



FREE POLICY CHECKER

HEALTH POLICY FINE-PRINT CHECKER

Claim ke din surprise na ho: aaj hi policy padh lo.

The 12 clauses that decide how much of a hospital bill is actually paid. Read them once, fill in your own policy on pages 4–5, and know where you stand.

KEEP THESE READY

- ◆ Policy schedule (first pages)
- ◆ Customer Information Sheet (CIS)
- ◆ Full policy wording
- ◆ Proposal form you signed

POLICY HOLDER _____

SUM INSURED ₹ _____ RENEWAL DATE _____

THE 12 CLAUSES THAT MATTER

Policy ka "sum insured" bada dikhta hai. Asli kahaani in clauses mein hai.

01 Room-rent limit

A cap on the room charge per day (for example "1% of sum insured" or "single private room"). Choose a costlier room and many policies cut *other* linked charges in the same ratio: this is called **proportionate deduction**.

LOOK FOR "No room-rent limit" or a cap that fits the hospitals near you.

IRDAI 2024 health master circular: proportionate deduction cannot be applied to pharmacy & consumables, implants & devices, diagnostics or ICU charges.

02 Co-payment

The share of every claim **you** pay (e.g. 20%). Often added for senior citizens, certain cities or non-network hospitals.

LOOK FOR No co-pay, or know exactly when it applies and how much.

03 Waiting periods

Initial waiting period for illnesses (accidents are usually covered from day one), waiting for **pre-existing diseases (PED)**, and **specific-disease** waiting (hernia, cataract, joint replacement and similar).

LOOK FOR The shortest waiting periods; write each one down with its end date.

IRDAI rule (from 1 Apr 2024): PED waiting and specific-disease waiting can be at most 36 months.

04 Sub-limits

Smaller caps inside the sum insured: for ambulance, day-care, modern treatments, or certain procedures.

LOOK FOR "No sub-limits", or caps that are realistic for today's costs.

05 Disease-wise caps

A fixed maximum for named treatments, e.g. "cataract: ₹40,000 per eye", even when the sum insured is much higher.

LOOK FOR A list of such caps in the policy wording; note every one.

06 Restoration / recharge

Refills the sum insured after it is used up in a year. Check whether it works for the **same illness**, the **same person**, and how many times.

LOOK FOR Restoration that also applies to the same illness and to all members.

07 No-claim bonus (cumulative bonus)

Sum insured goes up for every claim-free year. Check how much per year, the maximum, and whether it reduces after a claim.

LOOK FOR A clear % per year and maximum; what happens after a claim.

08 Network hospitals & cashless

Cashless works at the insurer's network hospitals. Check that 2–3 good hospitals near your home are in the list.

LOOK FOR Your nearest good hospitals in the network list (check on the insurer's website).

IRDAI 2024 master circular: decide on cashless requests within 1 hour; final discharge approval within 3 hours of the hospital's request.

09 Honest disclosure

Every illness, medicine, surgery, smoking or alcohol habit must be written in the proposal form. Hiding something is a top reason claims get rejected.

LOOK FOR Your signed proposal form: read it yourself, never let someone else fill it "to save premium".

Moratorium: after 60 months of continuous cover, a claim cannot be contested for non-disclosure or misrepresentation, except proven fraud.

10 Pre & post hospitalisation, day-care

Tests and medicines before admission and after discharge, plus treatments that need less than 24 hours.

LOOK FOR The number of days covered before and after (often 30/60 or 60/180).

11 Exclusions & non-payable items

What is never covered, and items such as gloves, masks and admin charges that may not be paid unless a "consumables" cover is included.

LOOK FOR The exclusions list; whether consumables are covered.

12 Free-look, renewal & portability

New policy: you can return it within the free-look period if it doesn't suit you. Renew on time to keep waiting-period credit; you can also port to another insurer at renewal.

LOOK FOR Renewal date in your phone calendar; never let the policy lapse.

Free-look: 30 days from receiving the policy document. Grace period: 30 days (15 days for monthly premiums).



MY POLICY VS WHAT TO LOOK FOR

Apni policy ki wording kholo aur yahan likho. Pen uthao, 20 minute lagenge.

CLAUSE	WHAT TO LOOK FOR	MY POLICY SAYS	OK?
Sum insured	Enough for a major surgery at a good city hospital		☐ ✓ ☐ X
Room-rent limit	No limit, or a cap that fits local hospitals		☐ ✓ ☐ X
Co-pay	None, or clearly limited		☐ ✓ ☐ X
Initial waiting	Short; accidents covered from day one		☐ ✓ ☐ X
PED waiting	As short as possible (max 36 months by rule)		☐ ✓ ☐ X
Specific-disease waiting	Short; list each disease and end date		☐ ✓ ☐ X
Sub-limits	None, or realistic amounts		☐ ✓ ☐ X
Disease-wise caps	None, or noted with amounts		☐ ✓ ☐ X



CLAUSE	WHAT TO LOOK FOR	MY POLICY SAYS	OK?
Restoration	Works for same illness and all members		☐ ✓ ☐ X
No-claim bonus	Clear % per year and maximum		☐ ✓ ☐ X
Network hospitals	2–3 good hospitals near home in the list		☐ ✓ ☐ X
Pre / post hospitalisation	Days covered before and after admission		☐ ✓ ☐ X
Consumables	Covered, or an add-on available		☐ ✓ ☐ X
Disclosure	Every condition & habit written in proposal form		☐ ✓ ☐ X
Cover start date	Years of continuous cover (60 months = moratorium)		☐ ✓ ☐ X

Count your ✓

15 rows across pages 4–5.

13–15: solid policy**9–12:** know your gaps**Below 9:** review before next renewal**My ✓ count**

 / 15

A self-check only, not a rating of any insurer or product.

Questions to ask the insurer before renewal*Jawab email ya likhit mein lijiye, phone par nahi.*

- ☐ Which of my waiting periods are already over, and when does each remaining one end?
- ☐ Is there any room-rent limit, co-pay or disease-wise cap on my current plan?
- ☐ Which hospitals near my home are in your cashless network today?

My notes

RED FLAGS BEFORE YOU SIGN OR RENEW

Agent ne kaha "sab cover hai"? Wording mein dikhaiye, please.

- ☐ Someone filled your proposal form for you, or told you to skip an illness "to save premium"
- ☐ You were asked to move to a new policy and lose your waiting-period credit
- ☐ You have only seen a brochure, never the policy wording or Customer Information Sheet
- ☐ Your parents are added to your floater, sharing one sum insured with young children
- ☐ You depend only on the office group cover, which ends when the job ends

If a claim is rejected or delayed

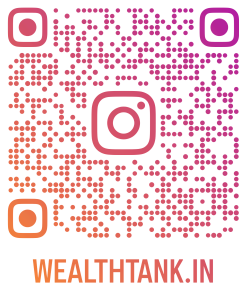
- 1 Write to the insurer's grievance cell and keep the complaint number.
- 2 If not resolved, escalate through IRDAI's Bima Bharosa grievance portal.
- 3 You can also approach the Insurance Ombudsman (a free service for policyholders).

Also free from us

Comment **PLAN** for the Family Financial Checklist.
Comment **TERM** for the Term Cover Calculator.

We advise; we never sell

Wealth Tank is a financial consulting firm in Lucknow. We help families read and plan their cover, with no product to push.



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Rules quoted are from IRDAI's health insurance master circular (29 May 2024) and related 2024 regulations, checked on 20 Oct 2026. Your policy wording is final for your cover; rules can change. Education only: no insurer or product is recommended.