5	Once in every continuous 4 claim free Years (Limit 1% of average SI during this block of 4 years)	Not Available	Age @first policy < 45 years: 50% of SI per annum, Max upto 100% > 45 years: 20% of SI per annum, Max upto 100%	Basic: Upto ₹ 1500/event Premium and Optimum: Upto ₹ 2500/event	Ayush Benefit: Upto SI
5) CHOLAMANDALAM											
7250	Chola Healthline - Value	30	60	140+	48	2/3/5/7.5/10	No	No mention in brochure or policy documents	5% of SI per annum, Max upto 25%	Upto ₹ 1,000/event	<u>Remarks for NCB:</u> In case of claim, cumulative bonus is reduced by in the following year by: - 5% for Value, Freedom and Privilege plans - 50% for Enrich plan <u>Ayush Benefit:</u> Covered, but could not info on limits, if any
	Chola Healthline - Freedom	60	90	140+	48	3/5/7.5/10/15	Once after 3 claim free years	No mention in brochure or policy documents	5% of SI per annum, Max upto 50%	Upto ₹ 2,000/event	
	Chola Healthline - Privilege	60	90	140+	48	5/7.5/10/15/20/25	Once after 2 claim free years	No mention in brochure or policy documents	5% of SI per annum, Max upto 50%	Upto ₹ 5,000/event	
	Chola Healthline - Enrich	60	90	140+	48	3/5/7.5/10/15/20/25	Once after 2 claim free years	No mention in brochure or policy documents	50% of SI per annum, Max upto 100%	Upto ₹ 2,000/event	
6) EDELWEISS											
	Silver Health	30	60	388	48	1/2/3/4/5	Once after every claim-free year	Not Available	10% of SI per annum, Max upto 50%	Upto ₹ 1,500/event	Individual & Family Floater
	Gold	60	90	388	36	5/7.5/10/15/20	Once after every claim-free year	100% of SI in a policy year	50% of SI per annum, Max upto 100%	Upto ₹ 3,000/ event	No Claim Bonus: In event of claim, the No Claims Bonus will reduce at the same rate at which it is allotted for every claim-free year.
	Platinum	90	180	388	24	15/20/50/75/100	Once after every claim-free year	100% of SI in a policy year	50% of SI per annum, Max upto 100%	Upto ₹ 10,000/event	
7) FUTURE GENERALI											
4200	Health Total – Vital	60	90	130	24	3/5/10	No mention in brochure or policy documents	100% of sum insured in a policy year	50% of SI per annum, Max upto 100% In case a claim is made during a policy year, the cumulative bonus would reduce by 50% in the following year	Upto ₹ 1,500/event	Individual & Family Floater Ayush Benefit: Covered, but could not info on limits, if any
	Health Total – Superior	60	120	130	24	15/20/25	No mention in brochure or policy documents	100% of sum insured in a policy year		Network hospitals: Actuals Non Network hospitals: Upto ₹ 2000/event	Max. liability on pre existing diseases: 3rd year onwards: 50% 4th year onwards: 100%
	Health Total – Premier	60	180	130	24	50/100	No mention in brochure or policy documents	100% of sum insured in a policy year		Network hospitals: Actuals Non Network hospitals: Upto ₹ 5000/event	
8) HDFC ERGO											

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
9000	Health Suraksha Available in 3 variants: (1) Silver (2) Gold and (3) Platinum	60	90	144	48	1/2/3/4/5/7.5/10/15/ 20/25/50 (Platinum does not have 1L)	After every continuous 4 claim free years; in every fifth year a free health check-up upto a cost of 1% of the Basic SI (not exceeding ₹ 5000)	100% of sum insured in a policy year (Applicable for SI of 3 Lacs and above) – Optional Feature.	5% of SI per annum, Max upto 50% Reduced by 5% in the event of claim	Upto ₹ 2000/event (SI upto 5 Lacs) Upto ₹ 3500/event (SI of 7.5 Lacs & Above)	Ayush Benefit: Covered, but could not info on limits, if any
9) ICICI LOMBARD											
4500	iHealth	30	60	150	24	2/3/4/5/7/10/15/20/3 0/50	Individual policies: 1 coupon/Year Floater: 2 coupon/year	100% of sum insured in a policy year	10% of SI per annum, Max upto 50% In case of a claim, the accumulated Additional SI will be reduced by 10% of the Annual SI in the following year	Upto ₹ 1500/event	Ayush Benefit: Covered, but could not info on limits, if any PED WP For SI=2 Lacs, the waiting period is 48 months Restoration Benefits: Not applicable for SI = 2 Lacs
	Health Protect Plus	30	60		24	3/4/5	Could not find the policy wording document to validate the details	100% of sum insured in a policy year	Could not find the policy wording document to validate the details	Upto ₹ 1500/event	
	Health Smart	30	60	140	24	7/10	Floater: 2 coupon/year	100% of sum insured in a policy year	10% of SI per annum, Max upto 50% In case of a claim, the accumulated Additional SI will be reduced by 10% of the Annual SI in the following year	Upto ₹ 1500/event	
	Health Smart Plus	30	60	140	24	15/20/30/50	Floater: 2 coupon/year	100% of sum insured in a policy year	10% of SI per annum, Max upto 50% In case of a claim, the accumulated Additional SI will be reduced by 20% of the Annual SI in the following year	Upto ₹ 1500/event	
10) KOTAK MAHINDRA											
4000	Health Care – Excel	30	60	150	48	Individual: 2/3/4 Floater: 3/4	Once per policy year	100% of sum insured in a policy year	10% of SI per annum, Max upto 50%	Upto ₹ 1500/event	
	Health Care – Premium	30	60	150	48	5/10/15/20/25	Once per policy year	100% of sum insured in a policy year	10% of SI per annum, Max upto 50%	Upto ₹ 1500/event	
	Health Care – Prime	30	30	150	48	10/15/20/25/50/75/1 00	Once per policy year	100% of sum insured in a policy year	10% of SI per annum, Max upto 50%	Upto ₹ 1500/event	
11) LIBERTY											
5000	Secure - Basic	30	45	405	48	2/3/4/5	Every 2 continuous claim free renewal, with limit of max. 2 adults	Optional with additional premium	10% of SI per annum, Max upto 50%	1% of SI upto Max. ₹ 1000/insured/year	Pre HC/Post HC: Upto 1% of sum accrued during the period.

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
	Secure - Elite	30	45	405	48	2/3/4/5/7.5/10	Every 2 continuous claim free renewal, with limit of max. 2 adults	Optional with additional premium	10% of SI per annum, Max upto 50%	1% of SI upto Max. ₹ 2000/insured/year	Pre HC/Post HC: Upto 1% of sum accrued during the period.
	Secure - Supreme	45	60	405	48	3/4/5/6/7.5/10	Every 2 continuous claim free renewal, with limit of max. 2 adults	Optional with additional premium	10% of SI per annum, Max upto 50%	1% of SI upto Max. ₹ 3000/insured/year	Pre HC/Post HC: Upto 1.5% of sum accrued during the period.
	Secure - Complete	30	45	405	48	2/3/4/5/6/7.5/10/15	Every 2-continuous claim free renewal, with limit of max. 2 adults	Optional with additional premium	25% of SI per annum, Max upto 100%	Not applicable	Pre HC/Post HC: No sub limits
	Health E-Connect	30	60	140	48	3/4/5/7.5	After a block of 2 renewals	100% of sum insured in a policy year		Upto ₹ 1500/event	No-Claim Bonus: Could not find details in policy wording document
	Health Basic	60	90	140	48	2/3/4/5/6/7.5/10	After a block of 2 renewals	Not available		Upto ₹ 1500/event	
	Health Elite	60	90	140	36	3/4/5/6/7.5/10/15	After a block of 2 renewals	100% of sum insured in a policy year		Upto ₹ 2000/event	
	Health Supreme	60	90	140	24	2/3/4/5/6/7.5/10/15	After a block of 2 renewals	100% of sum insured in a policy year		Upto ₹ 2000/event	
12) MANIPAL CIGNA											
4000	ProHealth Protect	60	90	546	48	2.5/3.5/4.5/5.5/7.5/10/15/20/25/30/50	Every 3 rd policy year	100% of sum insured in a policy year	5% of SI per annum, Max upto 200%	Upto ₹ 2000/event	Ayush Benefits: Upto SI
	ProHealth Plus	60	180	546	36	4.5/5.5/7.5/10/15/20/25/30/50	Every policy year (excluding first year)	100% of sum insured in a policy year	10% of SI per annum, Max upto 200%	Upto ₹ 3000/event	
	ProHealth Preferred	60	180	546	24	15/30/50	Every policy year (excluding first year)	100% of sum insured in a policy year	10% of SI per annum, Max upto 200%	Actual expense	
	ProHealth Premier	60	180	546	24	100	Every policy year (excluding first year)	100% of sum insured in a policy year	10% of SI per annum, Max upto 200%	Actual expense	
	ProHealth Accumulate	60	90	546	36	5.5/7.5/10/15/20/25/30/50	Every 3 rd policy year	100% of sum insured in a policy year	5% of SI per annum, Max upto 200%	Upto ₹ 2000/event	
	ProHealth Select-A	60	90	171		0.5/1/2/3/4/5/7/10/15/20/25	Every year	100% of sum insured in a policy year	5% of SI per annum, Max upto 100%	Upto ₹ 2000/event	
	ProHealth Select-B	60	90	171	48	2/3/4/5/7/10/15/20/25	Not Available	100% of sum insured in a policy year	5% of SI per annum, Max upto 100%	Upto ₹ 2000/event	
13) MAGMA											
4100	OneHealth - Support	30	60	541	48	2/3/4/5	Every year	Not Applicable	10% of SI per annum, Max upto 50%	Upto ₹ 2000/event	Ayush Benefits: Upto 10% of SI
	OneHealth - SupportPlus	30	60	541	36	2/3/4/5	Every year	100% of sum insured in a policy year	10% of SI per annum, Max upto 100%	Upto ₹ 5000/event	Ayush Benefits: Upto 50% of SI
	OneHealth - Shield	60	90	541	36	5/7.5/10/15	Every year	100% of sum insured in a policy year	20% of SI per annum, Max upto 100%	Upto ₹ 7500/event	Ayush Benefits: Upto SI
	OneHealth - Premium	60	90	541	24	20/30/40/50	Every year	100% of sum insured in a policy year	33.33% of SI per annum, Max upto 100%	Upto ₹ 10000/event	Ayush Benefits: Upto SI
14) MAX BUPA											
4200	Go Active Family Floater	90	180	536	36	4/5/7.5/10/15/25 (Individual & Family Floater)	From day 1 of the policy for SI 5 Lakhs or above, instead of opting a fixed health check-up package, one can avail diagnostic tests of their choice up to a certain limit.	100% of sum insured in a policy year	No mention in brochure or policy documents	Upto ₹ 3000/event	Ayush Benefit: Covered, but could not info on limits, if any

@VenkateshJayar2

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
	Heartbeat (Individual and Family Floater)	60	90		Silver: 48 Gold & Platinum: 24	Platinum: 15/20/50/100 Gold: 5/7.5/10/15/20/30/50	In the second policy year	No mention in brochure or policy documents	Gold and Platinum: 10% of SI per annum, Max upto 100% Silver plan: 10% of SI per annum, Max upto 50%	Network hospitals: Covered upto SI Non network hospitals: Upto ₹ 2000/event	Ayush Benefit: Upto SI Brochure mentions 3500 network hospitals, while the brochure for other products mention 4200 hospitals
	Heartbeat (Family first – This SI has two components (1) Base Sum and (2) Floating Sum)	60	90		Silver: 48 Gold & Platinum: 24	Platinum: Base sum: 5/10/15 per person Floating sum: 15/20/30/50 Gold: Base sum: 1/2/3/4/5/10/15 per person Floating sum: 3/4/5/10/15/20/30/50 Silver: Base sum: 1/2/3/4/5 per person Floating sum: 3/4/5/10/15	In the second policy year	No mention in brochure or policy documents	Gold and Platinum: 10% of SI per annum, Max upto 100% Silver plan: 10% of SI per annum, Max upto 50%	Network hospitals: Covered upto SI Non network hospitals: Upto ₹ 2000/event	Ayush Benefit: Upto SI Brochure mentions 3500 network hospitals, while the brochure for other products mention 4200 hospitals
	Health Companion	30	60		48	Individual & Family Floater Variant 1: 2/3/4 Variant 2: 5/7.5/10/12.5 Variant 3: 15/20/20/30/50/100 Family First: Has two components 1) Base sum: 1/2/3/4/5/10 per person 2) Floating sum: 3/4/5/10/15/20	In the second policy year	100% of sum insured in a policy year	More details for different variants of the plans, hence could not be covered here. Kindly refer policy wording document for details.	Upto ₹ 3000/event	Ayush Benefit: Upto SI
15) NATIONAL HEALTH INSURANCE											
6000	Parivar Mediciam	30	60	140	48	1 to 10 in multiples of ₹ 1 Lacs	After every 4 No Claim years Limit: ₹5,000	No mention in brochure or policy documents	No mention in brochure or policy documents	₹ 1000/Insured person	
	Parivar Mediciam Plus	30	60	140	48	Plan A: 6/7/8/9/10 Plan B: 15/20/25 Plan C: 30/40/50	Plan A: ₹ 5000 for every 2 years. Plan B: ₹ 7,500 for every 2 years.	No mention in brochure or policy documents	No mention in brochure or policy documents	Plan A: Upto ₹ 2500 per insured person in a policy year	@VenkateshJayar2

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
							Plan C: ₹ 10,000 for every 2 years.			Plan B: Upto ₹ 4000 per insured person in a policy year Plan C: Upto ₹ 5000 per insured person in a policy year	
	Mediclaim	30	60	140	48	0.5 to 5 in multiples of ₹ 25000	After every 4 No Claim years Limit: 1% of average SI in the block	No mention in brochure or policy documents	5% of SI per annum, Max upto 50%	1% of sum insured subject to a maximum ₹ 2,000 in a policy period	Ayush Benefits: 20% of SI for one illness
	Mediclaim Plus	30	60	140	48	Plan A: 2/3/4/5/6/7/8/9/10 Plan B: 15/20/25 Plan C: 30/40/50	Every 2 years Plan A: Limit ₹ 1000 Plan B: Limit ₹ 2000 Plan C: Limit ₹ 3000	No mention in brochure or policy documents	5% of SI per annum, Max upto 50%	Per policy year Plan A: Upto ₹ 2500 Plan B: Upto ₹ 4000 Plan C: Upto ₹ 5000	
16) NEW INDIA ASSURANCE											
	Mediclaim	30	60	139	48	1/2/3/5/8/10/12/15	After 3 claim free years Limit: 1% of average SI or ₹ 5000	Applicable only for plans with SI over 5 Lacs 100% of SI in a policy year	No mention in brochure or policy documents	1% of SI Paid once for one illness of each insured	Ayush Benefits: Upto 25% of SI
	Mediclaim - Premier	60	90	139	48	Plan A: 15/25 Plan B: 50/100	Comes in the form of OPD cover which includes Health check-up After a block of 2 continuous claim free years Plan A: Limit ₹ 5000 Plan B: Limit ₹ 10000	No mention in brochure or policy documents	No mention in brochure or policy documents	Upto ₹ 100000 for any one illness (Includes Air Ambulance)	Ayush Benefits: Upto 20% of SI
17) ORIENTAL HEALTH INSURANCE											
	Happy Family Floater - Silver	30	60	116	48	1/2/3/4/5	No mention in brochure or policy documents	50% of SI (or) 100% of SI Premium depends on the option of restoration level (i.e. 50% or 100%)	No mention in brochure or policy documents	- Upto ₹ 1000/event - Per Policy period 1% of SI, subject to maximum ₹3000.	Silver Plan: Compulsory Co-payment of 10% of each & every claim
	Happy Family Floater - Gold	30	60	116	48	6/7/8/9/10		50% of SI (or) 100% of SI		- Upto ₹ 2000/event - Per Policy period 1% of SI, subject to maximum ₹6000.	
	Happy Family Floater - Diamond	30	60	116	48	12/15/18/20		Not available		- Upto ₹ 3000/event - Per Policy period 1% of SI, subject to maximum ₹8000.	
	Mediclaim (Individuals)	30	60	116	48	1/1.5/2/2.5/3/3.5/4/4.5/5/6/7/8/9/10	Once after every three claim-free years Limit: 0.75% of the average SI or ₹3000/- per insured person,			₹2000/- or 1% of the SI/event (Whichever is less) Limit of ₹4000/policy year	Ayush Benefit: Covered, but could not info on limits, if any
18) RAHEJA QBE HEALTH INSURANCE											

@VenkateshJayar2

@VenkateshJayar2

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
	Health QuBE – Basic (1-2L)	30	60	140	48	1 to 2 Lacs	Annual	100% of sum insured in a policy year	5% of SI per annum, Max upto 50%	SI (1-2 Lacs Band): Max. ₹ 500/event SI (3-9 Lacs Band): Max. ₹ 1500/event SI (10-50 Lacs Band): Max. ₹ 2500/event	Ayush Benefits: Details not available
	Health QuBE – Basic (3-50L)	60	90	140	48	3 to 50 Lacs	Annual	100% of sum insured in a policy year	5% of SI per annum, Max upto 50%		
	Health QuBE - Comprehensive	60	90	140	48	3 to 50 Lacs	Annual	100% of sum insured in a policy year	5% of SI per annum, Max upto 50%		
	Health QuBE – Super Saver (1 – 2L)	30	60	140	48	1 to 2 Lacs	Annual	100% of sum insured in a policy year	5% of SI per annum, Max upto 50%		
	Health QuBE – Super Saver (3 – 50L)	60	90	140	48	3 to 50 Lacs	Annual	100% of sum insured in a policy year	5% of SI per annum, Max upto 50%		
	Health QuBE – A la carte (1 – 2L)	30	60	140	48	1 to 2 Lacs	Annual	100% of sum insured in a policy year	5% of SI per annum, Max upto 50%		
	Health QuBE – A la carte (3 – 50L)	60	90	140	48	3 to 50 Lacs	Annual	100% of sum insured in a policy year	5% of SI per annum, Max upto 50%		
19) RELIANCE HEALTH INSURANCE											
4000	Health Gain	60	60	171	36		No mention in brochure or policy documents	100% of sum insured in a policy year	33.33% increase in Base SI for every claim free year; Max up to 100%. 33.33% decrease in Base SI for every claim year; Max up to Cumulative Bonus earned.	Upto ₹ 1500	Ayush Benefits: Details not available
	Health wise – Gold	60	90	171	48		Once in a block of 4 continuous claim free years			Upto ₹ 1000	
	Health wise – Silver	60	90	171	24					Upto ₹ 750	
	Health wise – Standard	30	60	171	24		Individual Policies: Upto 1% of average SI Floaters: Upto 1.25% of average SI	No mention in brochure or policy documents	5% of SI per annum, Max upto 20%	Upto ₹ 500	
20) RELIGARE HEALTHCARE											
6000	Care	30	60	540	48	Care 1: 1/1.5 Care 2: 2/2.5 Care 3: 3/3.5/4/4.5 Care 4: 5/5.5/6/6.5/7/7.5/8/8.5/9/9.5/10 Care 5: 15/20/25/30/40 Care 6: 50/60/75 Care 7: 100/150/200/300/600 Care 8: 3/3.5/4/4.5 Care 9: Same as Care 4	Once per policy year per insured person	100% of sum insured in a policy year	10% of SI per annum, Max upto 50%	Limits per event SI 3/4 Lacs: ₹ 1500 SI 5/7/10 Lacs: ₹ 2000 SI 15/20/25/30/40 Lacs: ₹ 2500 SI 50/60/75 Lacs: ₹ 3000	Ayush Benefit: Covered, but could not info on limits, if any
	Care Freedom	30	30	170	24	Plan 1: 2/3/4/5 Plan 2: 2/3/4/5/7/10	Once per policy year per insured person	100% of sum insured in a policy year (Not available for SI = 2 Lacs)	No mention in brochure or policy documents	₹ 1,000/event	Pre & Post Hospitalisation expenses: SI = 5/7/10L: Upto 10% of hospitalisation expenses

@VenkateshJayar2

@VenkateshJayar2

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
											Other SI below 5 Lacs: Upto 7.5% of hospitalisation expenses
21) ROYAL SUNDARAM											
3000	Lifeline - Classic	30	60	200	48	2/3/4	Once every 3 rd policy year	Upto Base SI once during the policy year	10% of SI per annum, Max upto 50%	₹ 3,000/event	Ayush Benefits: Government Hospitals - Covered upto SI for all variants of the policy Other Hospitals Classic: Upto ₹ 20000 Supreme: Upto ₹ 30000 Elite: Upto ₹ 50000
	Lifeline - Supreme	60	90	200	36	5/10/15/20/50	At each renewal	Upto Base SI once during the policy year	20% of SI per annum, Max upto 100%	₹ 5,000/ event	
	Lifeline - Elite	60	180	200	24	25/30/50/100/150	At each renewal	Upto Base SI once during the policy year	20% of SI per annum, Max upto 100%	₹ 10,000/event	
	Family Plus	60	90	200	36	Individual Base SI: 2/3/5/10/15 Floater SI: 3/4/5/10/15/20/25/50	Annual	Upto Base SI once during the policy year	20% of SI per annum, Max upto 100%	Up to ₹ 4,000, per event of hospitalization for every insured member	Ayush Benefits: Government Hospitals - Covered upto SI for all variants of the policy Other Hospitals - Upto ₹ 30000
22) SBI GENERAL INSURANCE											
3000	Health Insurance Plan A: Mumbai and Delhi Plan B: Chennai, Kolkota, Bengaluru, Ahmedabad, Hyderabad and Pune Plan C: Rest of India	30	60	142	48	Plan A: 1/2/3/4/5 Plan B & C: 0.5/1/2/3/4/5	Every 4 claim free years up to a maximum limit of ₹2,500	No mention in brochure or policy documents	10% of SI upto a max of 25% of SI	1% of SI upto a max of ₹ 1500	Ayush Benefit: Available Pre- & Post Hospitalisation Expense: Limit of 10% of Eligible Hospitalisation Expenses
	Arogya Premier	60	90	142	48	10 to 50	Upto ₹.5000/- per Insured, after each 4-consecutive claim free years of policy renewed continuously.	100% of sum insured in a policy year	10% of SI upto a max of 50% of SI	Upto ₹ 5000	Ayush Benefit: Upto 10% of SI per Policy period to a Max. of ₹ 15000
23) STAR HEALTH INSURANCE											
9600	Comprehensive Insurance	30	60	405	48	5/7.5/10/15/20/25	Once in a block of every 3 claim free years of continuous renewal with the limit of SI 5 Lacs: ₹ 5000 SI 7.5/10 Lacs: ₹ 7500 SI 15/20/25 Lacs: ₹ 12000	100% of sum insured in a policy year	Maximum of 100% of SI: with SI 5 Lacs: 50% of SI every claim free year SI > 5 Lacs: 100% of SI every claim free year	Limits per policy period SI 5 Lacs: ₹ 2,000 SI 7.5 Lacs: ₹ 3,000 SI 10 Lacs: ₹ 3,500 SI 15 Lacs: ₹ 4,000 SI 20 Lacs: ₹ 4,500 SI 30 Lacs: ₹ 5,000	Ayush Benefits: Could not find mention in brochure or policy document
	Medi Classic	30	60	101	48	1.5/2/3/4/5/10/15	Once in 4 claim free years (1% of SI subject to a limit of ₹ 5000)	Restored by 200% (Facility not available for Family Package Plan)	5% of SI for every claim free year upto a max of 25% of SI (Facility not available for Family Package Plan)	₹ 750/event with a limit of ₹ 1500/policy year	Individual Post-Hospitalization expense: The amount payable shall not exceed the sum calculated at 7% of the

# NWH	Policy Name	Pre HE (# days)	Post HE (# days)	# Day care procedures	PED WP (Months)	Sum Insured in Lacs (INR)	Free Medical check-up	Restoration Benefits	No-Claim Bonus	Road Ambulance Cover	Remarks
											hospitalization expenses (excluding room charges) subject to a maximum of ₹5,000/-
24) TATA AIG											
4000	Medicare	60	90	540	36	3/4/5/7.5/10/15/20	Upto 1% of previous year SI subject to a maximum of ₹ 10,000/per policy after every two continuous claim free policy years	100% of sum insured in a policy year	50% of SI per annum, Max upto 100% In case of a claim, the cumulative bonus shall be reduced by 50% at the time or renewal	₹ 3000/event	Ayush Benefit: Covered, but could not info on limits, if any
	Medicare Protect	30	60	540	48	2/3/4/5	Upto 1% of previous year SI per policy in the event of every three continuous claim free policy years	100% of sum insured in a policy year	10% of SI per annum, Max upto 100% In case of a claim, the cumulative bonus shall be reduced by 10% at the time or renewal	₹ 1000/event	
	Medicare Premier	60	90	540	24	5/10/15/20/25/50	Upto 1% of SI subject to a maximum of ₹ 10,000/per policy.	100% of sum insured in a policy year	50% of SI per annum, Max upto 100% In case of a claim, the cumulative bonus shall be reduced by 50% at the time or renewal	₹ 5000/event	
25) UNITED INDIA HEALTH INSURANCE											
7000	Individual Policy – Platinum Entry age: Between 18 and 35	30	60	140+	Not Applicable	2/3/5/8/10/15/20	At the end of block of every three claim free years, up to 1% of the average SI for the preceding three policy periods subject to a maximum of ₹ 5000/-	No mention in brochure or policy documents	No mention in brochure or policy documents	Upto ₹ 2500 per Policy Period (Option cover on a additional premium of ₹ 100)	Ayush Benefit: Upto SI
	Individual Policy – Gold Entry age: Between 36 and 60	30	60	140+	48	2/3/5/8/10	At the end of block of every three claim free years, up to 1% of the average SI for the preceding three policy periods subject to a maximum of ₹ 5000/-	No mention in brochure or policy documents	No mention in brochure or policy documents	Upto ₹ 2500 per Policy Period (Option cover on a additional premium of ₹ 100)	Ayush Benefit: Upto SI Pre & Post Hospitalisation: Actual expenses incurred subject to maximum of 10% of Sum Insured whichever is less.
	Medicare 2014	30	60		48	2/2.5/3/3.5/4/4.5/5/6/7/8/9/10	Once in every block of three claim free years Upto 1% of average SI of preceding three years.	No mention in brochure or policy documents	3% on renewal premium after three continuous claim free Family Medicare Policies and for every subsequent claim free year subject to a maximum of 15%.	Upto ₹ 2500 per Policy Period (Option cover on a additional premium of ₹ 100)	Ayush Benefit: Covered, but could not info on limits, if any

@VenkateshJayar2

@VenkateshJayar2

CRITICAL ILLNESS MATRIX

This table gives the details of different critical illness covered by various Critical Insurance Policies. Though, best care has been taken to ensure the accuracy of the content, error could have crept. Use this only for a comparison or overview and refer the “Policy Wording” document for more details and making a final decision.

Critical Illness	Aditya Birla – Plan 1	Aditya Birla – Plan 2	Aditya Birla – Plan 3	Apollo Munich	Bajaj Allianz	Chola MS Critical - Standard	Chola MS Critical - Advanced	Edelweiss Tokio	Future Generali	HDFC Ergo - Silver	HDFC Ergo - Platinum	Kotak Mahindra	Manipal Cigna – Basic	Manipal Cigna - Enhanced	Max Bupa	National Insurance Company – Plan A	National Insurance Company – Plan B	Reliance General Insurance	Religare	SBI Life	TATA AIG	United India Insurance	
Alzheimer's Disease		✓	✓	✓							✓	✓		✓			✓		✓				
Angioplasty			✓																				
Apallic Syndrome		✓	✓	✓										✓				✓					
Aplastic Anemia	✓	✓	✓	✓				✓						✓	✓			✓		✓			
Bacterial Meningitis	✓	✓	✓	✓										✓	✓			✓		✓			
Benign Brain Tumor		✓	✓	✓				✓			✓			✓				✓		✓			
Brain Surgery		✓	✓	✓														✓					
Cancer of specified severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cardiac Defibrillator insertion or Pacemaker insertion			✓																				
Carcinoma - cervix uteri (treat with hysterectomy)			✓																				
Carcinoma – Urinary Bladder			✓																				
Cardiomyopathy		✓	✓	✓														✓					
Carotid Artery Surgery			✓																				
Chronic Adrenalin Insufficiency		✓	✓																				
Chronic Relapsing Pancreatitis		✓	✓																				
Coma of specified severity	✓	✓	✓	✓				✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coma Quadriplegia																		✓					
Coronary Artery Bypass Graft										✓	✓			✓						✓	✓		
Creutzfeldt-jakob disease (CJD)		✓	✓	✓														✓					
Dissecting Aortic Aneurysm		✓	✓																				
Ductal or Lobular carcinoma in-situ of the breast			✓																				
Eisenmenger's Syndrome		✓	✓																				
Elephantiasis		✓	✓																				
Encephalitis		✓	✓	✓														✓					
End Stage Liver Disease	✓	✓	✓	✓					✓		✓	✓		✓	✓			✓		✓			
End Stage Lung Disease	✓	✓	✓	✓										✓	✓			✓		✓			
End Stage Renal Failure																				✓			
First Heart Attack – of specified severity								✓				✓	✓	✓	✓							✓	
Fulminant Hepatitis	✓	✓	✓											✓	✓								
Goodpasture’s syndrome				✓														✓					
Hemiplegia		✓	✓																				
Infective Endocarditis		✓	✓																				
Keyhole Coronary Surgery			✓																				
Kidney Failure requiring regular dialysis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Loss of Hearing	✓	✓	✓	✓								✓	✓	✓	✓			✓					
Loss of Independent Existence																							
Loss of Limbs		✓	✓															✓					✓

Critical Illness	Aditya Birla – Plan 1	Aditya Birla – Plan 2	Aditya Birla – Plan 3	Apollo Munich	Bajaj Allianz	Chola MS Critical - Standard	Chola MS Critical - Advanced	Edelweiss Tokio	Future Generali	HDFC Ergo - Silver	HDFC Ergo - Platinum	Kotak Mahindra	Manipal Cigna – Basic	Manipal Cigna - Enhanced	Max Bupa	National Insurance Company – Plan A	National Insurance Company – Plan B	Reliance General Insurance	Religare	SBI Life	TATA AIG	United India Insurance
Loss of Sight		✓	✓	✓				✓	✓				✓	✓			✓	✓	✓	✓	✓	
Loss of Speech	✓	✓	✓	✓								✓		✓	✓		✓					
Major Burns	✓	✓	✓	✓				✓				✓		✓	✓		✓	✓	✓		✓	
Major Head Trauma		✓	✓	✓													✓					
Major Organ / Bone Marrow Transplant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medullary Cystic Disease		✓	✓											✓								
Motor Neurone Disease with Permanent Symptoms	✓	✓	✓	✓			✓	✓				✓	✓	✓	✓	✓	✓		✓			✓
Multiple Sclerosis with Persisting Symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Multiple system atrophy				✓													✓					
Muscular Dystrophy	✓	✓	✓											✓	✓							
Myasthenia Gravis		✓	✓																			
Myelofibrosis			✓																			
Myocardial Infarction	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓					✓	✓		✓	✓		✓
Open Chest CABG	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓				✓	✓
Open Heart Replacement/ Repair of Heart Valves	✓	✓	✓	✓				✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Ovarian tumour*			✓																			
Paralysis										✓	✓								✓	✓		
Parkinson's Disease		✓	✓	✓			✓				✓			✓			✓		✓			
Pericardectomy			✓																			
Permanent Paralysis of Limbs	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓				✓	
Pheochromocytoma		✓	✓																			
Pneumonectomy				✓													✓					
Poliomyelitis		✓	✓																			
Primary Pulmonary Hypertension		✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓			✓			✓		
Progressive scleroderma		✓	✓	✓													✓					
Progressive supranuclear palsy (Permanent Symptoms)		✓	✓	✓													✓					
Pulmonary artery graft surgery				✓																		
Severe Crohn's disease		✓	✓																			
Severe Rheumatoid Arthritis		✓	✓																			
Severe ulcerative colitis			✓																			
Small Bowel Transplant			✓																			
Stroke resulting in Permanent Symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Surgery of Aorta		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓			✓	✓		✓		
Surgical removal of an eyeball			✓																			
Systemic Lupus Erythematosus		✓	✓	✓										✓			✓					
Tuberculosis Meningitis		✓	✓																			
Testicular carcinoma in situ#			✓																			

* Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary