Group Health Insurance Policy – Prospectus

1. Group and Membership

Eligibility for a 'Group' and for 'Membership' thereof [Policy-holder and Beneficiary in Employer-Employee cases and Policy-holder and Insured-Beneficiary in Non-Employer-Employee cases] shall be basis the IRDAI Circular Ref: IRDAI/Reg/8/202/2024 as amended from time to time. "Group" consists of persons who join together with a commonality of purpose or engaging in a common economic activity and includes employer– employee group and non-employer–employee group:

a. Employer– employee group is a group where an employer-employee relationship exists between the master policyholder and the member in accordance with the applicable laws.

b. Non-Employer– employee group is a group other than employer– employee where a clearly evident relationship between the member and the group policyholder exists for services/activities other than insurance.

2. Eligibility

- Minimum Entry Age: 18 Years
- Maximum Entry Age: No limit (above 65 Years will be Underwriting Discretion)
- Entry Age for Dependent Children- 3 Months to 26 years
- Renewals are available for lifelong.
- Policy offers cover on Individual and Floater Sum Insured basis.
- This policy can be issued to an individual and/or family

a) Family member includes.

- Self
- Spouse
- Dependent Children
- Dependent Parents
- Dependent Parents In Law
- Brother and Sister
- Live In Partner

b) Sum Insured & Benefits

- Minimum Base Cover Sum Insured of the Policy Rs 5,000
- Maximum Base Cover Sum Insured of the Policy Rs 1,00,00,000

c) Eligibility Group Size – 07

d) Policy Period:

- The tenure of the Policy would be 1 year

3. Coverage

3.a Hospitalization

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured specified in the policy schedule, for,

i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.
v. Expenses incurred on Road Ambulance [including expenses incurred by rescuers of accident victims on ambulances and hired transportation like cabs] subject to 2% of sum insured or a maximum of Rs. 10000/-.
vi. Mental illness - We shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalisation Expenses) related to following and they are covered after a waiting period of <<>> months with a sub-limit up to <<>> per policy period as mentioned under Policy Schedule / Certificate of Insurance.
Treatment of any Injury due to Suicidality shall not be covered.

3.a.1. Domiciliary Hospitalization / Treatment

The company shall indemnify the Medical Expenses incurred on the Domiciliary Hospitalization / Treatment of an Insured Person during the Coverage Period which would otherwise have been covered under Section 3.a provided that if a claim has been accepted under this section, a consolidated claim post full recovery, shall be considered and no separate post-hospitalization medical expenses shall be payable.

3.a.2. Day Care Procedures

The day care procedures [listed later and forming part of this document as **Day Care Procedures Annexure I]** will be covered (Where medically indicated subject to other specific or permanent exclusion mentioned in policy) as part of day care treatment in a hospital up to the limit of SI.

3.a.3. Pre-Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period as opted for by the insured and as mentioned in policy schedule prior to the date of admissible hospitalization covered under the policy.

3.a.4. Post-Hospitalization

The company shall indemnify post-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period from the date of discharge from the hospital as opted for by the insured and as mentioned in policy schedule, following an admissible hospitalization covered under the policy.

3.a.5. Coverage for Modern Treatments Or Procedures

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the limit specified in the Policy Schedule / Certificate of Insurance against each procedure during the policy period.

1 Oral Chemotherapy
2 Immunotherapy – Monoclonal Antibody to be given as injection
3 Intra vitreal injections
4 Uterine Artery Embolization and HIFU
5 Balloon Sinuplasty
6 Deep Brain stimulation
7 Robotic Surgeries
8 Stereotactic radio surgeries
9 Bronchial Thermoplasty
10 Vaporisation of the prostate (Green Laser treatment or holmium laser treatment)
11 IONM – (Intra Operative Neuro Monitoring)
12 Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

3.b. Top Up Cover

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule on per admissible claim basis.

However, the total liability of the Company under this Policy for payment of any admissible claim during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule / Certificate of Insurance.

Plans available under the cover are mentioned under 'SUM INSURED FOR TOP UP & SUPER TOP UP COVER ANNEXURE II'.

3.c. Super Top Up Cover

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule on per year basis.

However, the total liability of the Company under this Policy for payment of any and all admissible Claims in aggregate during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

Plans available under the add-on cover are mentioned under 'SUM INSURED FOR TOP UP & SUPER TOP UP COVER ANNEXURE III'.

4. Extensions:

Unless otherwise specified or restricted, the Company's liability under these Extensions shall be part of the limit of liability under Section **3.a**

4.1 Pre-Existing Disease Waiting Period Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is waived off.

For the purpose of this extension, Exclusion Code 01 shall not be applicable.

The extent of reimbursement of hospitalization expenses arising out of this waiver and chosen by the insured shall be as mentioned in the policy schedule.

4.2 Specific Waiting Period Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, specific waiting period applicable for any claims in relation to listed conditions, surgeries/treatments as mentioned under Exclusion Code 02:

a) Is waived off

Or

b) Is modified to 12 months.

The Insured will have the choice of choosing between 4.2.[a] and 4.2.[b].

4.3 Initial Waiting Period for Hospitalization Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, 30 days waiting period applicable for any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred there of:

a) Is waived off

Or,

b) Is modified to 15 days.

The Insured will have the choice of choosing between 4.3.[a] and 4.3.[b].

4.4 Obesity/ Weight Control Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 06 is deleted.

For the purpose of this extension, expenses related to the surgical treatment of obesity are included under the scope of cover up to the limit specified in Policy Schedule.

4.5 Change-of-Gender Treatments Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 07 stands deleted.

For the purpose of this extension, expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex are included under the scope of cover up to the limit specified in Policy Schedule.

4.6 Cosmetic or Plastic Surgery Expenses Extension

Notwithstanding anything to the contrary in the Policy it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 08 stands deleted.

For the purpose of this extension, expenses for cosmetic or plastic surgery or any treatment to change appearance other than for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured are included under the scope of cover up to the limit specified in Policy Schedule.

4.7 Hazardous or Adventure Sports Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 09 stands deleted.

For the purpose of this extension, expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, are included under the scope of cover up to the limit specified in Policy Schedule.

4.8 Sterility and Infertility Treatment Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 17 stands deleted.

For the purpose of this extension expenses related to sterility and infertility which include:

- Any type of contraception, sterilization
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- Gestational Surrogacy
- Reversal of sterilization

are included under the scope of cover up to the limit specified in Policy Schedule.

4.9 Maternity Expenses Extension with Baby-Day-One Cover

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.15 / Exclusion Code 18 stands deleted.

a) Without waiting period

Or,

b) With waiting period of 9 months.

The Insured will have the choice of choosing between 4.9.[a] and 4.9.[b].

For the purpose of this extension,

i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii Expenses towards miscarriage and the related lawful medical termination of pregnancy during the policy period.

are included under the scope of cover up to the limit specified in Policy Schedule.

In-patient Medical Expenses incurred towards the Hospitalization of an Insured Person's New - Born Baby which is born during the policy period are also covered under this extension provided that:

i Only those Medical Expenses which are incurred for the New-Born Baby during birth or post birth up to 90 days from the date of delivery shall be covered up to limit mentioned in Policy Schedule.
ii Subsequent [to 'i' above] coverage of such New Born Baby will be available till expiry of the Policy subject to addition of the New Born Baby into the Policy by way of an endorsement on payment of the requisite premium.

4.10 OPD Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Specific Exclusion (E.2.1) stand deleted.

For the purpose of this extension, medical expenses [excluding expenses related to pregnancy and child-birth] incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule.

Outpatient means an insured who visits a clinic / hospital or associated facility like a consultation room for diagnosis (including Pharmacy) and treatment based on the advice of a Medical Practitioner.

4.11 Maternity OPD Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Specific Exclusion (E.2.1) stands deleted.

For the purpose of this extension, maternity-related medical expenses incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule subject to the Insured opting for Cover 4.9. Maternity Expenses Extension with Baby-Day-One Cover.

Outpatient means an insured who visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner.

4.12 Global Coverage

The Company will reimburse for Medical Expenses of the Insured Person incurred outside India for not more than 180 consecutive days up to the sum insured, provided that
a] the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment and
b] prior approval from the Company is taken before travelling abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Insured member(s) can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only sum insured can be used for this and not the restored sum insured.

For the purpose of this extension, Specific exclusion number 2 shall not be applicable.

Subject to terms and conditions of the policy.

4.13. Non-medical Expenses Cover

Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that, on payment of additional premium, expenses otherwise not payable as specified under List-I of Annexure A mentioned shall be considered and paid by the Company.

Subject to terms and conditions of the policy.

4.14. Restoration Condition Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Restoration of Sum Insured (5.6) - stands modified to

"The restored Sum Insured can only be used for all future claims within the same policy year, related to the illness/disease/injury for which a claim has been paid in that policy year for the same Insured member(s)"

5. Add-Ons:

Unless otherwise specified, the liability under these add-on sections shall be over and above the limit of liability under 3. Base Cover.

5.1 Critical Illness

On payment of additional premium, We will pay the Critical Illness [CI] Sum Insured for the chosen CI Plan [Gold, Silver, Platinum and Diamond as listed below] as a lump sum in addition to pay-out under this Policy provided that:

a) The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and the Insured Person survives at-least 30 days following such diagnosis,

b) This benefit is payable once during the Policy Period and would terminate on the occurrence of the first Critical Illness. The Insured Person shall receive the sum insured as per applicable guidelines post which the benefit will cease and coverage under this benefit would not be renewed any further. However, the other insured members (if any) will continue to be covered under this benefit if opted.

c) This benefit is offered only on Individual Sum Insured basis.

The combinations the insured can choose from are as per the following Plan Table:

Sl No	Particulars	Silver	Gold	Platinum	Diamond
1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Kidney Failure requiring regular dialysis	Yes	Yes	Yes	Yes
3	Multiple Sclerosis with Persisting Symptoms	Yes	Yes	Yes	Yes
4	Major Organ/ Bone Marrow Transplant	Yes	Yes	Yes	Yes
5	Open Heart Replacement	Yes	Yes	Yes	Yes
6	Coronary Artery Bypass Graft	Yes	Yes	Yes	Yes
7	Permanent Paralysis of Limbs	Yes	Yes	Yes	Yes
8	First Heart Attack of Specified Severity	Yes	Yes	Yes	Yes
9	Stroke resulting in Permanent Symptoms	Yes	Yes	Yes	Yes
10	Benign Brain Tumor	No	Yes	Yes	Yes
11	Parkinson's Disease	No	Yes	Yes	Yes
12	Coma of Specified Severity	No	Yes	Yes	Yes
13	End Stage Liver Disease	No	No	Yes	Yes
14	Alzheimer's Disease	No	No	Yes	Yes
15	Surgery of Aorta	No	No	Yes	Yes
16	Major Burns	No	No	No	Yes
17	Deafness	No	No	No	Yes
18	Loss of Speech	No	No	No	Yes

Definitions:

Critical Illness means any one of the following illnesses or conditions that occurs or manifests itself during the Policy Period as a first incidence and the insured survives the defined survival period.

(i) Cancer of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

(ii) Myocardial Infarction (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

(iii) Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

(iv) Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The

diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

(v) Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

(vi) Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

(vii) Stroke Resulting in Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

(viii) Major Organ /Bone Marrow Transplant

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

(ix) Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

(x) Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

(xi) Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

(xii) Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

(xiii) End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.

(xiv) Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This

diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

(xv) Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

(xvi) Parkinson's Disease

The occurrence of Parkinson's disease where there is an associated neurological deficit that results in permanent inability to perform independently at least three of the activities of daily living as defined below.

i. Transfer: Getting in and out of bed without requiring external physical assistance
ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
v. Eating: All tasks of getting food into the body once it has been prepared

(xvii) Alzheimer's Disease

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living- bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication- or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

(xviii) Surgery of Aorta

The actual undergoing of medically necessary Surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

5.2 Additional Ambulance Charges

The company will pay the ambulance expenses incurred for Ambulance Expenses up to the maximum amount as specified in Policy Schedule per valid hospitalization claim for

transferring the Insured member(s) to the nearest Hospital with adequate facilities, if a claim is accepted under In-patient hospitalization.

This coverage will be in addition to the limit mentioned under Section 3.a.V.

5.3 Corporate Buffer

The Company will provide additional Sum Insured specified in the Policy Schedule available to the Insured Members of the Policy who have exhausted their Sum Insured for the Policy Year. This Sum Insured will be available at the Group level on a Floater basis as per the conditions specified in the Policy Schedule, provided that:

a) Any Benefit accrued under this cover cannot be carried forward to the subsequent Coverage Period.

b) All other terms, exclusions and conditions contained in the Policy or endorsed thereon remains unchanged.

5.4 Organ Donor Expenses

The Company will pay the in-patient Hospitalization Medical Expenses for a successful organ transplant including pre-transplant medical tests for legitimate donor and for harvesting the organ up to the sum insured mentioned in policy schedule, provided that:

i. The organ donor is any person whose organ has been made available in compliance with The Transplantation of Human Organ Act 1994, The Transplantation of Human Organs Act (Amendment) 2011(or any amendments thereafter); and other applicable Central / State Rules / Regulations, as applicable, in respect of transplantation of human organs.

ii. The organ donated is for the use of the Insured Person who has been medically advised to undergo organ transplant, and

iii. The Company has accepted an In-patient Hospitalization claim for the Insured member under medical expenses.

iv. The policy will not cover expenses towards the donor in respect of:

- **(a)** Any Pre Hospitalization Medical Expenses or Post Hospitalization Medical Expenses other than pre-transplant medical test for legitimate organ donor and cost of organ harvesting;
- **(b)** Costs directly or indirectly associated to the acquisition of the organ/ or cost of organ.
- **(c)** Any other medical treatment or complication in respect of the donor, consequent to harvesting.
- **(d)** Claims which have NOT been admitted under in-patient Hospitalization Medical Expenses for the insured

5.5 Daily Cash Cover

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule, suffered or contracted during the Coverage Period, then We will pay the daily benefit amount subject to deductible, specified against this Benefit in the Policy Schedule, for each continuous and completed period of 24 hours of Hospitalization to cover incidental expenses related to hospitalization like [but not restricted to] attendants' accommodation, food and transport

This benefit will be payable provided that:

a) Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
b) This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule for each Coverage Period.

5.6 Restoration of Sum Insured

The Company will provide a 100% restoration of Sum Insured opted by the Insured once in a policy year, if the opted Sum Insured is exhausted or rendered insufficient as a result of previous claims in that policy year, provided that:

a) Restoration of Sum Insured will be in addition to opted Sum Insured.
b) The restored Sum Insured can only be used for all future claims within the same policy year, not related to the illness/disease/injury for which a claim has been paid in that policy year for the same Insured member(s)
c) The claim will be admissible under the restored Sum Insured only if the claim is admissible under section "Base Cover – Hospitalisation (3.a)"
d) Restoration will not trigger for the first claim.
e) For individual policies, restored Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
f) Any unutilized restored Sum Insured will not be carried forward to subsequent policy year
g) Automatic restoration of Sum Insured will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted.

5.7 Wellness Benefits

The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.

1. Everyday Care

The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empanelled Network providers. The list of such network providers will be updated from time to time and can be obtained from Our website, mobile application or by calling our call centre. *The Company will* assist in scheduling appointments for consultation and diagnostic test as per time convenience of the insured person. Alternatively, the insured person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The insured person(s) can avail these facilities as many number of time as he/she wishes to avail.

i. **OPD Consultation:** The Company offers family/general physician as well as special consultations at discounted rates from the Network Providers. The insured person(s) can also store the prescription letters and bills in the electronic health portal system provided by the Company.

ii. **Diagnostic Services:** The Company offers diagnostic facilities at discounted rates from the Network Providers. The insured person(s) can also store these medical test reports and bills in the electronic health portal system provided by the Company.

iii. **Pharmacies:** If the insured person(s) want to obtain medicines and consumables prescribed by a medical practitioner, he/she can avail the same at discounted rates subject to a valid prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

2. Complete Wellness & Healthcare

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

i. **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.

ii. **Electronic Health Records:** the Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.

iii. **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the

insured person along with a “Health Goal” which is identified post identification of risk factors for improving insured person’s overall well-being.
“Health Goal”, which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

3. Health Coach

The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). The service will offer immediate and complete assistance to the Insured Person looking after his/her day-to-day health care. Post the complete health profile building of the Insured Person, Health Coach will interact with the Insured Person as per Health requirement.

4. AI Powered Wellness Services:

The insured will be offered the below mentioned AI based Health monitoring wellness services designed to enhance the overall health and wellness experience for insured’s by offering personalized and data-driven insights.

1. Health Monitoring: Tracks vital signs (heart rate, SpO2, BP, etc.) using face scan technology in under 40 seconds.
2. AI-Generated Health Score: Provides actionable health insights based on facial analysis.
3. Dietary Assistant: Offers personalized dietary recommendations using meal photos or voice inputs for accurate nutrient tracking. - Nutrition Calculator: Calculates nutritional values of meals from uploaded images.
4. Digital Health Coach: Design’s diet and health plans tailored to user profiles, health goals, and cultural preferences.
5. Recipe AI Tool: Suggests customized recipes based on ingredients and health objectives.
6. AI-Based X-Ray Scan Reader: Detects abnormalities in X-rays, aiding quick and precise diagnostics.
7. Recovery Support: A 90-day program using AI algorithms to help patients recover post-discharge and prevent readmissions.
8. Any other diagnostic/wellness related services which would be available on AI platform

5. Elderly care

I. Elder App

Access to the Elder Care App of our service provider available for seniors, providing them with a platform to manage their health and wellness needs. Through the app, they can book health check-ups, order medicines, arrange for nurses or attendant support, and access a 24/7 emergency helpline. Additionally, the app offers ambulance support to

ensure timely medical assistance in emergencies. The app ensures convenience and reliable access to essential healthcare services, all tailored to promote overall well-being.

II. Assistance

Dedicated Daughters: Providing personalized telephonic assistance focused on health and well-being, addressing clinical needs, offering guidance, and acting as a care coordinator with a compassionate approach.

III. Emergency Coordination

a) **24 X 7 Emergency Coordination:** Our dedicated team is available around the clock to triage emergencies online, ensuring prompt and efficient support for elders.

b) **Doctor on Call:** Instantly connect with a doctor for teleconsultations during medical emergencies, ensuring peace of mind and immediate care for elders (one emergency cover included)

c) **Ambulance Cover:** Swiftly schedule an ambulance to the nearest hospital during medical emergencies, guaranteeing rapid and reliable transport for elders. Enjoy peace of mind (one emergency cover included)

IV. Elder Helpdesk

Elder Concierge Service: Access our online helpdesk for seamless support with everything from medicine delivery and lab tests to hospital visits, everything you need for overall well being, all in one place.

Emoha Companion is a support for elders for their needs, like going to hospital along with them. (3 hr visit)

Special Discounts -

1. upto 18% off on medicine orders

2. upto 25% off on diagnostic services

3. upto 10% off on physiotherapy sessions

4. upto 10% off on nursing services - first 30 days

V. Elder Healthcare

Electronic Health Records

I. **Elder Health Profile** - Bring all your personal doctors, hospital registrations and health insurance details online in one place
II. **Digital Health Records** - Store all diagnostics, lab reports & vitals online

Assisted Living Care

Elders will get a priority in waitlist in case they need to secure a room at one of the Epoch Centres

Geriatric Teleconsultations

Get tailored teleconsultations from specialists to expertly manage chronic conditions and enhance your health, right from the comfort of home.

Nursing/Attendants at home

Enjoy compassionate, professional care with our skilled nurses and attendants, providing personalized post-hospitalization support right at home, tailored specifically for seniors. (12 hr visit)

Annual Body Check-up

One annual Body Check-up containing a list of 70 tests

Physiotherapist Sessions

Physiotherapist sessions in case of doctor recommended post hospitalization only

Doctor Home Visits

Physical Doctor home visits for at home consultations

Psychologist Sessions

Receive expert mental health counselling tailored for elders dealing with dementia, Parkinson's, and other conditions, providing compassionate support to enhance well-being and quality of life.

Wearable Device

Elders get a wearable to regularly monitor important vitals

6. Vision Care

The company will provide Charges incurred towards vision tests and related expenses for the Medical Expenses listed below, in respect of the Insured Person, if specified under the Policy Schedule/ Certificate of Insurance:

- A single examination of the eyes by an optometrist or ophthalmologist per Policy Year;
- Expenses for lens, eyeglass frames, prescription sunglasses to correct vision.

This Benefit will exclude:

- sunglasses, unless medically prescribed by a Medical Practitioner.
- Medical Treatment or Surgical Treatment of the eye/s;
- lenses which are not a medical necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses. The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

5.8 Emergency Assistance Services

The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company or through an appointed Service provider, with prior intimation and acceptance by the Company.

a) **Medical Consultation, Evaluation and Referral-** In case of any emergency situation, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
b) **Medical Monitoring and Case Management- A team of doctors, nurses, and other medically** trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
c) **Emergency Medical Evacuation -** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.
d) **Medical Repatriation (Transportation):** When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.
e) **Compassionate Visit:** When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

f) **Care of Minor Child (ren):** One-way economy common carrier transportation with attendants, if required, will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of an eligible participant.

g) **Return of Mortal Remains:** In case of an Eligible Participant's death, we will arrange and pay for the return of Mortal Remains to an authorized funeral home proximate to the Eligible Participant's legal residence.

h) **Foreign Hospital Admission Assistance:** We shall assist in either issuing a prompt financial guarantee to facilitate admittance to a foreign medical facility and/ or validate Eligible Participant's medical Insurance; provided that the eligible medical participant commits in writing to repay all funds within 45 days.

i) **Prescription Assistance:** If an eligible participant needs replacement prescription medicine while travelling, we shall help with replacing the prescription when possible and legally permissible.

j) **Interpreter & Legal Referrals:** Upon request provide referrals to interpreters, counsellors or legal personnel.

k) **Lost Luggage & Document Assistance:** Helps eligible participant locate lost luggage, document, personal belongings or assist with the replacement of travel tickets.

l) **Pre-trip Information:** Helps Eligible Participants web-based and app-based country profiles that include visa requirements, immunization and inoculation recommendations, embassy, and consulate information, country specific details and security advisories as well as other patient information for travel destinations.

m) **Mobile App Services:** Offers Mobile App services including embassy and consulate locator, tap to call feature service descriptions, electronic identification cards and Assist alerts.

5.9 Accident Benefit Cover

If during the period of insurance an insured person sustains any bodily injury or affliction because of **Accident**, which solely and directly causes any of the contingencies opted for as cover from amongst the sub-sections listed under 5.9 [a] to 5.9.[d], We would pay the benefit as specified in the attached Schedule in accordance with terms, conditions and exclusions of the Policy.

i. Choosing **<u>at least one</u>** out of Death/Disappearance , Permanent Total Disablement and Permanent Partial Disablement (5.9.[a] / 5.9.[b] and 5.9.[c]) covers is compulsory.
ii. The option to allow the covers and vary the available benefits lies with the Insurer.

- ‘What we cover’ is given under the heading ‘Contingency Description’.
- The benefits of the cover available are captured in the ‘Limit/Extension of Benefit’ column. The column indicates the amount recoverable [**the limit of liability** under a particular cover during the policy period].
- The special conditions, if any, pertaining to each cover, are also mentioned.

5.9.[a]

Contingency Description	Limit/Extent of Benefit
Death/Disappearance	Capital Sum Insured [CSI]

Death means cessation of blood circulation and breathing – the two criteria necessary to sustain life in a human being

Disappearance means the un-traceability of the insured person for a continuous period of 365 days following disappearance, sinking or wreckage of the conveyance he was provably travelling in, leading to a case of declared-death-in-absentia or legal presumption of death

Special Conditions for the Cover

I. If payment has been already made under Permanent Total Disablement, then no benefit/claim shall be due under this cover.
II. If payment has been already made under Permanent Partial Disablement [PPD], then benefit recoverable under this cover will be reduced by the amount paid under PPD.
III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the Death cover, if opted and payable, will be paid along with the above.
IV. The Disappearance Benefit will be payable provided that:

i. The legal heirs/representatives of the Insured Person’s estate provide Us with a signed agreement stating that if it transpires later that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid will be reimbursed to Us immediately and without any deductions.
ii. The Insured Person’s legal representative must intimate such disappearance to Us immediately upon happening of the event and shall carry the onus of proof of the claimed disappearance.

5.9.[b]

Contingency Description	Limit/Extent of Benefit
Permanent Total Disablement [PTD]	As opted for by the Insured at inception of policy Percentage of CSI [100%/125%/150%/175%/200%] as stated in the Schedule

Permanent Total Disablement means any of the following happening within 365 days of the accident:

a) Total Paralysis
b) Total and irrecoverable loss of sight of both eyes
c) Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot)
d) Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot)
e) Total and irrecoverable loss of speech
f) Loss/Removal of lower jaw
g) Third degree burn injury to 10% or more of the head surface area / 25% or more of the surface area of body other than the head
h) Compound fracture of the skull with damage to brain tissues
i) Permanent and incurable insanity
j) Total 'brain dead' cases - the permanent total loss of the central nervous system
k) Permanent total loss of thoracic or abdominal organs rendering the insured completely incapable to carry out daily living activities without full-time assistance
l) Total and permanent loss of vocation/employment caused by any one or more of the above or by any combination of permanent partial disabilities
For the purpose of this definition,

a. Total Paralysis means complete and irreversible loss of motor function leading to the total loss of function of the entire body from neck down due to an accidental injury to the spinal cord.
b. Limb means a hand at or above the wrist or foot above the ankle.
c. Loss of Limb means the physical separation of or the loss of ability to use a limb above the wrist and/or ankle respectively.

Special Conditions for the Cover

I. The Permanent Total Disablement is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.

II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.

III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the PTD cover, if opted and payable, will be paid along with the above.

IV. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum assured mentioned in the policy schedule against this coverage.

5.9.[c]

Cover Description	Limit/Extent of Benefit
Permanent Partial Disablement [PPD]	As in the following Table

Nature of Injury	% of Capital Sum Insured
a. Permanent and total loss of hearing	75
b. Loss of sight of one eye	50
c. Loss of one limb	50
d. Loss of toes-all	20
e. Great-both phalanges	5
f. Great-one phalanx	2
g. Other than great, for each of the others	1
h. Non-union of fractured leg or knee-cap	10%
i. Shortening of the leg by at least 2 inches	7.5%
j. Stiffening of elbow, hip or knee joints due to rigidity/fusion of bones	20
k. Loss of hearing – one ear	15
l. Loss of four fingers and thumb of one hand	40

m. Loss of four fingers	35
n. Loss of thumb-both phalanges	25
o. Loss of thumb-one phalanx	10
p. Loss of index finger	
i. Three phalanges	10
ii. Two phalanges	8
iii. One phalanx	4
q. Loss of middle finger	
i. Three phalanges	6
ii. Two phalanges	4
iii. One phalanx	2
r. Loss of ring finger	
i. Three phalanges	5
ii. Two phalanges	4
iii. One phalanx	2
s. Loss of little finger	
i. Three phalanges	4
ii. Two phalanges	3
iii. One phalanx	2
t. Any other permanent partial disablement [including disablement caused by the elements]	As assessed by Medical Practitioner appointed by us and not exceeding 75%

Permanent Partial Disability means the bodily Injury that results in total, irrevocable, absolute and continuous loss or impairment of a body part or sensory organ as elaborately specified above.

Special Conditions for the Cover

I. The PPD is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
III. If the Insured Member suffers accidental Injuries resulting in more than one of the Permanent Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Capital Sum Insured mentioned in the policy schedule.

5.9.[d]

Contingency Description	Limit/Extent of Benefit
Temporary Total Disablement [TTD]	Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule

Temporary Total Disablement means the bodily Injury or affliction that prevents you from engaging in your occupation as certified by Medical Practitioner and attested by employer, if any.

Special Conditions for the Cover

I. The Temporary Total Disablement is liable to be certified by a Medical Practitioner and Employer, if any. Submission of supporting documents/reports is a pre-requisite for consideration of any claim under this cover.
II. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks mentioned in the Policy Schedule for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practioner, whichever is earlier.
III. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks mentioned in the Policy Schedule for any and all claims arising within the Policy Period.

IV. The benefit shall not be paid for the Time Excess mentioned in the Policy Schedule i.e. for the number of days mentioned in the Policy Schedule calculated from the date of commencement of TTD.

V. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practioner mutually appointed by You and Us.

5.10 Dental Treatment Cover

The Company will reimburse the medical expenses related to dental treatment and cost of denture incurred by the Insured during the Policy Period. This benefit shall be limited to maximum amount as mentioned in Policy Schedule. The 24-hour hospitalization requirement under the policy will stand waived for this cover.

Subject otherwise to the terms and conditions of the policy.

5.11 Medically Advised Support Devices

The Company will reimburse the charges incurred by Insured during the Policy Period on account of procuring medically necessary prosthetic or artificial devices or any other medical device prescribed by the Registered Medical Practitioner as arising due to admission claim under '3. Base Cover'. This benefit shall be limited to maximum amount as mentioned in Policy Schedule.

Subject to terms and conditions of the policy.

5.12 Benefit Cover for Pandemic/Epidemic Diseases (including COVID-19)

The Company will pay the Sum Insured as a lump sum amount mentioned in the Policy Schedule in case the Insured Person is diagnosed as suffering from the Pandemic / Epidemic diseases provided it occurs or manifests itself during the policy period as a first incidence.

The benefit will be payable after waiting period as mentioned in the Policy Schedule.
Subject to terms and conditions of the policy.
For the purpose of above optional coverage:

Pandemic / Epidemic Disease means infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. (As declared by World Health Organization / Government of India)

5.13 External Congenital Ailment Cover

The Company will indemnify the medical expenses incurred by the Insured Person for External Congenital Disease or Defects or anomalies up to the maximum amount as mentioned in Policy Schedule.

The waiting period of pre-existing diseases – if not waived off by availing section 4.1. Extensions – PED Waiting Period waiver - will be applicable for payment of benefits under this optional coverage.

Subject to terms and conditions of the policy.

5.14 Cost of Health Check up

The Company will reimburse the expenses incurred for the preventive health check-ups for Insured Person specified in the Policy Schedule / Certificate of Insurance.

5.15 Hospital Cash to Parents

The Company will pay In case of Hospitalization of Children up to Age 12 years, Cash allowance of per day subject to a maximum limit as specified in Policy Schedule, will be given to Parent Insured Person.
The overall limit under the Policy shall be Specified per Policy period and forms part of Sum Insured under the Policy

5.16 Funeral Expenses

The Company will pay In case of death of any of the insured persons following hospitalization with valid claim under the Policy, Funeral expenses of upto Sum Insured will be paid under the Policy. This amount will be over and above base Sum Insured under the Policy.

5.17 No Claim Bonus

a) Enhancement In Sum Insured
The company will increase the Base Annual Sum Insured by 10% at the end of the Policy Year if the Policy is renewed with Us provided that:

No claim has been made under the Policy, including for the optional benefits, and the Policy is renewed with the Company without any break. The maximum Cumulative Bonus shall not exceed 50% of the Base Annual Sum Insured under the Policy

In case of a Family floater the Cumulative Bonus so applied will only be available in respect of claims made by those Insured Members(s)who were Insured Member(s)in the immediate preceding claim free Policy Year and continue to be Insured Member(s) in the subsequent Policy Year.

If a Cumulative Bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the Cumulative Bonus by 10% of the Base Annual Sum Insured in that following Policy Year. There will be no impact on the Base Annual Sum Insured

b) Discount in Premium

No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 5 years.
If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.

5.18 Second Opinion

The Company will reimburse expenses incurred by Insured Person towards a second opinion from Network Medical Practitioner if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period.

The expert opinion would be directly sent to the Insured Person.
1. First Heart Attack - Of Specified Severity
2. Cancer of specified severity
3. Open Chest CABG
4. Open Heart Replacement Or Repair Of Heart Valves
5. Coma Of Specified Severity
6. Kidney Failure requiring regular dialysis
7. Major Organ /Bone Marrow Transplant
8. Stroke resulting in permanent symptoms
9. Kidney Failure requiring regular dialysis
10. Permanent Paralysis Of Limbs
11. Motor Neurone Disease With Permanent Symptoms

This benefit can be availed by an Insured Person once during a Policy Year & can be claimed under this benefit only.

5.19 Home Care Treatment

The Company will reimburse the cost incurred towards Home Care Treatment up to the sum insured mentioned in the Policy Schedule. For the purpose of this benefit, Home Care Treatment means a treatment availed by the Insured Person at home which in normal course would require care and treatment at a Hospital, but it is actually taken at home, provided that:

Applicability: Only for Pandemic Disease.

a. The Medical Practitioner advices the Insured Person to undergo Treatment at Home;
b. There is a continuous active line of treatment with monitoring of the Health status by a Medical Practitioner for each day through the duration of the Home Care Treatment.
c. Daily monitoring chart including records of treatment administered duly signed by the treating Doctor is maintained.

5.20 Loss of Income

The Company will pay to an Insured Person for loss of Income if they cannot engage in their primary occupation and lose their source of income due to an Illness or Injury during the Policy Period and amount as specified in the Policy Schedule / Certificate of Insurance.

5.21 EMI Protection

The Company will pay an amount as specified in the Policy Schedule / Certificate of insurance, equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such occurrence where Insured Person undergoes Medically Necessary hospitalization during the Policy Period. This benefit can be paid once in a Policy Year for the Maximum number of EMI's Specified in the Policy Schedule / Certificate of Insurance.

5.22 Errors & Omissions

The Company will consider number of lives as specified and subject to conditions mentioned in Policy Schedule / Certificate of Insurance to add in Mid Term of the Policy on account of Error & Omissions, Subject to availability of the Premium.

5.23 Global coverage including Travelling Cost, Boarding and Lodging for treatment outside India

The company will reimburse the cost of medical treatment along with the travelling cost and cost pertaining to boarding and lodging attendant in a country outside India for not more than 180 consecutive days up to the sum insured, provided that:
a] the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment and
b] prior approval from the Company is taken before travelling abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Insured member(s) can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only sum insured can be used for this and not the restored sum insured.
c] If the insured has opted for "Global Coverage" section 4.4.12 then the above cover shall not be applicable. Insured person has an option to opt any one of the benefits from "Global Coverage" section 4.4.12 or "Global coverage including Travelling cost, Boarding and Lodging for treatment outside of India" section 5.5.23.
d] The applicability of this cover should be limited to the insured person travelling abroad for the treatment and only one person accompanying the insured person.

5.24 Annual cancer screening for Cancer diagnosed patients

The company will reimburse the Medical Expenses incurred up to the limit specified in the Policy Schedule for an Annual Screening Package for the Insured Person(s) subject to below mentioned conditions:
i. Insured must be a diagnosed with "Cancer of Specified Severity" as defined in Section 7.a.8 (Definitions). This diagnosis must be evidenced by histological evidence of malignancy and confirmed by a pathologist.
ii. The add on will only cover medically prescribed diagnostics used to monitor vitals or to evaluate the risk of recurrence of the patients.
iii. Expenses can be claimed under this Optional Cover on a reimbursement basis only.

5.25 Preferred Hospital Coverage

If this Optional Benefit is opted, then Policyholder is entitled for a reduction in the total premium (which includes premium of Base Benefits, Optional Benefits payable as specified in the Policy Schedule, subject to following conditions:

(i) If the Insured Person takes Medical Treatment in hospitals other than those listed in Annexure – III to the Policy Terms and Conditions, then the Policyholder/Insured Person shall bear a Co-Payment of 10% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

(ii) However, no such additional co-payment shall be applicable if treatment is availed in the hospitals listed in Annexure III to the Policy Terms and Conditions.

5.26 Addition of Critical Illness

On payment of additional premium, We will pay the Critical Illness [CI] Sum Insured as a lump sum in addition to pay-out under this Policy provided that:

- **a)** The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and the Insured Person survives at-least 30 days following such diagnosis,
- **b)** This benefit is payable once during the Policy Period and would terminate on the occurrence of the first Critical Illness. The Insured Person shall receive the sum insured as per applicable guidelines post which the benefit will cease and coverage under this benefit would not be renewed any further. However, the other insured members (if any) will continue to be covered under this benefit if opted.
- **c)** This benefit is offered only on Individual Sum Insured basis.
- **d)** The insured person has an option to opt any one out of two covers “Critical Illness” section 5.5.1 or “Addition of Critical Illness” section 5.5.26.

List of Critical Illnesses		
Sr No	**Particulars**	**Major**
1	**Cancer and blood disorders**	Cancer of Specified severity(Major Cancer)
2		Bone Marrow Transplant
3		Aplastic Anaemia
4		Primary Myelofibrosis
5	**Heart and Blood Vessel**	Refractory Heart Failure
6		Myocardial Infarction (First Heart Attack - Of Specified Severity
7		Cardiomyopathy of specified severity
8		Open Chest CABG
9		Open Heart Replacement Or Repair Of Heart Valves
10		Surgery Of Aorta
11		Primary (Idiopathic) Pulmonary Hypertension
12	**Major Organs**	Systemic Lupus Erythematous With Renal Involvement
13		Scleroderma
14		Good Pastures Syndrome With Lung or Renal Involvement
15		Myasthenia Gravis
16		End Stage Lung Failure
17		Kidney Failure Requiring Regular Dialysis
18		Medullary Cystic Kidney Disease
19		Fulminant Hepatitis
20		End Stage Liver Failure
21		Major Organ transplant
22		Chronic Relapsing Pancreatitis
23	**Nervous System**	Stroke Resulting in Permanent Symptoms
24		Permanent Paralysis of Limbs
25		Motor Neuron Disease With Permanent Symptoms
26		Parkinson's Disease
27		Benign Brain Tumor
28		Alzheimer's Disease
29		Multiple Sclerosis with Persisting Symptoms
30		Creutzfeldt-Jakob Disease
31		Muscular Dystrophy
32		Coma of Specified Severity
33		Apallic Syndrome
34		Major Head Trauma
35		Deafness
36		Loss Of Speech
37		Blindness
38		Poliomyelitis
39		Tuberculousis Meningitis
40	**Others**	loss of independent existence
41		loss of limbs
42		Third Degree Burns

5.27 E consultation Services

The Company will offer e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.)

The Limits for the same will be as mentioned in the policy schedule.

5.28 Bereavement Cover

1) 100% of the claim amount up to the Sum Insured will be paid to the legal heir of the employee in case of death during Hospitalization.

2) There should not be any deductions in the claim amount due to Non-medical expenses, Co Payment, and any deductible if applicable.

3) This benefit is only applicable to an employee covered under the group employer-employee relationship and shall not be applicable to the dependent family members covered under the policy.

4) The maximum liability under this benefit would be restricted up to the Sum Insured of the employee as mentioned in the Policy Schedule.

5.29 Snake Bite Cover

We will cover the medical expenses for Outpatient treatment (OPD) and vaccinations related to the snake bite up to the Sum Insured limit as mentioned in the policy schedule.

5.30 Caretaker Charges

The company will cover the caretaker charges for Post Hospitalization related expenses if the insured person is in a non-ambulatory condition. This add on can only be utilized in case of Post Hospitalization only and limits for this coverage cannot exceed the base Sum Insured.

The limits for the same will be as mentioned in the policy Schedule.

6. BENEFIT RESTRICTION OPTIONS

6.1. Only Accidental Hospitalization Cover

Notwithstanding anything herein to the contrary, the operative clause of the policy and, consequently, coverage under Sections 3.a as well as the related Extensions and Add-ons will be available **only for injury** [as per definition by IRDAI] during the policy period. The Company will

pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims as per the policy terms and conditions.

Hospitalization **for illness** [as per definition by IRDAI] shall stand excluded from cover.

Subject to limits, terms and conditions of the policy.

6.2. Only Illness Hospitalization Cover

Notwithstanding anything herein to the contrary, the operative clause of the policy and, consequently, coverage under Sections 3.a. as well as the related Extensions and Add-ons will be available **only for illness** [as per definition IRDAI] during the policy period. The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims as per the policy terms and conditions.

Hospitalization **for injury** [as per definition IRDAI] shall stand excluded from cover.

Subject to limits, terms and conditions of the policy.

6.3. Limited Hospitalization Cover

Notwithstanding anything contained herein to the contrary, clauses i] and ii] of Section **3.a.** shall be modified to read as under:

i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – With a per day limit of 0.50% / 1%/ 2% of Sum Insured
ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses - With a per day limit of 1%/ 2%/ 4% of Sum Insured

All other terms and conditions of the policy shall remain unaltered.

6.4. Restricted Contingency Cover

Notwithstanding anything herein to the contrary, the operative clause of the policy and, consequently, coverage under Sections 8.a as well as the related Extensions and Add-ons will be available **only for the named illness** during the policy period. The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claim as per the policy terms and conditions.

Hospitalization **for injury** [as per definition IRDAI] and **illness other than the one named** shall stand excluded from cover.

The named illness and restricted contingency can be any of the following:

6.4.i – Pandemics/Epidemics

Pandemic / Epidemic Disease shall mean infectious disease [including Covid-19] that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. (As declared by World Health Organization / Government of India)

6.4.ii – Infectious Diseases - Vector-borne **Vector-borne diseases** shall mean human illnesses caused by parasites, viruses and bacteria that are transmitted by vectors as listed below:

Vector		Disease caused	Type of pathogen
Mosquito	*Aedes*	Chikungunya	Virus
		Dengue	Virus
		Lymphatic filariasis	Parasite
		Rift Valley fever	Virus
		Yellow Fever	Virus
		Zika	Virus
	Anopheles	Lymphatic filariasis	Parasite
		Malaria	Parasite
	Culex	Japanese encephalitis	Virus
		Lymphatic filariasis	Parasite
		West Nile fever	Virus
Aquatic snails		Schistosomiasis (bilharziasis)	Parasite
Blackflies		Onchoceriasis (river blindness)	Parasite
Fleas		Plague (transmitted from rats to humans)	Bacteria
		Tungiasis	Ecto parasite
Lice		Typhus	Bacteria
		Louse-borne relapsing fever	Bacteria
Sandflies		Leishmaniasis	Bacteria
		Sandfly fever (phlebotomus fever)	Virus
Ticks		Crimean-Congo haemorrhagic fever	Virus
		Lyme disease	Bacteria
		Relapsing fever (borreliosis)	Bacteria
		Rickettsial diseases (eg: spotted fever and Q fever)	Bacteria
		Tick-borne encephalitis	Virus
		Tularaemia	Bacteria
Triatome bugs		Chagas disease (American trypanosomiasis)	Parasite
Tsetse flies		Sleeping sickness (African trypanosomiasis)	Parasite

6.4.iii – Infectious Diseases – Other Than Vector-borne

This category would include diseases caused by infectious pathogens – bacteria, viruses, fungi, parasites and prions – and propagated by means other than vectors.

6.4.iv – Critical Illness Combos

Critical Illness shall mean the illness listed below and defined as per 'Definition Section'.

The insured shall have the option to choose any of the combo plans listed below:

Sl No	Particulars	Silver	Gold	Platinum	Diamond
1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Kidney Failure requiring regular dialysis	Yes	Yes	Yes	Yes
3	Multiple Sclerosis with Persisting Symptoms	Yes	Yes	Yes	Yes
4	Major Organ/ Bone Marrow Transplant	Yes	Yes	Yes	Yes
5	Open Heart Replacement	Yes	Yes	Yes	Yes
6	Coronary Artery Bypass Graft	Yes	Yes	Yes	Yes
7	Permanent Paralysis of Limbs	Yes	Yes	Yes	Yes
8	First Heart Attack of Specified Severity	Yes	Yes	Yes	Yes
9	Stroke resulting in Permanent Symptoms	Yes	Yes	Yes	Yes
10	Benign Brain Tumor	No	Yes	Yes	Yes
11	Parkinson's Disease	No	Yes	Yes	Yes
12	Coma of Specified Severity	No	Yes	Yes	Yes
13	End Stage Liver Disease	No	No	Yes	Yes
14	Alzheimer's Disease	No	No	Yes	Yes
15	Surgery of Aorta	No	No	Yes	Yes
16	Major Burns	No	No	No	Yes
17	Deafness	No	No	No	Yes
18	Loss of Speech	No	No	No	Yes

6.4.v – Cancer

Cancer shall mean the group of diseases involving malignancy and uncontrolled growth of abnormal cells in the human body.

6.4.vi – Named Surgeries Cover

Named Surgeries would include Heart Surgeries [Aortic surgery, Aortic valve surgery, Arrhythmia surgery, CABG, Heart Transplant, Surgical Ventricular Restoration, Myectomy, Transmyocardial Revascularization, Valvular Surgery and the like], Neuro-surgeries [surgeries of the Brain and Spine] and Orthopedic Sugery [surgery concerned with disorders of the musculo-skeletal system – spines, joints and their repair].

Subject to limits, terms and conditions of the policy.

6.4.vii – Eye Disorders

Eye Disorders shall mean diseases and disorders of eye and vision including [but not limited to] Refractive Errors, Age-Related Macular Degeneration, Cataract, Diabetic Retinopathy, Glaucoma, Amblyopia and Strabismus.

6.4.viii – Named Illness

The Company shall specify the covered illness as mentioned in the Policy Schedule towards 3.a. Hospitalisation Cover.

6.4.IX - Specified Named Illness

The Company shall specify the named illness & Surgeries as mentioned in the Policy Schedule on benefit basis towards 3.a. Hospitalisation Cover.

6.5. Capped Compensation Cover

It is hereby declared and agreed that illness claims under Section 3.a of the Policy shall be subject to the disease-wise agreed capped percentage or maximum amount [whichever is less] as specified in Annexure - III.

Subject otherwise to the terms and conditions of the Policy.

6.6. Co-payment

It is hereby declared and agreed that each and every claim under the Policy shall be subject to an agreed Co-payment of __% [as specified in the schedule] applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

6.7. Voluntary Excess

It is hereby declared and agreed that the Insured/Claimant shall bear the first Rs……. of each and every claim under sections 3.a for which the Insured is to be indemnified by this policy

The voluntary excess shall apply per event per insured person.

6.8. Reimbursement Only Cover

It is hereby declared and agreed that payment of hospitalization claims under the policy shall be through the reimbursement mode and cashless facility shall neither be sought nor extended.

7. Exclusions:

a. Standard Exclusions:

Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. Pre-Existing Diseases (Code- Excl01)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Product) regulations, 2024 then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period: (Code- Excl02)

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i 24 Months waiting period

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age related eye ailments
10. Gastric/ Duodenal Ulcer

11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

ii 36 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis
3. Age-related Macular Degeneration (ARMD),
4. All Neuro degenerative disorders

3. First Thirty Days Waiting Period (Code- Excl03)

i Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

1. Investigation & Evaluation (Code- Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
  a) greater than or equal to 40 or
  b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    i. Obesity-related cardiomyopathy
    ii. Coronary heart disease
    iii. Severe Sleep Apnea
    iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender Treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**

12. Refractive Error:(Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

15. Maternity Expenses (Code – Excl 18):

i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

E.2. Specific Exclusions:

1. Any expenses incurred on OPD treatment.

2. Treatment taken outside the geographical limits of India.

3. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

4. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.

5. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

6. Malignant melanoma that has not caused invasion beyond the epidermis;

7. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

8. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

9. Chronic lymphocytic leukaemia less than RAI stage 3

10. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

11. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

12. Other acute Coronary Syndromes

13. Any type of angina pectoris

14. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

15. Angioplasty and/or any other intra-arterial procedures

16. Transient ischemic attacks (TIA)

17. Traumatic injury of the brain

18. Vascular disease affecting only the eye or optic nerve or vestibular functions.

19. Other stem-cell transplants

20. Where only islets of langerhans are transplanted

21. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse.

22. Other causes of neurological damage such as SLE.

23. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

24. Traumatic Injury of the aorta.

25. Parkinson's disease secondary to drug and/or alcohol abuse.

26. Any kind of Psychological counselling, cognitive / family / group / behaviour / palliative therapy, or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered.

28. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

29. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or' biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

Exclusions Applicable to All Sub-sections of 10.9.d

We shall not be liable to make any payment for any claim under any of the Cover/ Benefits under the Policy in respect of any Insured Person, directly or indirectly caused by or arising from or in any way attributable to, any of the following:

I. Disease, illness, sickness, ill-health, infection and ailment of all kinds unless proximately caused by accident
II. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self- destruction whether the Insured Person is medically sane or insane.
III. Any Pre-existing condition or any complication arising from the same.
IV. Pregnancy or childbirth or any consequence thereof.
V. Consequential losses of any kind or actual or alleged legal liability
VI. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
VII. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
VIII. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
IX. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
X. The Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
XI. Use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
XII. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
XIII. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

8. General Terms and Conditions:

8.1. Standard Terms and Conditions:

1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policy holder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3 . Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5. Cancellation

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage

b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

6. Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. lf such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

7. Portability

The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an lndian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

8. Renewal of Policy

This Policy may be renewed by mutual consent every year and in such event, the Renewal premium shall be paid to the Company on or before the date of expiry of the Policy. However, the Company shall not be bound to give notice that such Renewal premium is due. Also, Company may exercise option of not renewing the Policy on grounds of fraud, misrepresentation, or suppression of any Material Fact either at the time of taking the Policy or any time during the currency of the Policy.

A Grace Period of thirty (30) days is allowed for Renewal of the policy. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Health Policy without loss of continuity benefits such as waiting periods and coverage of Pre-

Existing Diseases. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.

9. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the
ii. If the premium is paid in installments during the policy period, coverage will be available during such Grace period.
iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

10. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

11. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs

or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

12. Moratorium

After completion of Sixty continuous months under this policy no look back would be applied. This period of Sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy contract.

a. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

b. Redressal of Grievance:

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:

Step 1: Contact us

Write us at:
Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address
contactus@universalsompo.com
For more details:
www.universalsompo.com
Toll Free Numbers: 1800-22-4030 or 1800-200-4030
Senior Citizen toll free number: 1800-267-4030

Step 2: Grievance Cell

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address:
grievance@universalsompo.com

For more details:
www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed in case on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address:
gro@universalsompo.com

For more details:
www.universalsompo.com

For updated details of grievance officer, kindly refer the link
https://www.universalsompo.com/resourse-grievance-redressal

Step 4: Insurance Ombudsman

Bima Bharosa Portal link: https://bimabharosa.irdai.gov.in/
You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.
Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.
The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site**:** https://www.cioins.co.in/Ombudsman**.**

Note: Grievance may also be lodged at IRDAI- https://bimabharosa.irdai.gov.in/.

8.2. Specific Terms and Conditions:

1. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

2. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

3. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

4. Notice & Communication

i Any notice, direction, instruction or any other communication related to the Policy should be made in writing.

ii Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.

iii The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

5. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only (except in case of Global cover).

6. Territorial Jurisdiction

All disputes or differences under or ill relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

7. Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid by 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 ill writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

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

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

9. Claims Procedure

1. Procedure for Cashless claims:

Follow below steps to avail Cashless facility through our In house Health Claims Management:

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sompo

Step V: Universal Sompo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms &Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.

Cashless Anywhere

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.
- Mail us at healthserve@universalsompo.com

2. Procedure for reimbursement of claims:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.
Universal Sompo General Insurance Company Limited,
Health Claims Management Office,
1st FloorC-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

3. Notification of Claim

Notice with full particulars shall be sent to the Company as under:

ii Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

iii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

4. Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

I. Claim form duly filled and signed by the Insured

II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.

III. All treatment papers of current ailment including previous treatment papers if any.

IV. Original Discharge Card from the hospital, Indoor Case Papers.

V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).

VI. Original hospital bill and receipts.

VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.

VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.

IX. Valid Photo ID Proof of the patient.

X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).

XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

5. Claim Settlement (provision for Penal Interest)

i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.

ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.

iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.

iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

6. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

Registered & Corp Office: Universal Sompo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsompo.com, website link www.universalsompo.com