



**THE ORIENTAL INSURANCE COMPANY LIMITED,**  
 Regd. Office: Oriental House, P.B. No. 7037, A\_25/27, Asaf Ali Road, New Delhi 110002

**P N B – ORIENTAL ROYAL  
 MEDICLAIM POLICY (WITH FAMILY FLOATER) FOR  
 PUNJAB NATIONAL BANK ACCOUNT HOLDERS / EMPLOYEES**

**PROSPECTUS**

**1.1 Salient Features of the policy.**

- a. a) The Group Mediclaim Policy will be available to any Account Holders / Employees of Punjab National Bank (PNB)
- b) The group policy will be issued in accordance with IRDA guidelines, in the name of PNB (called insured) with a schedule of names of the Account Holders / Employees of PNB including his/her eligible family members as per the following definition.
- b. **Definition of Family :** FAMILY TO INCLUDE
  - (a) THE PROPOSER i.e., PNB ACCOUNT HOLDER or EMPLOYEE
  - (b) HIS/HER SPOUSE AND
  - (c) TWO DEPENDENT CHILDREN (i.e. legitimate or legally adopted children) AGED 3 COMPLETED MONTHS ONWARDS AS UNDER :
    - FEMALE CHILD UNTIL SHE IS MARRIED. IMMEDIATELY CONSEQUENT UPON HER MARRIAGE SHE SHALL BE CEASED TO BE COVERED UNDER THE POLICY AND NO CLAIM SHALL BE ADMISSIBLE.
    - MALE CHILD UPTO THE AGE OF 26 YEARS IF HE IS A BONAFIDE REGULAR STUDENT AND FULLY DEPENDENT ON PROPOSER i.e., THE PNB ACCOUNT HOLDER.

1.2 The policy reimburses reasonable and necessary expenses of Hospitalisation and / or Domiciliary Hospitalisation expenses as detailed below only for illness / diseases contracted or injury sustained by the Insured Persons during the policy period upto the limit of Sum Insured.

- a. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.
- b. **I.C. Unit expenses** not exceeding 2% of the Sum Insured or Rs. 10,000 /- per day whichever is less. (Room stay including I.C.U. stay should not exceed total number of admission days).
- c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
- d. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory / Diagnostic test, X-Ray etc.
- e. **Ambulance services** - 1% of the sum insured or Rs 1000/- whichever is less.

- f. **Hospital Cash :** Reimbursement of incidental expenses during the period of hospitalisation of the Proposer i.e., the PNB Account Holder only – actual subject to a maximum of Rs.1,000 during the entire policy period.
- g. **Reimbursement of Funeral Expenses :** In the event of death of the Insured Person due to an insured peril covered under the scope of the Policy the company shall reimburse actual funeral expenses subject to a maximum of Rs.1,000 during the policy period.

**1.3 Cash less Facility:** This facility is available in the Network Hospitals through the appointed TPAs of the company.

## 2. DEFINITIONS

**2.1. “HOSPITAL/NURSING HOME”:** means any institution in India established for indoor care and treatment of sickness and injuries and which either

- a) **Is duly licensed and** registered as a Hospital or Nursing Home with the **appropriate** authorities and is under the supervision of a registered and qualified Medical Practitioner.

OR

- b) **In areas where licensing and registration facilities with appropriate authorities are not available, the institution must be one recognised in locality as Hospital / Nursing Home and should comply with minimum criteria as under**

- i. It should have at least 15 **in-patient medical beds** in **case of Metro cities, A Class cities & B class cities** or 10 **in- patient medical beds** in case of “C class” cities. **Classification of cities shall be as per Govt of India Notifications issued in this respect from time to time.**
- ii. **Fully equipped and engaged in providing Medical and Surgical facilities along with Diagnostic facilities i.e. Pathological test and X-ray, E.C.G. etc for the care and treatment of injured or sick persons as in-patient..**
- iii. Fully equipped operation theatre of its own, wherever surgical operations are carried out.
- iv. Fully qualified nursing staff under its employment round the clock.
- v. Fully qualified Doctor(s) should be physically in-charge round the clock.

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

**Note: In case of Ayurvedic / Homeopathic / Unani treatment, Hospitalisation expenses are admissible only when the treatment is taken as in-patient, in a Government Hospital / Medical College Hospital.**

**2.2 HOSPITALISATION PERIOD:** Expenses on Hospitalisation are admissible only if hospitalisation is for a minimum period of 24 hours, except in cases of specialized treatment as detailed here below

- i. Haemo Dialysis,
- ii. Parenteral Chemotherapy,
- iii. Radiotherapy,
- iv. Eye Surgery,
- v. Lithotripsy (kidney stone removal),
- vi. Tonsillectomy,
- vii. D&C,
- viii. Dental surgery following an accident
- ix. Hysterectomy
- x. Coronary Angioplasty
- xi. Coronary Angiography
- xii. Surgery of Gall bladder, Pancreas and bile duct
- xiii. Surgery of Hernia
- xiv. Surgery of Hydrocele.
- xv. Surgery of Prostrate.

- xvi. Gastrointestinal Surgery.
- xvii. Genital Surgery.
- xviii. Surgery of Nose.
- xix. Surgery of throat.
- xx. Surgery of Appendix.
- xxi. Surgery of Urinary System.
- xxii. Treatment of fractures / dislocation excluding hair line fracture, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation.
- xxiii. Arthroscopic Knee surgery.
- xxiv. Laparoscopic therapeutic surgeries.
- xxv. Any surgery under General Anaesthesia.
- xxvi. Or any such disease / procedure agreed by TPA/Company before treatment.

**NOTE: PROCEDURES / TREATMENTS USUALLY DONE IN OUT PATIENT DEPARTMENT ARE NOT PAYABLE UNDER THE POLICY EVEN IF CONVERTED TO DAY CARE SURGERY / PROCEDURE OR AS IN PATIENT IN THE HOSPITAL FOR MORE THAN 24 HOURS.**

**2.3 DOMICILIARY HOSPITALISATION BENEFIT** means Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing home as in-patient but actually taken whilst confined at home in India under any of the following circumstances namely:

- i. The condition of the patient is such that he/she cannot be removed to the Hospital/Nursing Home
- OR
- ii. The patient cannot be removed to Hospital/Nursing home due to lack of accommodation in any hospital in that city / town / village.

**Subject however to the condition that Domiciliary Hospitalisation benefit shall not cover**

- a) Expenses incurred for pre and post hospital treatment and
- b) Expenses incurred for treatment for any of the following diseases :
  - Asthma
  - Bronchitis,
  - Chronic Nephritis and Nephritic Syndrome,
  - Diarrhoea and all types of Dysenteries including Gastro-enteritis,
  - Diabetes Mellitus and Insipidus,
  - Epilepsy,
  - Hypertension,
  - Influenza, Cough and Cold,
  - All Psychiatric or Psychosomatic Disorders,
  - Pyrexia of unknown origin for less than 10 days,
  - Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis,
  - Arthritis, Gout and Rheumatism.

**Note:** Liability of the Company under this clause is restricted as stated in the schedule attached hereto.

**2.4 INSURED PERSON:** Means PNB Account Holder/Employee and his/her family members as are named on the schedule of the policy.

**2.5 ENTIRE CONTRACT:** This policy / proposal and declaration given by the insured constitute the complete contract of this policy. Only Insurer may alter the terms and conditions of this policy. Any alteration that may be made by the insurer shall only be evidenced by a duly signed and sealed endorsement on the policy.

- 2.6 NETWORK HOSPITAL:** means hospital that has agreed with the TPA to participate for providing cashless health services to the insured persons. The list is maintained by and is available with the TPA and the same is subject to amendment from time to time.
- 2.7 THIRD PARTY ADMINISTRATOR (T.P.A.) :** means any Company which has obtained licence from IRDA to practice as a THIRD PARTY ADMINISTRATOR and is appointed by the Company.
- 2.8 PRE-HOSPITALISATION:** Relevant medical expenses incurred during the period upto 30 days prior to hospitalisation on disease/ illness/ injury sustained will be considered as part of claim mentioned under item 1.2 above.
- 2.9 POST-HOSPITALISATION:** Relevant medical expenses incurred for the period of 60 days after hospitalisation on disease/illness/injury sustained will be considered as part of claim mentioned under item 1.2 above.
- 2.10 MEDICAL PRACTITIONER:** means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of any State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.
- 2.11 QUALIFIED NURSE:** means a person who holds a certificate of a recognised Nursing Council.
- 2.12 IN-PATIENT:** An Insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving the treatment for suffered ailment / illness / disease / injury / accident during the currency of the policy.
- 2.13 REASONABLE & NECESSARY EXPENSES:** means reasonable and necessary surgical / medical expenses with in the scope of treatment of the condition for which the insured person was hospitalized.
- 2.14 CASHLESS FACILITY:**\_\_means the TPA may authorize upon the Insureds' request for direct settlement of admissible claim as per agreed charges between Net work Hospitals & the TPA. In such cases the TPA will directly settle all eligible amounts with the Net work Hospitals and the Insured Person may not have to pay any bills after the end of the treatment at Hospital to the extent the claim is covered under the policy.
- 2.15 I.D. CARD:** means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital.
- 2.16 LIMIT OF INDEMNITY:** means the amount stated in the schedule against the name of each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person for hospitalization taking place during the currency of the policy.
- 2.17 ANY ONE ILLNESS:** Any one illness will be deemed to mean continuous period of illness and it includes relapse within 105 days from the date of discharge from the Hospital / nursing home from where the treatment was taken. Occurrence of the same illness after a lapse of 105 days as stated above will be considered as fresh illness for the purpose of this policy.
- SUBJECT TO PROVOSO THAT THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND COMMUNICATION OF THE ACCEPTANCE HAS BEEN GIVEN TO THE PROPOSER IN WRITING ON RECEIVING FULL PAYMENT OF PREMIUM.

### 3 RENEWAL OF POLICY:

- I) The Company shall not be responsible or liable for non-renewal of policy due to non-receipt or delayed receipt (i.e. After the due date) of the proposal form or of the

medical practitioners report wherever required or due to any other reason whatsoever.

- II) Notwithstanding this, however, the decision to accept or reject for coverage any person upon renewal of this insurance shall rest solely with the Company. The company may at its discretion revise the premium rates and / or the terms & condition of the policy every year upon renewal thereof. Renewal of this policy is not automatic; premium due must be paid by the proposer to the company before the due date.
- III) The Company normally sends renewal notice but not sending it will not tantamount to deficiency in services.

#### 4 EXCLUSIONS:

##### 4.1 During the period of insurance cover, the expenses on treatment of following ailment / diseases / surgeries for specified periods are not payable if contracted and / or manifested during the currency of the policy.

i	Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.	1 year
ii	Polycystic ovarian diseases .	1 year
iii	Surgery of hernia.	2 years
iv	Surgery of hydrocele.	2 years
v	Non infective Arthritis.	2 years
vi	Undescendent Testes.	2 Years
vii	Cataract.	2 Years
viii	Surgery of benign prostatic hypertrophy.	2 Years
ix	Hysterectomy for menorrhagia or fibromyoma.or myomectomy or prolapse of uterus .	2 Years
x	Fissure / Fistula in anus.	2 Years
xi	Piles.	2 Years
xii	Sinusitis and related disorders.	2 Years
xiii	Surgery of gallbladder and bile duct excluding malignancy.	2 Years
xiv	Surgery of genito urinary system excluding malignancy.	2 Years
xv	Pilonidal Sinus.	2 Years
xvi	Gout and Rheumatism.	2 Years
xvii	Hypertension.	2 Years
xviii	Diabetes.	2 Years
xix	Calculus diseases.	2 Years
xx	Surgery for prolapsed inter vertebral disk unless arising from accident.	2 Years
xxi	Surgery of varicose veins and varicose ulcers.	2 Years
xxii	Congenital internal diseases.	2 Years
xxiii	Joint Replacement due to Degenerative condition.	4 Years
xxiv	Age related osteoarthritis and Osteoporosis..	4 Years

##### 4.2 Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.

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

##### 4.4 Cosmetic surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.

##### 4.5 Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalisation for treatment.

- 4.6** Convalescence, general debility, “run down” condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- 4.7** All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymph tropic Virus Type III (HTLD - III) or Lymohadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases..
- 4.8** Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- 4.9** Expenses on vitamins and tonics, mineral bottled water and allied items unless forming part of treatment for injury or disease as certified by the attending physician.
- 4.10** Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy. .
- 4.11** Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- 4.12** Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.
- 4.13** Genetical disorders and stem cell implantation / surgery.
- 4.14** External and or durable Medical / Non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc and also any medical equipment which is subsequently used at home etc.
- 4.15** All non medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc.
- 4.16** Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- 4.17** Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc.
- 4.18** Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- 4.19** Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- 4.20** Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.

- 4.21** Out patient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 4.22** Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.
- 4.23** Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- 4.24** Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- 4.25** Treatment which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

- 5. CANCELLATION CLAUSE:** Company may at any time without assigning any reason cancel this Policy by sending the Insured 30 days notice by registered letter at the Insured's last known address and in such an event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The Company shall, however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred during the policy period up to date of cancellation.

<b>Period on Risk</b>	<b>Rate of premium to be charged</b>
Upto 1 Month	1/4th of the annual rate
Upto 3 Months	1/2 of the annual rate
Upto 6 Months	3/4th of the annual rate
Exceeding 6 months	Full annual rate

- 6. ARBITRATION CLAUSE:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

- 7. DISCLAIMER OF CLAIM:** It is also hereby further expressly agreed and declared that if the TPA/Company shall disclaim liability in writing to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 8. COST OF HEALTH CHECK :** The Insured i.e., the PNB Account holder / Employee only and not his/her family members shall be entitled for reimbursement of cost of Health check up undertaken once at the expiry of a block of every four continuous claim free underwriting years provided there are no claims reported during the block. The cost so reimbursable shall not exceed the amount equal to 1% of the average basic sum insured during the block of four claim free underwriting years. **IMPORTANT:** Health Check-up provision is applicable only in respect of continuous insurance without break.
- 9. GROUP DISCOUNT :** The Group Discount has been taken into account in arriving at final rates.



- 10. SUM INSURED:** The Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured opted by the Insured person. Minimum sum insured is Rs 1,00,000/- and in multiples of Rs 1,00,000/- upto Rs 5,00,000/- .
- 11. AUTHORITY TO OBTAIN RECORDS.**
- The insured person hereby agrees to and authorizes the disclosure to the insurer or the TPA or any other person nominated by the insurer of any and all Medical records and information held by any Institution / Hospital or Person from which the insured person has obtained any medical or other treatment to the extent reasonably required by either the insurer or the TPA in connection with any claim made under this policy or the insurer's liability thereunder.
  - The insurer and the TPA agree that they will preserve the confidentiality of any documentation and information that comes into their possession pursuant to (a) above and will only use it in connection with any claim made under this policy or the insurer's liability thereunder.
- 12. QUALITY OF TREATMENT :** The insured hereby acknowledges and agrees that payment of any claim by or on behalf of the insurer shall not constitute on part of the insurance company a guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the insured person, it being agreed and recognized by the policy holder that insurer is not in any way responsible or liable for the availability or quality of any services (Medical or otherwise) rendered by any institution (including a network hospital) whether pre-authorized or not.
- 13. IRDA REGULATION NO. 5** This policy is subject to regulation 5 of IRDA (Protection of Policy Holder interest) regulation.
- 14. NOTICE OF CLAIM:** Immediate notice of claim in writing with particulars relating to Policy Number, ID Card No., Name of insured person in respect of whom claim is made, Nature of disease / illness / injury and Name and Address of the attending medical practitioner / Hospital/Nursing Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing Home by Fax, Email. Such notice should be given within 48 hours of admission or before discharge from Hospital / Nursing Home.
- 15. PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL/NURSING HOME :**
- Claim in respect of Cashless Access Services will be through the TPA provided admission is in a listed hospital in the agreed list of the networked Hospitals / Nursing Homes and is subject to pre admission authorization. The TPA shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorisation letter / guarantee of payment letter to the Hospital / Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as in-patient.
  - The TPA reserves the right to deny pre-authorisation in case the hospital / insured person is unable to provide the relevant information / medical details as required by the TPA. In such circumstances denial of Cashless Access should in no way be construed as denial of claim. The insured person may obtain the treatment as per his/her treating doctor's advice and later on submit the full claim papers to the TPA for reimbursement within 7 days of the discharge from Hospital / Nursing Home.
  - Should any information be available to the TPA which makes the claim inadmissible or doubtful requiring investigations, the authorisation of cashless facility may be withdrawn. However this shall be done by the TPA before the patient is discharged from the Hospital.
- 16. FRAUD / MISREPRESENTATION / CONCEALMENT:** The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner intentionally or recklessly or otherwise misrepresented or concealed or non disclosure of material facts or making false statements or submitting false bills whether by the Insured Person or Institution / Organization on



his behalf . Such action shall render this policy null and void and all claims hereunder shall be forfeited. Company may take suitable legal action against the Insured Person / Institution / Organization as per Law.

**17. SCHEDULE OF PREMIUM:** As agreed and Annexed.

**This Prospectus shall form part of your proposal form. Signatures hereunder confirm that you have noted the contents of the prospectus.**

**Name:**

**Signature**

**Address:**

**Place:**

**Date:**

Note: For legal interpretation only English version will be valid.

### **INSURANCE ACT 1938 SECTION 41 - PROHIBITION OF REBATE**

Section 41 of the Insurance Act 1938 provides as follows:

Any person making default in complying with provision of this section shall be punishable with fine, which may extend to Rs.500/-.

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

<b>THE ORIENTAL INSURANCE CO LTD : HO NEW DELHI</b>	
<b>GROUP MEDICLAIM INSURANCE (FAMILY FLOATER) SCHEME FOR PNB ACCOUNT HOLDERS /EMPLOYEES</b>	
<b>PREMIUM CHART (PREMIUM RATES ARE INCLUSIVE OF SERVICE TAX)</b>	
SUM INSURED (In Rupees)	MEDICLAIM (In Rupees)
	AGE GROUP 03 MONTHS TO 80 YEARS
1,00,000	1717
2,00,000	3259
3,00,000	4536
4,00,000	5674
5,00,000	6705