

Age Group	91days to 79 years
Tenure of cover	Policy certificate has an Annual tenure
Who will be covered	Existing Account Holders of Bank of India Account
Coverage	<ol style="list-style-type: none"> 1. Family Floater Sum insured of Rs. 100,000, Rs. 200,000, Rs. 300,000, Rs. 400,000 and Rs. 500,000 2. Coverage for medical expenses against illness/injury that requires inpatient and Day Care Treatment subject to family sum insured. 3. Pre and Post Hospitalization covered up to 30 and 60 days respectively. 4. Pre-existing diseases covered after 36 months. 5. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these are excluded. However, this exclusion will not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynecologist that it is life threatening. 6. New Born baby covered from 91days within the family sum insured limit subject to availability of family slot 7. Road Ambulance covered up to Rs. 1000 per hospitalization. 8. Donor Expenses covered up to 50% of sum insured. (Excluding Cost of Organ) 9. Domiciliary Hospitalization up to 10% of sum insured 10. Expenses incurred for Ayurvedic hospitalization treatment, are admissible upto 10% of the Base sum insured; provided the treatment for illness/ disease(s) or accidental injuries, is taken in the Government Ayurvedic Hospitals / NABH accredited Ayurvedic Hospitals which qualify the definition of Hospitals, but clearly excluding centers of Spa, Massage and Health Rejuvenation Procedures. Treatment like Panchakarma and all the variants of Panchakarma shall be excluded from the scope of this coverage. 11. Ailment Capping: Cataract per eye covered up to 20% of Sum Insured or Rs 40,000, whichever is lower. (Pre-authorization is mandatory for Cataract) 12. Standard Day-care procedures requiring less than 24hrs of hospitalization – 171 procedures covered as per RGICL list 13. Internal Congenital diseases covered. 14. Terrorism Covered 15. Insured Person's Hospital accommodation for In-patient care shall be limited Up to 1% of the sum insured for Normal Room and 2% of the sum insured for ICU, ICCU and NICU 16. Reinstatement Benefit of 25% of basic Sum insured shall be provided on complete exhaustion of the existing Policy basic Sum Insured during the Policy Year. The Total amount (Basic sum insured+ Reinstated sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year. <p>Conditions for Reinstatement Benefit</p> <ol style="list-style-type: none"> i) The Reinstatement Benefit Sum Insured will be applied and can be utilized only after the Basic Sum Insured has been completely exhausted; ii) The Reinstatement Benefit Sum Insured cannot be used for any claim in respect of an Illness (including its complications) for which a claim has been paid in the current Policy Year (if applicable) under the basic Sum Insured for the same Insured Person;

- iii) For a Policy as specified in the Schedule, the Reinstatement Benefit Sum Insured will be applied only once Insured Person under the policy during a Policy Year (if applicable);
- iv) If the Reinstatement Benefit Sum Insured is not utilized in a Policy Year (if applicable), it shall not be carried forward to any subsequent Policy Year.
- v) The Sum Insured will be restored only once in a Policy Year.

17. Port In facility is available only for the certificate / policy holders of the existing scheme run by Bank of India for their account holders. The rules of the portability are as below:

- The members covered under the existing policy can only avail the port in facility to this policy. No new members would be allowed to port in.
- The Sum Insured cannot be increased during porting in. The Sum Insured has to be either same as the existing expiring policy or would increase to the nearest highest Sum Insured, if the same Sum Insured option is not available under this proposed policy.
- The basis of Sum Insured and the family relationships covered under a given certificate / policy would remain same during in. A new family relationship cannot be added during the port in process.
- Port in is available only to customers who continued their present policies. No Port in facility is available if the customer has not renewed his / her earlier policy. Grace period is 7 days. Port in available only on renewals. Mid period cancellation of the previous policy is not allowed to port in.
- Continuity benefits allowed as per the duration of policy one is holding in earlier/existing scheme operated by Bank of India and on renewal wishes to renew the policy with us, then he/ she shall be given the benefit of continuity on the expiring Policy's Sum Insured.

Example 1: If a policy holder of earlier/existing scheme operated by Bank of India joins us after a continuous coverage in that policy for three years with same Sum Insured as the policy's expiring Sum Insured, then in our policy PED will be covered from DAY ONE. It is to be noted that, barring above mentioned deviations, policy holder will be governed by all the terms and conditions of our policy once he/ she opts for our policy.

Example 2: If a policy holder of earlier/existing scheme operated by Bank of India joins us after a continuous coverage in that policy for three years with higher Sum Insured as compared to the expiring policy's Sum Insured, subjected to all the terms and conditions of the RGI policy then in our policy PED will be covered from DAY ONE for the expiring Sum Insured and there will be a 36 MONTHS of waiting period on the extra sum Insured (i.e. Sum Insured Opted with RGI minus Sum Insured of expiring policy).

Sum Insured	1 Lakhs, 2 Lakhs, 3 Lakhs, 4 Lakhs and 5 Lakhs only per family.																				
Rates applicable	<ul style="list-style-type: none"> Family Definition: As under <table border="1" data-bbox="407 373 1419 443"> <tr> <td data-bbox="407 373 610 443">1+ 3</td> <td data-bbox="610 373 1419 443">Account Holder, Spouse and 2 dependent children up to age 25 years</td> </tr> </table> <ul style="list-style-type: none"> Age to be considered for premium calculation is the completed age on the last birthday. Entry Age restricted to 79 years <p>The Rates applicable excluding any taxes:</p> <table border="1" data-bbox="553 657 1395 865"> <thead> <tr> <th data-bbox="553 657 656 726">Age\ SI</th> <th data-bbox="656 657 805 726">100000</th> <th data-bbox="805 657 954 726">200000</th> <th data-bbox="954 657 1104 726">300000</th> <th data-bbox="1104 657 1253 726">400000</th> <th data-bbox="1253 657 1395 726">500000</th> </tr> </thead> <tbody> <tr> <td data-bbox="553 726 656 795"><45</td> <td data-bbox="656 726 805 795">2,549</td> <td data-bbox="805 726 954 795">4,359</td> <td data-bbox="954 726 1104 795">5,919</td> <td data-bbox="1104 726 1253 795">7,197</td> <td data-bbox="1253 726 1395 795">7,625</td> </tr> <tr> <td data-bbox="553 795 656 865">>45</td> <td data-bbox="656 795 805 865">3,169</td> <td data-bbox="805 795 954 865">6,222</td> <td data-bbox="954 795 1104 865">7,612</td> <td data-bbox="1104 795 1253 865">9,321</td> <td data-bbox="1253 795 1395 865">10,100</td> </tr> </tbody> </table> <p><i>*Taxes would apply extra as per the government notification issued time to time presently GST applicable is @18%.</i></p>	1+ 3	Account Holder, Spouse and 2 dependent children up to age 25 years	Age\ SI	100000	200000	300000	400000	500000	<45	2,549	4,359	5,919	7,197	7,625	>45	3,169	6,222	7,612	9,321	10,100
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Conditions	<ol style="list-style-type: none"> Policy to be issued only to active Bank of India Account holders. The Premium will be paid by respective account holders only. The Master Policy will be in the name of Bank Of India Account Holders. Only Active Accounts will be considered - in case of Dormant Accounts the same is to be excluded from the scheme. In case of multiple accounts in same or different branch setups, the total liability for RGICL will not exceed Sum insured limit as mentioned under each policy provided account holder has paid premium for each account. Customer ID will act as a unique identification number for such type of cases. Full premium is to be submitted at inception of the policy. Dependents to be covered are to be declared before policy commencement date. Deletion of lives is allowed only in case of death or divorce or financial non-dependency in case of dependent child. Dependents to be declared at inception of policy only. Mid-term change in Sum insured /addition of lives not allowed (except for new born baby subject to availability of family slot and newly wedded spouse subject to declaration to insurance company). Once customer has opted for family definition the same is to be continued till END of the policy period, Mid-term inclusion of dependent in the same policy will not be allowed. The Policyholder would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review the entire Policy. Where the Policyholder disagrees to any of those terms or conditions, the Policyholder has the option to return the Policy stating the reasons for his objection and the Policyholder shall be entitled to a refund of the premium paid, provided no Claim has been incurred under this Policy, subject only to a deduction of the expenses incurred by the Company on medical examination and the stamp duty charges. In cases where the risk has already commenced when the option of 																				

returning this Policy is exercised, within the free look period, by the Policyholder, the refund of the premium paid will also be subject to a deduction for proportionate risk premium for the period on cover. Where only part of the risk (e.g. only accidental hospitalization risk) has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. This clause shall not be applicable on renewal of this Policy and Portability cases.

9. Renewal Notice

- i. This Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy and in any case not later than the expiry of the Grace Period. Grace period means a period of 30 days immediately following the premium due date during which a payment can be made to renew or continue this Policy in force without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Disease. Coverage is not available for the period for which no Premium is received by the Company.
- ii. The Company shall not be liable for any Claims incurred during such period for which premium is not received by due date and in advance.
- iii. Ordinarily renewals will not be refused by the Company except on ground of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided the policy is not withdrawn.
- iv. Renewal premium would be as per the age /Sum Insured /Plan etc selected on the date of renewal.
- v. Customer is eligible for lifelong renewal subject to he/she is maintaining his/her relationship with Bank of India as an account holder and Bank of India has a continued relationship with us.
- vi. The Company/Intermediary/Agent shall send customer notice of renewal. However, Company/Intermediary/Agent shall not be held liable if customer does not renew the policy.

10. Continuity Clause

Portability means transfer by an individual having health insurance Policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from One Insurer to another.

Insured has a right to migrate from Group policy to an individual health insurance policy or a family floater policy with the same insurer provided he/she is covered under this policy as per portability guidelines.

	<p>Portability to any of our Individual Health Insurance products will be subject to applicable product features and prevailing Underwriting guidelines of the company.</p>
<p>Exclusions</p>	<ul style="list-style-type: none"> • 30 day & 1st Year waiting period for treatment of specified illness (mentioned below). • 2 year waiting period for named ailments (mentioned below). • Pre-existing disease up to 36 months. • Intentional self-injury / injury under influence of alcohol or drugs /criminal act • Treatment received outside India / Stem Cells surgery • War / Nuclear / Chemical / Biological • Diseases such as HIV or AIDS or STD • Diseases existing from the time of birth (Congenital diseases) • Dental treatment or surgery • Treatment of mental illness • Cosmetic, aesthetic treatment • Non-allopathic, Out-patient treatment • Unproven / Experimental treatments • Cost of spectacles, contact lenses and hearing aids • Robotic surgery/treatment done using this technology/Robotically assisted Surgery, Stem Cell Transplantation/bone marrow transplant, Septoplasty, Cochlear Implant or related aids, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron, C3R, Balloon Sinuplasty, Bariatric surgery, Inj Avastin /Lucentis/Macugen, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy, Lasik Surgery are not covered under the policy. <p>The above list is indicative. For the complete list kindly refer to the policy wording.</p>
<p>Organ Donor Expenses</p>	<p>The Company will indemnify the Policyholder up to 50% of Base Sum Insured as mentioned in the Policy Schedule subject to maximum of available sum insured subject to the balance Base Sum Insured for the Medical Expenses incurred, during hospitalization, in respect of the donor for any organ transplant surgery conducted during the Policy Period, provided:</p> <ul style="list-style-type: none"> • The organ donation is in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules. • The Company has admitted the Insured Person's claim under the Policy. • The organ donated is for the Insured Person's use. <p>The Company will not pay the donor's Pre-hospitalization and Post-hospitalization expenses or any other Medical Expenses for the donor consequent to the harvesting.</p>
<p>Proportionate Clause applicable for Room Rent and associated charges (Including nursing and RMO charges)</p>	<p>In the event of insured person getting admitted in a higher category of accommodation the insured person shall bear proportion of the entire hospital Bill/ Medical Expenses in proportion of the</p> $\frac{\text{(Room Rent/ICU actually incurred – Room Rent of the entitled room category)}}{\text{Room Rent actually incurred}}$ <p>This shall be applicable to all the Medical Expenses incurred during the stay in Hospital.</p>

Tax Rebate	The insured person can avail tax benefits for the premium paid, under Section 80D of the Income Tax Act 1961.
30 day waiting Period	Claim for any Medical Expenses incurred for treatment of any Illness which began within 30 days of Policy Period Start Date shall not be admissible, except those incurred as a result of an Injury. This exclusion shall not be applicable on subsequent Policy Period provided there is no break in insurance and the Policy is renewed with the Company on time upto the same or lower Base Sum Insured
2 year waiting Period	<p>Claims will not be admissible for any Medical Expenses incurred for diagnosis / treatment of the following Illnesses / Surgeries during the first two consecutive years of coverage by the Company from the first Policy Period Start Date:</p> <ul style="list-style-type: none"> - Arthritis if non-infective, Osteoarthritis and Osteoporosis, Gout, Rheumatism & all vertebrae Disorders including but not limited to Spondylitis, Spondylosis, Spondylolisthesis & Intervertebral Disc Prolapse, Joint Replacement Surgery - Benign ear, nose and throat (ENT) Disorders and Surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty) - Surgery of Genito urinary system unless necessitated by malignancy - Kidney Stone/ Ureteric Stone/ Lithotripsy / Gall Bladder Stone - Varicose veins and varicose ulcers. <p>In case the above Illness / conditions are Preexisting disease/ conditions at the time of commencement of first policy with the Company, these shall not be covered until 36 months of continuous coverage has elapsed, since the first Policy Period Start Date with the Company</p>
1 years waiting Period	<p>Claims will not be admissible for any Medical Expenses incurred for diagnosis / treatment of the following Illnesses / Surgeries during the first year of coverage by the Company from the first Policy Period Start Date:</p> <p>Cataract</p> <p>Benign Prostatic Hypertrophy</p> <p>Myomectomy, Hysterectomy or menorrhagia or fibromyoma unless because of malignancy</p> <p>Dilation and curettage</p> <p>Hernia, hydrocele, congenital internal anomaly/diseases</p> <p>Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps unless malignant/adenoids and hemorrhoids</p> <p>Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, any abscess related to Anal region, Gastric and Duodenal Ulcers</p> <p>Nasal Septum Deviation, Sinusitis and related disorders</p> <p>Dialysis required for chronic renal failure</p>

Gastric and Duodenal ulcers

This exclusion doesn't apply for Insured/Insured Person having any health insurance policy in India at least for 1 year prior to taking this Policy as well as for subsequent renewals with the Company without a break.