

Policy Comparison Guidelines

Description :

We have categorized the health policy to simplify the comparison based on their constraints.

Policy categories :

- Medicaclaim policy
- Top-up Policy
- Senior Citizen Policy
- Critical Illness Policy
- Hospital Cash Policy
- Special/Other Policy

Health policies are compared based on their Type, Sub Type, Plan, Policy Category, Sum Insured, Age, Relationship availability.

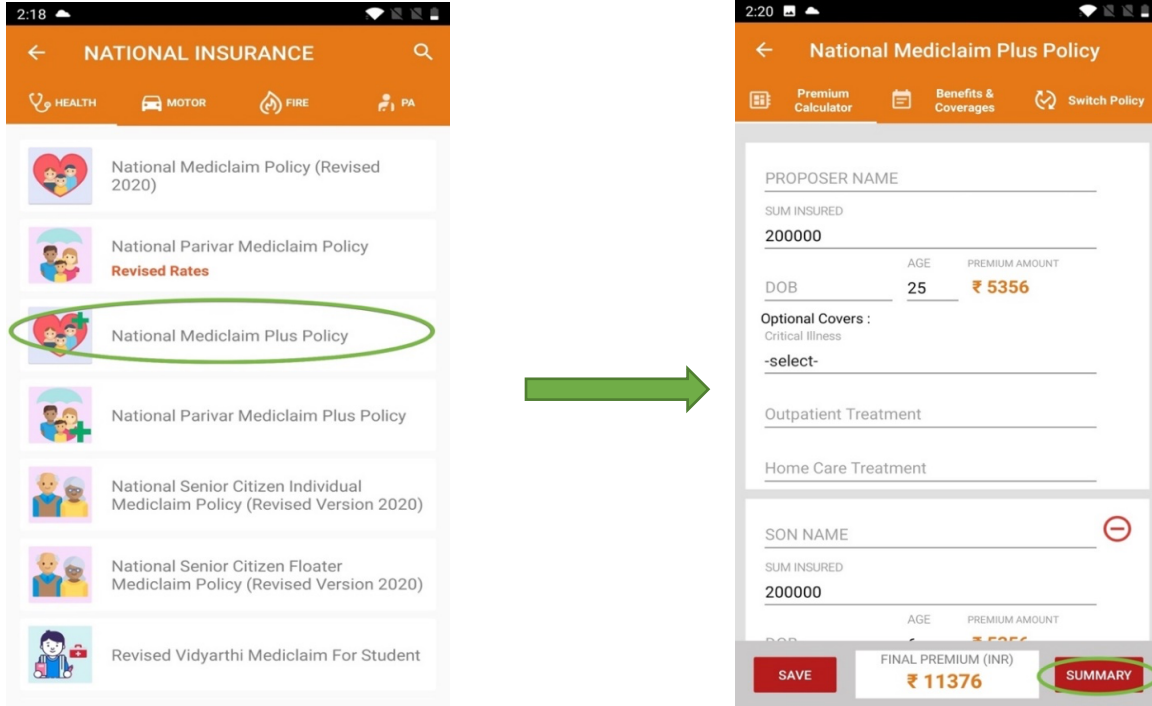
Features :

- Could select 2 or 3 Policy for the premium comparison.
- Selected Policy's benefits and coverages are compared
- Could share the comparison policy quotation (PDF, Images and Text).

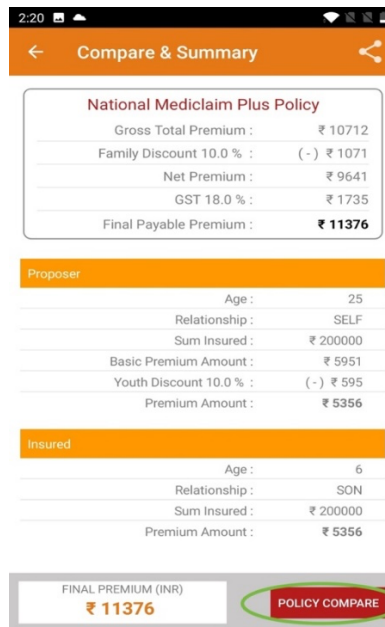
Please refer to the following steps to compare policies on agentAUX.

Steps :

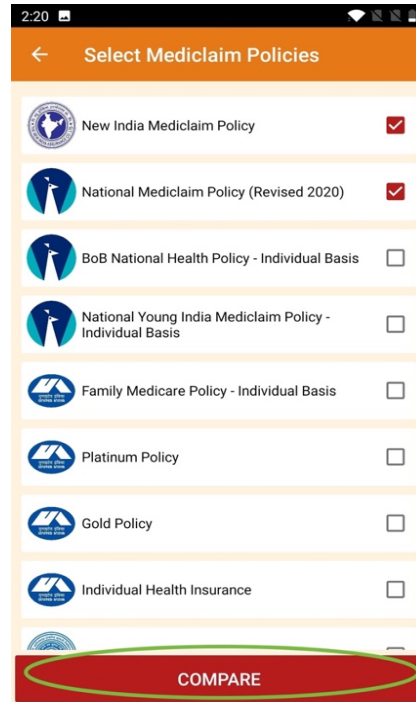
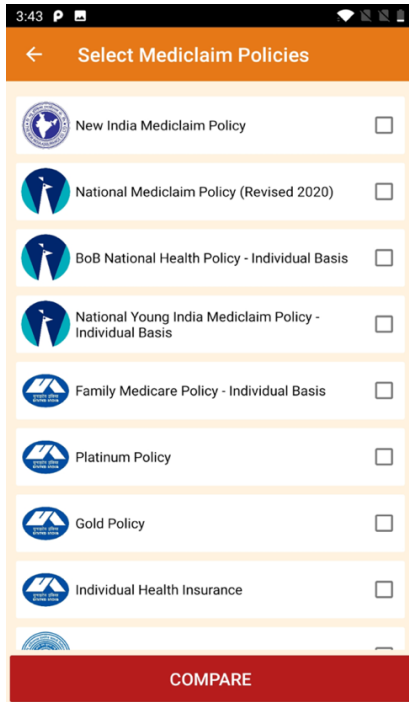
Step 1 : Calculate the policy premium as usual, then go to “Summary” page.



Step 2 : On Summary Page, click on “Policy Compare” Button is available on bottom of the page.

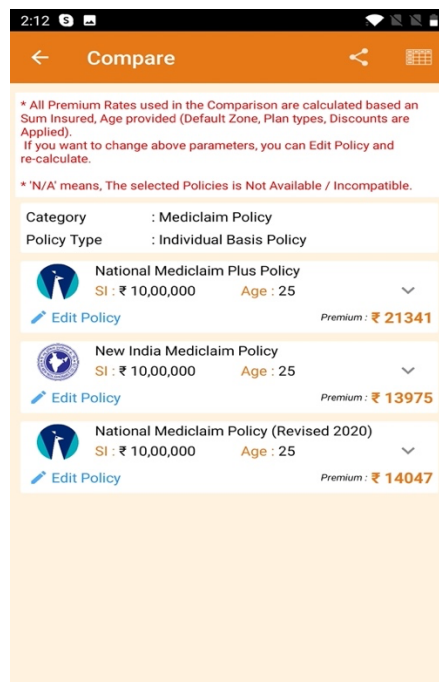


Step 3 : It navigates to policy list to select policies to compare. Minimum 2 and Maximum 3 policies are allowed now. User would be able to policies as shown below:



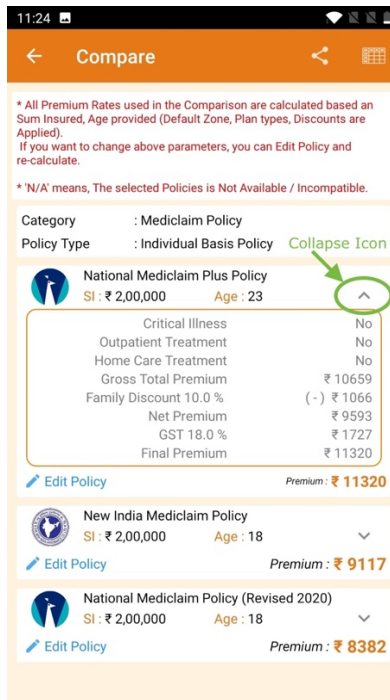
Step 4 : Click “Compare” button on bottom page to start the compare. And the application would show the policies details as shown below :

***Also, You can view the near by sum insured - premium rates ***

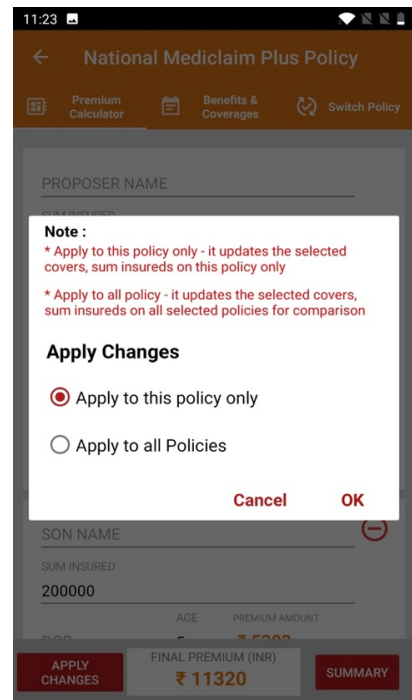
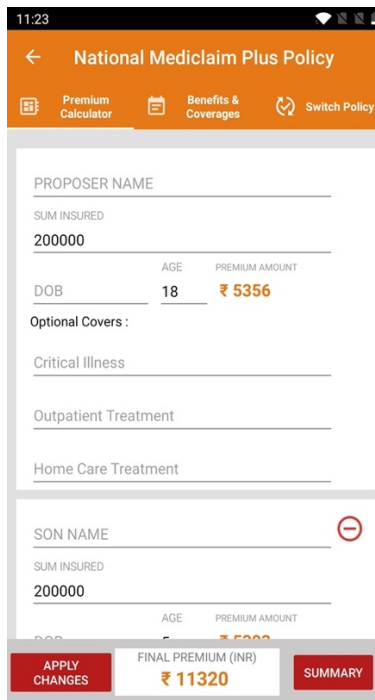
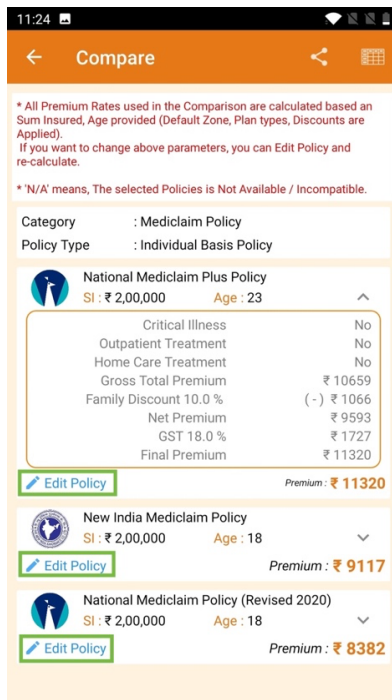


The features on comparison page :

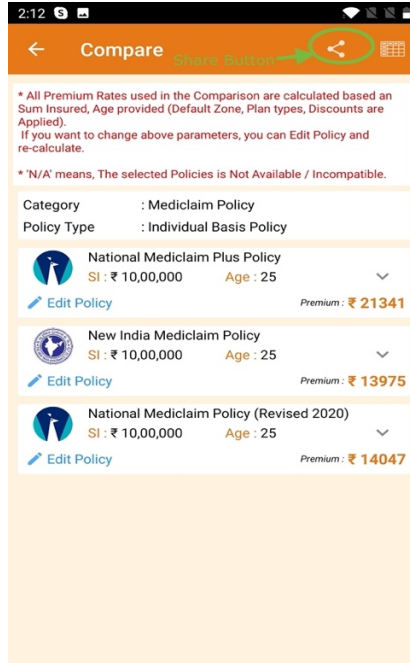
1. User can view short overview by clicking on collapse icon on each policy:



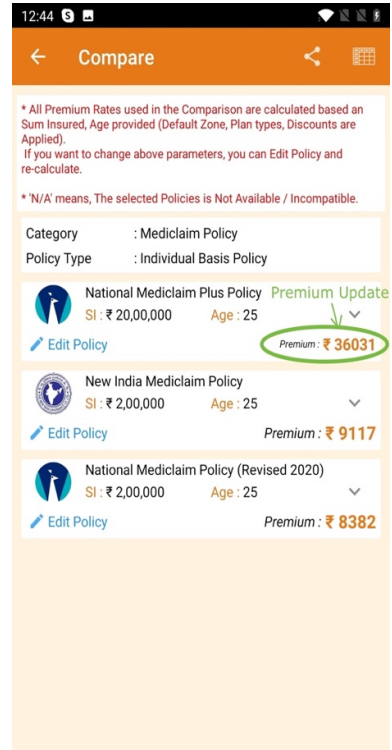
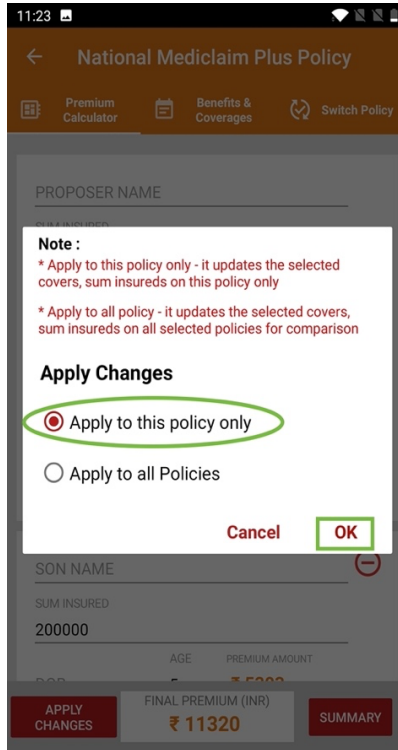
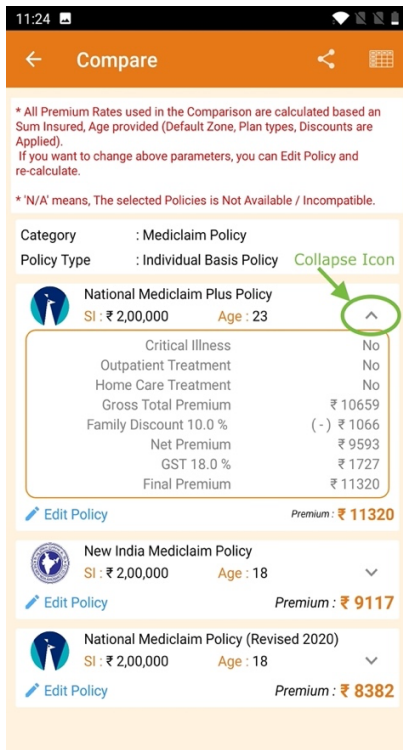
2. User can edit a specific policy by clicking on “Edit Policy” on comparison as highlighted in the picture. Once the user initiates the “Edit Policy”, then the application navigates to premium calculator page. We can apply the changes either to policy being edited or to all the policies.



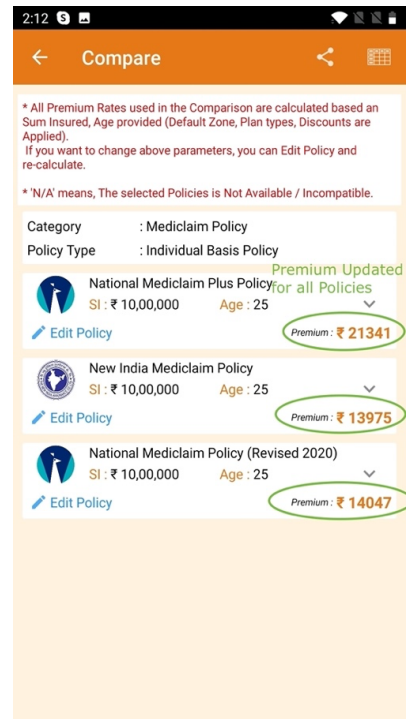
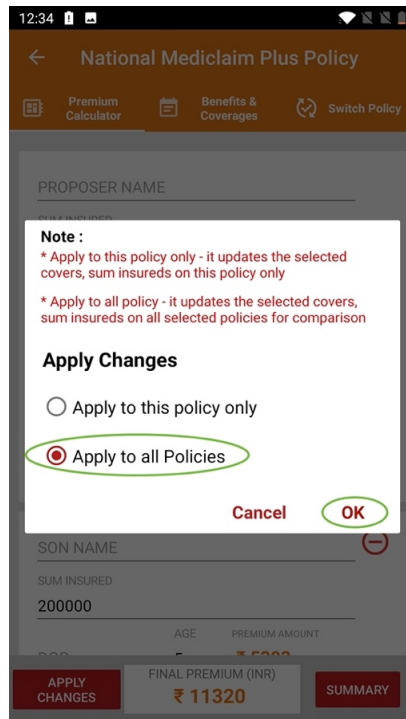
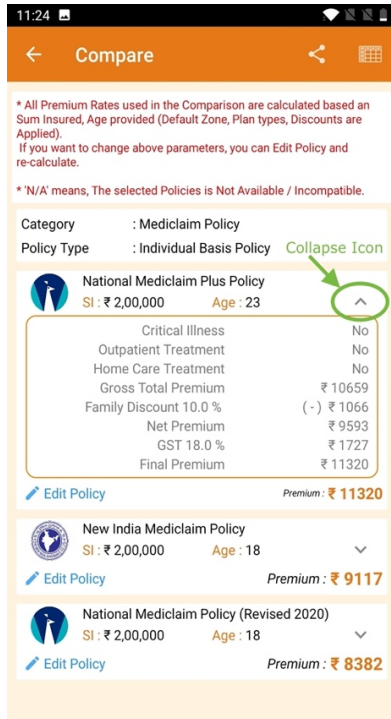
3. User can Share the Comparison of Policies Premium and Comparison of Policy Benefits & Coverages as a PDF format



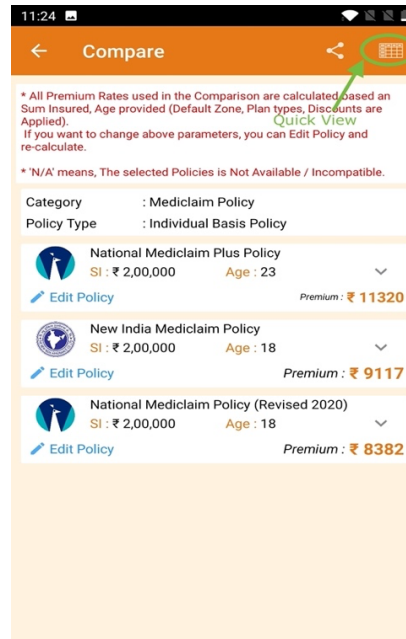
1. Apply to this policy only



2. Apply to all policies



3. Click the Icon then you see like below :



Comparison of Policies Premium

We can share the comparison policy quotation image and Text Format.



Note : Following table depicts overview of the Comparison of Policies selected.

Share Button

Comparison of Policies Premium

S.No	Age	Relation	Sum Insured (₹)	National Mediclaim Plus Policy (₹)	New India Mediclaim Policy (₹)	National Mediclaim Policy (Revised 2020) (₹)
1	23	SELF	₹ 2,00,000.00	₹ 5,356.00	₹ 3,863.00	₹ 3,514.00
2	5	SON	₹ 2,00,000.00	₹ 5,303.00	₹ 3,863.00	₹ 3,589.00
Gross Total Premium :				₹ 10,659.00	₹ 7,726.00	₹ 7,103.00
Discount :				(-) ₹ 1,066.00	-	-
Net Premium :				₹ 9,593.00	₹ 7,726.00	₹ 7,103.00
GST 18.0 % :				₹ 1,727.00	₹ 1,391.00	₹ 1,279.00
Final Payable Premium :				₹ 11,320.00	₹ 9,117.00	₹ 8,382.00

Comparison of Policy Benefits & Coverages

Comparison of Policy Benefits & Coverages

Coverages	National Mediclaim Plus Policy	New India Mediclaim Policy	National Mediclaim Policy (Revised 2020)
Minimum Sum Insured	<ul style="list-style-type: none">Plan A :2 LakhPlan B :15 LakhPlan C :30 Lakh	1 Lakh	1 Lakh
Maximum Sum Insured	<ul style="list-style-type: none">Plan A :10 LakhPlan B :25 LakhPlan C :50 Lakh	15 Lakh	10 Lakh

Payment Options	Yearly Basis	Yearly Basis	Yearly Basis
Claim Settlement Ratio	86.28%	92.93%	86.28%
Covid-19 Coverage	Not Covered	Not Covered	Not Covered
Room Rent Limit	<ul style="list-style-type: none"> Plan A :Up to 1% of SI per day Plan B :Up to 1% of SI per day Plan C:Up to 1% of SI per day 	Up to 1% not exceeding of the Sum Insured per day	Up to 1% of Sum Insured subject to max of 10,000 per day
ICU Charges	<ul style="list-style-type: none"> Plan A :Up to 2% of SI per day subject to max. of INR 15,000 per day Plan B :Up to INR 15,000 per day Plan C :Up to INR 20,000 per day 	Up to 2% not exceeding of the Sum Insured per day	Up to 2% of SI per day subject to max of 20,000
Restoration of Cover	Not Covered	Not Covered	Not Covered
No Claim Bonus / Cumulative Bonus	Applicable for Plan A/B/C - Increase in SI by 5% of SI (excluding CB) per year up to 50% of SI (excluding CB)	SI Increased by 25% at each renewal in respect of each claim free year of insurance, subject to maximum of 50%	<ul style="list-style-type: none"> 5% of Basic SI Maximum - 50% of the Basic SI of the renewed Policy
No Claim Discount	Not Covered	Not Covered	Not Covered
Cashless Hospitals	2703+	2900+	2703+
Co-Pay	Copayment of 20% of admissible claim if treatment taken in non-network hospital (not applicable to optional covers)	Optional Cover : 20% of Voluntary Co-Pay	<ul style="list-style-type: none"> 20% Co-payment on each admissible claim, with a 15% discount in premium 15% Co-payment on each admissible claim, with a 10% discount in premium

Pre-Hospitalization Coverage	30 Days	30 Days	45 Days
Post-Hospitalization Coverage	60 Days	60 Days	60 Days
Day care treatment	24 hours	139 Day Care treatments	140 Day Care treatments
Hospitalization at Home	<ul style="list-style-type: none"> Plan A :Not covered Plan B :Up to 750 per day, max. of 10 days Plan C :Up to 1,000 per day, max. of 10 days 	Not Covered	Not Covered
Ambulance Charges	<ul style="list-style-type: none"> Plan A :Up to INR 2,500 in a policy period Plan B :Up to INR 4,000 in a policy period Plan C :Up to INR 5,000 in a policy period 	Expenses incurred towards Ambulance service will be paid subject to cap 1% of Sum Insured. Payment under this benefit will reduce the Sum Insured.	Up to 1% of SI subject to maximum of 2,000 in a Policy Period
Maternity Cover	<ul style="list-style-type: none"> Plan A :Up to INR 30,000 for normal delivery and INR 50,000 for caesarean section Plan B :Up to INR 60,000 for normal delivery and INR 75,000 for caesarean section Plan C :Up to INR 5,000 in a policy period Up to INR 80,000 for normal delivery and INR 100,000 for caesarean section 	Optional Cover: This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 5 lakhs. On payment of additional premium, Maternity Expenses up to 10% of the average Sum Insured shall be payable after waiting period of thirty six months.	Not Covered
Free Health Checkup	<ul style="list-style-type: none"> Plan A :Every 2 yrs., up to INR 1,000 Plan B :Every 2 yrs., up to INR 2,000 Plan C :Every 2 yrs., up to INR 3,000 	Up to Rs. 5000 or 1% of average Sum Insured of proceeding three years whichever is less	Not Covered
Alternate Medicine (AYUSH)	Applicable for Plan A/B/C - Up to sum insured	Up to 25% of the Sum Insured	Covered up to SI

Worldwide Coverage / Emergency	<ul style="list-style-type: none"> Plan A :Not covered Plan B :Up to INR 20,000 per policy period Plan C :Up to INR 20,000 per policy period 	Not Covered	Not Covered
Domestic Evacuation	<ul style="list-style-type: none"> Plan A :Not covered Plan B :Up to 5% of SI per policy period Plan C :Up to 5% of SI per policy period 	Not Covered	Not Covered
E-Consultation	Not Covered	Not Covered	Not Covered
Discount on Renewal	Not Covered	Not Covered	Up to 10 %
Cover for Organ Donor	Covered	Not Covered	Hospitalisation expenses only
Daily Cash Allowance	<ul style="list-style-type: none"> Plan A :Up to INR 500 per day, max. of 5 days Plan B :Up to INR 800 per day, max. of 5 days Plan C :Up to INR 1,000 per day, max. of 5 days 	Up to 0.1% of the Sum Insured (Sum Insured is more than or equal to Rs. Three lakh)	Not Covered
Out Patient Consultation Benefits	Limit of cover per individual - INR 2,000/ 3,000/ 4,000/ 5,000/ 10,000	Not Covered	Not Covered
Animal Bite Vaccination	Not Covered	Not Covered	Not Covered
New Born Baby Cover	Not Covered	36 months Waiting Period	Not Covered
Wellness Factors / Wellness OPD discount	Not Covered	Not Covered	Not Covered
Dental Cover	Not Covered	Not Covered	Not Covered
Eye Cover / Catract	<ul style="list-style-type: none"> Plan A:For each eye – Upto 15% of sum 	null	Not Covered

	<ul style="list-style-type: none"> insured or INR 60,000 whichever is lower Plan B:For each eye – Upto INR 80,000 Plan C:For each eye – Upto INR 1,00,000 		
Coverage for Modern Treatment	Applicable for Plan A/B/C 12 - Modern Treatment covered - Up to 25% of SI for each treatment	12 Modern Treatments Covered	Modern Treatment (12 nos) – Up to 25% of SI for each treatment
Critical Illness	Benefit amount per individual - INR 2,00,000/ 3,00,000/ 5,00,000/ 10,00,000/ 15,00,000/ 20,00,000/ 25,00,000.	Not Covered	Not Covered
Domiciliary Hospitalisation	Not Covered	Not Covered	Not Covered
Special Features	<ul style="list-style-type: none"> Refractive Error :Covered after waiting period of 2 years Morbid Obesity Treatment :Covered after waiting period 	Not Covered	Not Covered
Second Opinion	One Medical Second Opinion for each new diagnosis of any of the major illnesses in Appendix II, in a policy period	Not Covered	Not Covered
Complaint Resolution	Not Covered	Not Covered	Not Covered
No limit on max entry age	Upto 65 years	Upto 65 years	Upto 65 years
Infertility Treatment	Not Covered	Not Covered	Not Covered
PED Waiting Period	Covered after 36 months of continuous coverage	48 months	4 year Waiting Period
No proportionate deduction	Not Covered	Optional Cover I :	Not Covered

		Sum Insured is Rs. 2,00,000 and above.	
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Note : This quotation is for your reference, subject to change at the time of purchase.

If you have facing other issue, Please Contact Us:

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