Liberty General Insurance Limited
10th Floor, Tower A, Peninsula Business Park,
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Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyinsurance.in
IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656

AROGYA SANJEEVANI POLICY, LIBERTY GENERAL INSURANCE LTD. PROSPECTUS

INTRODUCTION

This policy is designed as per the 'Guidelines on Standard Individual Health Insurance Product' with Ref: IRDAI/HLT/REG/CIR/ 001/01/2020 mandated by the authority- The Insurance Regulatory and Development Authority of India (IRDAI)

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

ELIGIBILITY

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Maximum Entry Age : 65 Years for Adults and 25 Years for children
- Renewability: Lifelong
- Policy Tenure: 1 Year
- Relationships covered:
- **Individual -** Self, legally wedded spouse. Dependent Children, Parents, Parents-in-laws.
- **Family floater-** Self, legally wedded spouse. Parents and Parents-in-law, Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
- Maximum 3 children can be covered under Family floater.
- Child/children below 25 years of age can be covered provided either of the parents is insured under the policy.

The child/ children above 25 years of age can continue to be covered under the same policy if insured under Individual Sum Insured and continue under a separate Policy with all continuity benefits as per the Portability guidelines if insured under Family Floater.

KEY FEATURES

Key Features enlisted below are available as per your selected plan and optional covers

1. **Flexi Sum Insured Option -** Option to choose Sum Insured from INR 1 lakh to INR 5 lakh in multiples of INR 50,000
2. **Assured renewal for life -** There is no age restriction on renewal.
3. **Free Look Period -** After purchasing the Policy, in case you find it unsuitable to your needs, you can, within a free look period of 15 days, request for cancellation of the Policy.
4. **Cumulative Bonus benefits -** Avail auto increase in Sum Insured by 5% for every claim free year on the Basic Sum Insured up to a maximum of 50% of the Basic Sum Insured
5. **Tax Benefit -** Avail tax benefits under section 80D of Income Tax Act 1961 on the premium you pay towards your Arogya Sanjeevani Policy.
6. **Cashless Facility -** Avail Cashless facility from our network hospitals and leave the rest to us.

SCOPE OF COVER

The features and benefits available are as per the relevant plan opted by the Insured Person/s. Please refer the Benefit Schedule in the later part of the Prospectus.

1. Hospitalisation

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

i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum ofINR.5000/-, per day.
ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of INR10,000/- per day.
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.

4.1.1.Other expenses

i. Expenses incurred on treatment of cataract subject to the sub limits
ii. Dental treatment, necessitated due to disease or injury
iii. Plastic surgery necessitated due to disease or injury
iv. All the day care treatments
v. Expenses incurred on road Ambulance subject to a maximum of INR2000/- per hospitalisation.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment

2. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

2. AYUSH Treatment - Covers medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

3. Cataract Treatment - Covers medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or INR40,000/-, whichever is lower, per each eye in one policy year.

4. Pre-Hospitalisation - Covers medical expenses incurred for the number of days immediately before the hospitalization for a fixed period of 30 days.

5. Post-Hospitalisation - Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital for a fixed period of 60 days.

6. Following procedures will be covered either as in patient or as part of day care treatment in a hospital upto the Sum Insured, specified in the policy schedule.

A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
B. Balloon Sinuplasty
C. Deep Brain stimulation

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D. Oral chemotherapy
E. Immunotherapy- Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchical Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

7. Cumulative Bonus (CB) - Cumulative Bonus will be increased by 5% in respect of each claim free policy year, provided the policy is renewed with us without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

EXCLUSIONS

1. Waiting Period:
We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following as set out below.

I. 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 48 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 (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

II. 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.

III. 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 24/48 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 as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

i. 24 Months waiting period shall be applicable to:
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
20. Internal Congenital Anomalies

ii. 48 Months waiting period shall be applicable to:
1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

2. EXCLUSIONS
The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:
1. Investigation & Evaluation (Code- Excl04)
2. Rest Cure, rehabilitation and respite care(Code- Excl05)
3. Obesity/ Weight Control(Code- Excl06)
4. Change-of-Gender treatments: (Code- Excl07)
5. Cosmetic or plastic Surgery: (Code- Excl08)
6. Hazardous or Adventure sports: (Code- Excl09)

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7. Breach of law: (Code- Excl10)
8. Excluded Providers: (Code-Excl11)
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)
13. Unproven Treatments:(Code- Excl16)
14. Sterility and Infertility: (Code- Excl17)
15. Maternity Expenses (Code - Excl 18)
16. 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.
17. 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.
18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment
19. Treatment taken outside the geographical limits of India
20. 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.

3. Moratorium Period: After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years 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

PREMIUM ON INSTALLMENT BASIS

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule, the following Conditions shall apply :

i. Grace Period of 15 days would be given to pay the installment premium due for the Policy.
ii. During such grace period, Coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.
iii. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the installment premium is not paid on due date.
v. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

DISCOUNTS AND LOADINGS

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought:

Discounts: Not Applicable

Loadings:
We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
We will not apply any additional loading on your policy premium at renewal based on claim experience.
We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.
Please note that We will issue Policy only after getting Your consent.

RENEWAL BENEFITS

1. Lifelong Policy Renewal without any exit Age
2. Grace Period - Grace Period of 30 days for renewing the Policy is provided under this Policy
3. Waiting Period - The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Policy.
4. Sum Insured Enhancement - Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy and approval by the Company
5. Cumulative Bonus: Auto increase in Sum Insured by 5% for every claim free year up to maximum of 50% if the Policy is renewed without any break.

Any revision or modification in a Policy which is approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.

CONTINUITY BENEFITS

1. Portability: If You are insured continuously and without interruption under any other Indian General Insurance and/ or Standalone Health Insurer's individual health insurance policy and you want to shift to us on renewal, the Company will consider such requests on proper evaluation allowed in terms of the Portability Guidelines issued by IRDA.
   Portability" means transfer by an individual health insurance policy holder (including family cover) of the credit gained for Pre-existing Conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
2. For Child/children: covered with Us shall have the option to continue renewal by migrating to a suitable policy at the end of the specified age. Due credit for continuity in respect of the previous policy period will be allowed provided the earlier policies have been maintained without a break.

CANCELLATION/ TERMINATION

a) Cancellation by Insured:
The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	**1 Yr**
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

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Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

b) Cancellation by Insured:
The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

c) Automatic change in Coverage under the policy
The coverage for the Insured Person(s) shall automatically terminate:

1. In the case of his/ her (Insured Person) demise.
   However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

2. Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

WITHDRAWAL OF PRODUCT

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of IRDAI (Health Insurance) Regulations 2016, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain Renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.

PRE-POLICY HEALTH CHECK UP (PPC)

Pre-Policy Health Check-up- The Pre-policy check up is required as per the PPC grid mentioned below. This product has four different PPC grids based on the Sum Insured and age band. This grid may be subject to change based on the company policy in future. The result of these tests will be valid for a period of 3 months from the date of tests. The Pre-Policy Check Up will be carried out at our network list of diagnostic centres as available on our website
The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.
If the proposal is accepted the Company to refund 50% of the health check-up cost.

Pre Policy Check Grid		
Age(Yrs)/Sum Insured	1 to 5 Lakhs	Cost borne
18 – 45	Nil	Nil
46-55	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, S. Cholesterol, SGPT, Creatinine, ECG	50% Borne by Us for accepted cases
56-60	ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglycerides	50% Borne by Us for accepted cases
>61	ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females)	50% Borne by Us for accepted cases

ME= Medical Examination (report), CBC=Complete Blood Count, ECG=Electro Cardio Gram, FBS=Fasting Blood Sugar, RUA=Routine Urine Analysis, Sr.Cholesterol= Serum Cholesterol, Sr. Creat=Serum Creatinine, HbA1c=GlycosatedHaemoglobin, TMT=Tread Mill Test, PSA=Prostate Specific Antigen, USG=Ultra Sono Gram

Wherever any pre-existing disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of the member's age.

CLAIM PROCESS AND MANAGEMENT

1. Procedure for Cashless claims:
(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. (iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification within 6 hours of receipt of last necessary document to the Company. (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. (vi)In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

2. Procedure for reimbursement of claims:
For reimbursement of claims the insured person may submit the necessary documents to TPA(if applicable)/Company within the prescribed time limit as specified hereunder.

Sl. No.	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

3. Notification of Claim
Notice with full particulars shall be sent to the Company/TPA(if applicable) as under:

i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

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4. Documents to be submitted:

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

i. Duly Completed claim form
ii. Photo Identity proof of the patient
iii. Medical practitioner's prescription advising admission
iv. Original bills with itemized break-up
v. Payment receipts
vi. Discharge summary including complete medical history of the patient along with other details.
vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
ix. Sticker/Invoice of the Implants, wherever applicable.
x. MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
xiii. Legal heir/succession certificate , wherever applicable
xiv. Any other relevant document required by Company/TPA for assessment of the claim.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. 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
3. 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. Co-payment

Each and every claim under the Policy shall be subject to a Copayment of 5% 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 copayment.

6. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
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 of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
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 earliestin any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

7. Services Offered by TPA(To be stated where TPA is involved)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

i. Claim settlement and claim rejection;
ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

8. Payment of Claim

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

FREE LOOK CANCELLATION

A period of 15 days from the date of receipt of Policy document is available to review the terms, conditions and exclusions of the Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation if he has any objections to any of the terms, conditions and exclusions. The company shall refund the premium paid after adjusting the amounts spent on medical examination of the Insured person/s, Stamp Duty Charges and proportionate risk premium in case the risk has already commenced. Cancellation will be allowed only if there are no claims reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is available only at the time of inception of the first Policy contract with us and not at the time of Renewal of the Policy.

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938)`No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

BENEFIT SCHEDULE

Name	Arogya Sanjeevani Policy, Liberty General Insurance Ltd.
Product Type	Individual/ Floater
Category of Cover	Indemnity
Sum insured	INR On Individual basis - SI shall apply to each individual family member On Floater basis - SI shall apply to the entire family
Policy Period	1 year
Eligibility	Policy can be availed by persons between the age of 18 years and 65years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law . iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals

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Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible
	Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for room/doctors fee	1.Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of INR.5000/- per day.
	2.Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 5% of the sum insured subject to maximum of INR10,000/-, per day
Cataract Treatment	Up to 25% of Sum insured or INR40,000/-, whichever is lower, per eye, under one policy year.
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured, during each Policy year as specified in the policy schedule.
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 4 years
Cumulative bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.
Co Pay	5% co pay on all claims

PREMIUM RATE CHART

As annexed.

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Annexure A

List I - Items for which coverage is not available in the policy

Sl. NO.	iTEMS
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II - Items that are to be subsumed into Room Charges

Sl. No.	ITEM
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE

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13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III - Items that are to be subsumed into Procedure Charges

Sl. No.	ITEM
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

Sl. No.	ITEM
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG

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