

CRITICAL CONNECT PROSPECTUS

Introduction



Life is full of uncertainties, you never know at which stage of life you may be diagnosed with critical illness which will washout all your savings. Thus, connect yourself with our Critical Illness policy for peaceful future.

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

Eligibility

- Minimum Entry Age : 18 Years for Adults and 5 years for children
- Maximum Entry Age : 65 Years for Adults and 25 years for children
- Renewability: Lifelong
- Policy Tenure: 1/2/3 Years
- Relationships covered: Self, Spouse, Children, Parents, Parents-in-laws, Siblings, Son-in-law, Daughter-in-law, Grand- children, Grand-parents.
- Child/children above 5 years of age can be covered, provided either of the parents are insured under the policy and child above 18 years of age may continue in their existing policy or may opt for a separate policy with continuity benefits.

Key Features



1. **Flexi Policy term:** Option to choose policy term of 1, 2 and 3 years
2. **Refill Feature for Second and Third Events (with Plan A):** Multiple claims after a waiting period of 24 months for unrelated CIs. Maximum of 3 refills over a lifetime.
3. **Health check-up:** you are eligible for a Health check -up on cashless basis after a block of every 2 claim free years.
4. **Pay premium on Installments:** Monthly, quarterly or half yearly.
5. **Second Opinion / Tele-Consult** from our empaneled network providers
6. **Digital Wellness App** (access provided to all policyholders)
7. **Optional Cover(S):** Loan Protector Cover and Option to Waive 30-Day Survival Period
8. **Coverage up to 59 Critical illnesses**
9. **Sum Insured range from 1 lac to 1 crore**
10. **Tax Benefit:** Avail tax benefits under section 80D of Income Tax Act 1961

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.

A. Payment of the Benefit Amount for an Insured Condition - We will pay you a lump sum amount for one of the conditions in the Benefit Schedule, as long as it occurs (diagnosed or undergoing surgery) itself during the policy period as a first incidence and you survive the defined Survival Period.

The compensation under more than one event as stated below for the same Policy year shall not exceed the Sum Insured as mentioned in the Policy schedule. Moreover, we will pay only once for the same Critical illness over a lifetime.

For Plan A, the lump sum amount will be 100% of Sum Insured in your Policy Schedule.



For Plan B, we will pay you a lump sum amount that is a percentage of Sum Insured, based on whether a condition is a “Major Condition” or “Minor Condition”:

1. For Major Conditions, the policy pays out 100% of the Sum Insured.
2. For Minor Conditions, the policy pays out 25% of the Sum Insured and continues until the policy term. If, during the policy term, you are diagnosed with one of the Major Conditions in that same cover, we will pay out the remaining 75% of the Sum Insured to you.
3. With the Heart and Cancer Protect, you can raise multiple claims under each cover until the total payout for that cover is exhausted. In any case, the total payout in the policy cannot exceed 100% of the Sum Insured.
4. Plan ‘B’ has an option to choose one or more from the given ‘*Disease-specific Bundles*’ with a Sum Insured applicable to each selected ‘*Disease-specific Bundle*’.

Please refer to the Benefit Schedule: Plan A & Plan B given at the later part of the document, for a list of insured conditions (illnesses, medical events, and surgical procedures).

B. Continuation for Second and Third Events (for Plan A) - If you have one of the covers in Plan A, we will pay a lump sum benefit for any condition in the Benefit Schedule (corresponding to your cover), provided it occurs itself as a first incidence and you survive the defined Survival Period. After one claim is paid, we will continue to provide coverage, subject to the following:

1. Coverage shall be given for a second and third insured condition, or maximum of 3 conditions over a lifetime
2. 24-month waiting period shall apply between the occurrences of each condition (i.e. between the first and second insured condition, or between the second and third condition)
3. You have maintained or renewed the policy and the second or third event occurs during the policy period
4. Coverage shall not be given for a second or third insured condition that is “Related” to the previous event. For a full list of “Related” conditions that we will not provide continuous coverage for, please see the Table I given below: **“Related” Conditions not covered by Continuation Feature**

C. Multiple Claims up to Sum Insured Amount (for Plan B)

We will pay you a lump sum amount that is a percentage of Sum Insured, based on whether a condition is a “Major Condition” or “Minor Condition” as listed in the Benefit Schedule.

1. For Major Conditions, the policy pays out 100% of the Sum Insured.

2. For Minor Conditions, the policy pays out 25% of the Sum Insured and continues until the policy term. If, during the policy term or on renewal of the Policy with same benefits, you are diagnosed with one of the Major Conditions in that same cover, we will pay out the remaining 75% of the Sum Insured to you.
3. With the Heart and Cancer Protect, you can raise multiple claims under each cover until the total payout for that cover is exhausted.

In any case, the total payout in the policy cannot exceed 100% of the Sum Insured.

D. Second Medical Opinion / Tele-Consult - We will arrange and pay for a second opinion through our empaneled network providers. This is on the condition that you suffer one of the insured conditions during the Policy Period, and decide to avail this benefit. The medical specialist will directly send you the e-opinion. Please note that this benefit can be claimed only once in a policy year.



The Second Opinion shall not be construed as medical advice. Second Opinion should not be used as a substitute to medical professional advice or visit or call consultation of your choice and any reliance on any opinion, advice, statement, memorandum, or information available on the Second Opinion, otherwise, shall be at your sole risk and responsibility. Second Opinion from a Medical professional on our panel shall be that person's independent assessment of information that you share. We do not warrant the accuracy or completeness of the information, materials, services or the reliability of any Second Opinion. We and our affiliates, subsidiaries, employees, officers, directors and agents, expressly disclaim any liability for or arising out of any deficiency in the Second Opinion obtained by you.

E. AYUSH Treatment-

The Company will indemnify Reasonable and customary charges up to the limit specified in the Policy Schedule, for the Medical Expenses incurred for Inpatient hospitalization treatment taken under Ayurveda, Unani, Sidha and Homeopathy provided that the hospitalization is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:

- i) Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;
- ii) Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
- iii) AYUSH Hospitals as defined hereinabove

#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024

Exclusions specific to AYUSH Treatment

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

- i. OPD / Daycare treatment
- ii. Wellness and non-therapeutic is excluded.
- iii. Any Pre-Hospitalization and Post-Hospitalization Expenses excluded.

- iv. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
 - v. Non- Prescribed medicines by treating physician, Non-disclosed formulations & Non-standardized preparations or Health Supplementary products will be excluded.
 - vi. Integrated therapy - Allopathy treatment taken and followed by Ayurvedic as a pre-post hospitalization.
- Rest general exclusions will be applicable as per policy guidelines.

F. Health Checkups Every 2 Years – If you are above 18 years of age, you are entitled to a health check-up on cashless basis for the list of investigations given below at our specified Network providers after a block of every 2 claim free continuous Policy years with Us. This is available if you was insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

If the Health checkup reports are abnormal and you succeeds to bring it to normal, you can earn Wellness Rewards as mentioned under Section ‘Health 360°-Table 1 ‘Wellness Reward’.



Sum Insured	List of Investigation
1 Lac to 1 Crore	Complete blood Count, , Fasting Blood Sugar, S. Cholesterol, S. Creatinine, ECG

G. Health 360°

We covers below listed benefits to ensure your Health & Wellness under this Policy by offering services & incentivizing rewards as mentioned below

A. Delight Healthcare

You can avail discounts on outpatient consultation, pharmaceuticals and Diagnostic tests through our empaneled 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. We will assist in scheduling appointments for consultation and diagnostic tests at a time convenient to you. Alternatively you may also schedule your own appointment by contacting the Network Provider or through the mobile application. You may avail these facilities as many number of times as wishes to avail.

1. OPD consultation-

We will arrange a family physician as well as specialist consultations at discounted rates from the Network Providers. You can also store the prescription letters and bills in the electronic health portal system.

2. Diagnostic services-

We will arrange diagnostic facilities at discounted rates from the Network Providers. You can avail this facility as many number of times as you wishes to avail.

3. Pharmacies

If you want to obtain medicines and consumables prescribed by a Medical practitioners, you can avail home delivery facilities through our web portal or mobile application. These medicines and consumables are available at discounted rates subject to a valid prescription.

B. Concierge Healthcare-



The Company offers integrated healthcare services inculcating the advancement in technology and with a member centric approach. You will be provided an individual access to our health portal which will be available at our website and Mobile application where you can perform various healthcare activities.

1. Health Risk Assessment (HRA)

Step 1 - Health questionnaire-

Once the Profile of the Insured Persons is created on the Health Portal or Mobile application, this questionnaire will be available for doing own Health Risk assessment. We will aid the Insured Person/s to complete the questionnaire whenever required.

Step 2- Electronic Health records-

Insured Person/s can store the medical tests reports, prescriptions and other consultation papers in the personalized portal and which gets digitalized to help create a complete health profile of the Insured person/s. These medical test reports along with HRA as specified above, will provide a health score to depict the health status of the Insured Person/s.

The Health score will be driven basis the information provided in areas of Medical history, stress, diet and lifestyle which ranges from 1 to 100 enabling us to identify the need of Step 3 as mentioned hereunder.

Step 3 -Health Screening-

If the health scores depicts healthy status, there will be no trigger for medical screening. But if the score depicts unhealthy status, medical screening is advised to the Insured Person/s which he will have to get it done at his own cost or focus on ‘Target Risk Assessment’ post identification of the risk factor for improving his/hers overall well-being.

“Targeted Risk Assessment”, which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area. This is based on the Health screening done subsequently after the HRA. It’s a specific tracking if the client suffers from any of the Non Communicable Diseases like Diabetes, Blood Pressure, Thyroid or any other diseases which in turn call for a Health coach who will prompt for the next steps which is a ‘Targeted Risk Assessment.

Step 4- Disease management program-

The Insured Person/s also gets further triggers for disease management program as specified hereunder pertaining to the current health status if required.

2. Disease Management Program-

Those who get detected or get assessed as high risk in the health risk assessment or are already suffering from chronic diseases, the Company offers variety of disease management programs. This service aims to help the Insured Person/s cope with their disease and to show them ways of dealing with them in everyday life. The Disease management Program aim to improve the Insured Person/s quality of life.

Following are the names of Disease Management programs.

- Asthma Management
- Pre-Diabetes / Diabetes Management
- Hypertension
- Heart Related Management
- Maternity Management
- Tropical Disease Management

Based on the Disease Management Program identified, we will assign a Health Coach for online Diet consultation & tracking mechanism, indulging the Insured Person/s into physical activities, encouraging for meditation & breathing techniques at home or online counselling through our health portal/mobile application.

Health coach-

The Insured Person/s will be assigned a dedicated health coach who will take care of the complete wellbeing of the Insured person. This service will offer immediate and complete assistance to the person looking after his/her day-to- day health care. Post the complete profile building of the Insured Person/s done on online portal, health coach will interact with the Insured Person/s as per health requirements.

3. Dedicated Health Professional

The Company offers 24/7 live Health Chat via online Health portal and telephonic call service to discuss health and other various lifestyle related issues from expert panel of empaneled doctors and health professionals. The below services may be availed anytime during the policy period and there are no restrictions on the number of times the facility can be utilized.

- Ask Doctor – for basic health related conditions and medications
- Ask Nutritionist – for diet and nutrition considerations depending on lifestyle
- Ask Counselor – confidential counseling by professionals, crisis intervention etc.

4. Wellness Rewards :

The Company has kept a provision to Earn & Burn Rewards individually by way of ‘Wellness Reward Program’. The Rewards can be earned by performing various activities as listed below ‘Table 1. Wellness Reward’ upto the maximum limits as specified under every category during every continuous Policy year and Burn it whenever required without any waiting period against array of our facilities provided as mentioned hereunder which would help you to improve your overall Health status whilst using the Rewards earned by you as follow.

- a. The earning of Wellness Rewards shall be considered up to the maximum limits as specified under every category or sum of all Rewards earned by you maximum up to 10% of premium paid in the current Policy Period whichever less.
- b. We will specify the Wellness Rewards-Earn & Burn categories as well as Earned but non-utilized Rewards in the Policy Schedule. The details of Wellness Reward also would be available at our Health portal or Mobile application using personalized security access.
- c. All Rewards earned under this Section of the Policy are valid upto four Policy years of renewal of this Policy including the Grace Period applicable to the preceding Policy and would not be carried forwarded thereafter. However, in case the policy gets lapsed or ceased, the earned rewards can be utilized for maximum up to 3 months of the policy expiry date.
- d. Each Reward earned by the Insured Person will be equivalent to 0.50 INR.
- e. The Wellness Reward can be Earned in the following ways as mentioned under Table 1. Wellness Reward: Earn.

Table 1 Wellness Reward: Earn

Sr. No.	Activities for Earning Wellness Rewards		Rewards/ unit earned by Individual	Max Rewards earned by Individual Per Policy Year	
I	Solution to Sedentary Lifestyle	HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
		HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
			Cover above 2 lakh steps in a month	150/month	1000
		Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to - SBP:120-140 mm/Hg DBP: 80-90 mm/Hg SBP- Systolic Blood Pressure; DBP – Diastolic Blood Pressure	150/month	500

		Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarterly	500
		Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarterly	500
		Body Mass Index (BMI) for a known case of High BMI Insured Person /s ≥30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarterly	200
			BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarterly	300
			BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarterly	500
II	Get active Rewards: Participate in professional sport events like Marathon/Cyclothon/Swimathon and Earn the Rewards by providing medal/trophies/BIB number (as applicable) from the respective facility provider.			100 /event	500
III	Online Screening : On completion of HRA on Health Portal/Mobile application within a month from Policy Inception Date			200	200
IV	Prophylactic Screening	The Insured person (s) can earn wellness reward by undergoing the below listed medical tests at his own cost, irrespective of the results of screen tests performed.			
		Heart Related Monitoring	a. ECG	50/quarterly	100
			b. 2D echo/ TMT	100/quarterly	200
		Blood Sugar Monitoring	a. FBS & PPBS	50/quarterly	100
			b. HbA1C	75/quarterly	200
		Thyroid/Lipid Monitoring	a. TFT (Thyroid Function Test)	100/quarterly	200
			b. Lipid Profile	100/quarterly	200
		Tests for Female Insured Person	a. PAP Smear	200/quarterly	300
b. USG Abdomen & Pelvis	150/quarterly		300		

			c. Mammogram	250/ quarterly	500
		Test For Male	a. Prostate Specific Antigen (PSA)	150/ quarterly	300
			b. Any other test as suggested in Health Screening by Us.	150/ quarterly	300
V	Family Rewards	Fit Kid (Age: 5-18 years): It is an additional criteria of earning Reward available for a child participating in the Sports at multiple levels. Can be availed by providing Sports Certificate provided by the School/State/National Sports authorities.	a. School level	20/sport	50
			b. State level	50/sport	100
			c. National level	100/sport	200

- f. The Insured Person can Burn these accumulated Rewards without any Waiting period against categories as mentioned in Table 2 Wellness Reward: Burn.

Table 2 Wellness Reward: Burn

Sr. No	Categories to Burn the Rewards
a.	The Insured Person (s) may redeem the reward points (as available) while paying the applicable discounted rates to the Network Provider for the facilities as mentioned under 'Health 360°: Delight Healthcare'.
b.	Dental Care except cosmetic treatment
c.	Cost of Vaccinations
d.	Cost of Spectacle Lenses
e.	Laser surgery for correction of refractory errors
f.	You can also redeem your Rewards against Claim of yours/your Family member/s who are insured with Us under any retail Health Indemnity product against any Non admissible expenses.
g.	Discount on premium while renewing your Policy. For more details, please refer clause Health 360° (B) (4)(a).

H. Critical Illnesses Related due to HIV/AIDS:

Any insured condition or critical illness resulting due to HIV infection and / or AIDS is payable under the policy subject to following conditions:

- i. The payout will be limited to 10% of the Sum Insured for a Policy year up to 100% of the Sum Insured in a lifetime for a Critical illness related to HIV/AIDS as specified in the Table , *Part C: “Related” Conditions not Covered by Continuation Feature*
- ii. 24-months waiting period shall apply between the occurrences of the Insured condition i.e. between the first and second insured condition, or between the second and third Insured condition and so on Related to HIV/ AIDS until 100% of the Sum Insured fully exhausted in a lifetime.
- iii. 48-months Waiting Period shall apply for the Insured condition Related due to HIV / AIDS and its complications, from policy commencement date.
- iv. In case of occurrence of the Insured condition which is not related to HIV/ AIDS, the claim shall be payable up to the Sum Insured as specified in the Policy Schedule less the amount paid during a Policy year.
- v. Total payout in a policy year cannot exceed 100% of the Sum Insured.
- vi. ‘Maximum 3 no. of claims in a lifetime’ as mentioned under Section 2.B. **Continuation for Second and Third Events (for Plan A)** is not applicable for a valid claim related to HIV/AIDS.
- vii. ‘The policy shall be renewable as specified under Part C with coverage of *“Related” Conditions mentioned against HIV/AIDS*

Optional Cover (s)

The Optional Covers as stated below shall be available only if the same is specifically mentioned in the Policy Schedule and available on payment of additional premium as applicable.

a) Loan Protector Cover

After the first diagnosis of one of the conditions in the Benefit Schedule, we will pay once during the Policy period, the lower of either:

- i. the Equated Monthly Installment (EMI) of a loan obtained through a Financial Institution/Bank, for 12 months; or
- ii. the lump sum amount as specified in the Policy Schedule (3 percentage of Sum Insured amount) and
- iii. after the commencement of the Insured Event till the Principal Outstanding loan amount or expiry of Policy Period, whichever is earlier/lower.



This is subject to submission of sanction letter, repayment track record, and bank account statement reflecting EMI or Loan account statement.

b) Option to Waive 30-Day Survival Period



If you specify that you would like opt this cover for *waiving* the Survival Period from the date of diagnosis, we will apply an additional pricing to the premium payable. If you opt for this Optional feature, and you submit a duly filled claim form along with specified documents, a claim can be valid and payable without completion of the Survival Period.

General Exclusions

We will not pay you for any claim directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy.

Part A: ***Medical Exclusions***

- i. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl12**
 - ii. **Certain types of treatment, defined illnesses / conditions / supplies as otherwise specified in the Policy:**
 - o Congenital external diseases, defects or anomalies
 - o Maternity- **Code- Excl18**
 - (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.
- 2) **Time bound exclusion(s)** applied by us and specified in the Policy Schedule and accepted by you, as per the board approved underwriting policy of the Company
- a) Any insured condition or critical illness diagnosed **within the first 90 days of the date of commencement of the Policy** is excluded. This exclusion will not apply to you if your coverage has been renewed, without a break, for subsequent years.
 - b) Any insured condition or critical illness for which care, treatment, or advice was recommended by or received from a Physician, or which diagnosed **before the start of the Policy Period**, or for which a claim has or could have been made under any earlier policy
 - c) **Pre-Existing Diseases- Code- Excl01:**
 - i) 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 insurer.
 - 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.
 - d) 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 Insurer.
 - d) 48- months Waiting Period for Insured conditions Related to HIV/AIDS, shall apply from the policy commencement date.
 - e) Survival Period: A claim for an insured condition becomes valid and payable if you survive for 30 days after the insured condition. For an additional price on the premium payable, we will waive this 30-day survival period.
 - f) 24-months waiting period shall apply between the occurrences of the Insured condition i.e. between the first and second insured condition, or between the second and third Insured condition and so on.
- 3) Medical procedure or treatment, which is not medically necessary or not performed by a medical practitioner as specified under each insured condition.

- 4) Treatment by a family member, self-medication or experimental .
- 5) 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.

Part B: **Non-Medical Exclusions**

- i. Natural peril, storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, natural hazard
- ii. **War:** Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation.
- iii. **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.

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.

Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim 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, deductibles as per the policy contract.

Installment payment Option

If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly as mentioned in the certificate of insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy). This facility needs to be opted before inception of the policy and opting ECS/SI payment mode.

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the “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.

Please review the installment payment terms on the right, which apply to standard premiums.

In the event of non-payment of any installment on its due date, this policy will cease to operate from the time and date of default in payment. In which case, we will have no liability for any claim occurring after that, and we will not refund any premium under the policy.

Installment Frequency	% of Annual Premium
Half Yearly	51%
Quarterly	26%
Monthly	8.75%

The policy can be revived within the Revival period of 15 days by payment of the Installment due amount. During this Revival Period, we will not be liable for any Claims which are incurred between the due date of instalment and the date and time that you revive the Policy.

In addition, in the event of claim on this Policy, all subsequent installments applicable to you will immediately become due and payable. We may collect the remaining premium installment amount which are unpaid from the payable claim amount in order to ensure seamless processing of the claim and in case the claim amount is less than the balance premium installment, no claim will be payable till the balance premium installment is recovered.

Revival period is a time immediately following the installment premium due date during which a payment can be made to continue a policy in force 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 installment premium is received.

Discount and Loadings

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured person(s) and coverage sought.

1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered. It is available to each member under the policy insured at start date of the Policy. Family members can include: Spouse, Children, Parents & In-laws, Siblings, Son/Daughter-in-law, Grandchildren, and Grandparents. 
2. Long Term Policy Discount: A discount of 7.5% and 10% will be given on selection of 2 year or 3 year tenure policies respectively.

3. Employee Discount: 10% discount will be given if you are an employee of the Company at start date of the Policy. This discount is applicable to your family members insured in the same policy.
4. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy as a New or Renewal Policy through Our Website. (Either of Employee/Direct Discount shall be applied)

Loadings:

Proposals where the Health status is adverse, as revealed in the proposal form or as evidenced in the pre policy check-up may be accepted as per the board approved underwriting policy of the Company.

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 150% 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 7 days of the issuance of such counter offer letter. In case You neither accept the counter offer nor revert to Us within 7 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 of 90 days mentioned in the Policy wording will get waived off automatically on renewal of the policy.
4. **Sum Insured Enhancement** - Sum insured can be enhanced at the time of renewal following approval by the Company
5. **Change in Installment Option:** Change in Installment option or opting for this facility as specified can be done at Renewal.
6. **Continuation for Second and Third Events (for Plan A)** – 24-months waiting period between the occurrences of each condition (i.e. between the first and second insured condition, or between the second and third condition) shall be reduced

Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to you at least 90 days in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the revisions or modifications affected, and the changes in premium, if any, 90 days prior to expiry of the policy.

Cancellation/Termination

The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

One time premium paid			
Cancellation period	1 Year Policy	2 Year Policy	3 Year Policy
Up to 1 Month	75.00%	87.50%	87.50%
Up to 3 Months	50.00%	75.00%	75.00%
Up to 6 Months	25.00%	62.50%	70.00%
Up to 9 Months	NIL	50.00%	60.00%
Up to 12 Months	NIL	42.00%	55.00%
Up to 15 Months	NIL	25.00%	50.00%
Up to 18 Months	NIL	12.50%	40.00%
Up to 24 Months	NIL	NIL	25.00%
Up to 30 Months	NIL	NIL	15.00%
Up to 36 Months	NIL	NIL	NIL

Installment Premium									
Cancellation period	1 Year Policy			2 Year Policy			3 Year Policy		
	Mont hly	Quarte rly	Half-Yearly	Mont hly	Quarte rly	Half-Yearly	Mont hly	Quarte rly	Half-Yearly
Up to 1 Month	NIL	NIL	20%	NIL	NIL	25%	NIL	10%	35%
Up to 3 Months	NIL	NIL	NIL	NIL	NIL	25%	NIL	10%	30%
Up to 6 Months	NIL	NIL	NIL	10%	10%	10%	20%	20%	25%
Up to 9 Months	NIL	NIL	NIL	20%	25%	30%	30%	30%	45%
Up to 12 Months	NIL	NIL	NIL	35%	40%	40%	35%	35%	40%
Up to 15 Months	NIL	NIL	NIL	NIL	NIL	NIL	30%	30%	30%
Up to 18 Months	NIL	NIL	NIL	NIL	NIL	NIL	30%	30%	30%
Up to 24 Months	NIL	NIL	NIL	NIL	NIL	NIL	20%	20%	20%
Up to 30 Months	NIL	NIL	NIL	NIL	NIL	NIL	10%	10%	10%
Up to 36 Months	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

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.

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.

In the event of the death of the Insured Person/s during the currency of the Policy, due to any reason and subject to there being no claim reported under the Policy, the Policy would cease to operate and the nominee/legal heir would be entitled to a refund in premium from the date of death to the expiry of policy and such refund would be governed by the provisions relating to the Cancellation by Insured / Insured Person/s as specified above. In case of a family floater, upon the death of the Policy holder, this Policy shall continue till the end of the Policy Period. If the other Insured Person/s wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of an Insured.

Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefit in waiting periods as per IRDA guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link <https://www.libertyinsurance.in/>

Withdrawal of Product

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

Pre-Policy Health Check Up

The Pre-policy check up is required as per the PPC grid mentioned below. This product has PPC grids based on the Sum Insured, Plan 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, as per the Board approved Underwriting Guidelines 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.

Plan A

Age Band	1 to 5lakhs	7.5 to 10lakhs	15 to 40Lakhs	50lakhs to 1cr

5-18	Nil	Nil	Nil
18-25			
26-30			
31-35			
36-40			
41-45			
46-50		MER, RUA, FBS, CBC, Lipid Profile & Sr. creatinine	MER, RUA, FBS, CBC, Lipid Profile & Sr. creatinine
51-55	MER, RUA, CBC, Lipid Profile, HbA1c, RFT, ECG & PSA (for male)	MER, RUA, FBS, CBC, Lipid Profile, HbA1c, LFT, RFT, TMT, Chest X-Ray, USG, PSA (for male), PAP smear (for female)	
56-60			
61-65			

Plan B

1) Heart Protect

Age Band	1 to 5lakhs	7.5 to 10lakhs	15 to 40Lakhs	50lakhs to 1cr
5-18	Nil	Nil	Nil	Nil
18-25				
26-30				
31-35				
36-40				
41-45				
46-50		MER, RUA, CBC, Lipid Profile, HbA1c, Chest X-Ray		
51-55	MER, RUA, CBC, Lipid Profile, HbA1c, Chest X-Ray			
56-60	MER, RUA, CBC, Lipid Profile, HbA1c, Chest X-Ray, TMT			
61-65				

2) Cancer Protect

Age Band	1 to 5lakhs	7.5 to 10lakhs	15 to 40Lakhs	50lakhs to 1cr
5-18	Nil	Nil	Nil	Nil
18-25				
26-30				
31-35				
36-40				

41-45	
46-50	
51-55	
56-60	
61-65	MER, CBC, PSA (for male), PAP smear (for female), USG, Chest X-Ray

3) RenoLiv Protect

Age Band	1 to 5lakhs	7.5 to 10lakhs	15 to 40Lakhs	50lakhs to 1cr
5-18				
18-25				
26-30				
31-35				
36-40				
41-45				
46-50				
51-55				
56-60				
61-65	MER, RUA, CBC, LFT, RFT, USG			

4) Brain Protect

Age Band	1 to 5lakhs	7.5 to 10lakhs	15 to 40Lakhs	50lakhs to 1cr
5-18				Nil
18-25				
26-30				
31-35				
36-40				
41-45				
46-50				
51-55				
56-60				
61-65				MER

MER – Medical Examination Report, RUA (Routine Urine Analysis), FBS (Fasting Blood Sugar), CBC (Complete Blood Count), Lipid profile, ECG (Electrocardiogram), TMT (Tread Mill Test), LFT (Liver Function Test), RFT (Renal Function Test), HbA1c, PSA (Prostate Specific Antigen for Males), PAP Smear (females only), USG Abdomen -males & females (Ultrasonogram),.

Claim process and Management

a) Summary of Claim Procedure:

- You, or someone claiming on your behalf, must inform us in writing immediately within 48 hours of diagnosis of any of the listed insured conditions / critical illnesses. See “**How Do I Notify You of a Claim?**” below.
 - You must immediately consult a Doctor / Medical Practitioner and follow the advice and treatment that he/she recommends.
 - You or someone claiming on your behalf must promptly, within 30 days of diagnosis of any of the listed insured conditions (or discharge from the hospital, if admitted), give us the following documents specified in “**Supporting Documentation**” below.
 - You must have yourself examined by our medical advisors, if we ask of this, and as often as we consider this to be necessary (at our cost). See “**Examination**” below.
- b) **How Do I Notify You of a Claim?**
- You must immediately inform us of any event or occurrence that may give rise to a claim under this Policy within 30 days of the diagnosis of the first occurrence of the insured condition.
 - You can intimate us through letter, email, fax or telephone. The details of it have been given on the Health Card provided to you.
 - Please include the details below:
 - Policy Number / Health Card Number
 - Your name (i.e. the Insured person availing treatment)
 - Details of the insured condition / critical illness (see **Supporting Documentation**, below) and any other relevant information
- c) **Supporting Documentation:**
- You, or someone acting on your behalf, must provide us with all documentation, information and medical records. We may request to establish the circumstances of the claim, its quantum or our liability for the claim within 45 days of completion of survival period (if applicable) for the insured condition against which the claim is made. In the event of any request by us for specific information, you must submit the same within 15 days of our request.
 - In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured condition, we shall make the claim payments as per terms and conditions of this policy, independent of payments received by you under other similar policies.
 - We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond your control. Such documentation are as following:
 - Our claim form duly completed and signed by / on behalf of you
 - Original Discharge Summary / Discharge Certificate
 - Copy of Final Hospital Bill
 - A medical certificate confirming the diagnosis of critical illness from a specialist doctor as mentioned under each Critical illness.
 - Medical certificate for the duration of illness.
 - An Investigation reports / other related documents reflecting the critical illness diagnosis
 - First consultation letter and subsequent prescription
 - Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
 - A precise diagnosis of the treatment for which a claim is made
 - Certificate from treating doctors regarding the duration & etiology (i.e. the cause, set of causes or manner of causation of the disease or condition)
 - KYC documents

Second Medical Opinion (Additional documents required)

- Request for seeking second Medical opinion
- All medical records and investigation reports done for the ailment

Loan Protection Cover (Additional documents required)

- Submission of sanction letter from the Financial Institute or Bank from where loan is applied
- Repayment track record from the Financial Institute or Bank
- Bank account statement reflecting EMI for the loan
- Loan account statement

d) **Examination:**

- You will have to undergo medical examination by our authorized Medical Practitioner, as and when we may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such a medical examination of you (at the specified location).

e) **Payment of Claims:**

- You agree that we only need to make payment when you or someone claiming on your behalf has provided us with necessary documentation and information.
- We will make payment to you or your Nominee or Assignee. If there is no nominee or assignee and you are incapacitated or deceased, we will pay your heir, executor or validly appointed legal representative and any payment we make in this way will be a complete and final discharge of our liability to make payment.
- All claims will be processed in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to you. In the case of delay in the payment of a claim, We 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. 'bank rate' means 'Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due'
- However, where the circumstances of a claim warrants an investigation in the Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary documents. In such cases, We shall settle/reject the claim within 45 days from the date of receipt of last necessary documents. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim.
- If we, for any reasons, decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents, in accordance with the provisions of 'Protection of Policyholders' Interest Regulations, 2017'. You may take recourse to the Grievance Redressal procedure stated in Section 5.

f) **Currency of Payment:**

- All claims shall be payable in India and in Indian Rupees only.

g) **Dishonest or Fraudulent Claims:**

- If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices (whether by you or anyone acting on your behalf), then this policy will be:
 - Cancelled ab-initio from inception date or the renewal date (as the case may be), or modified by us, as per the board approved underwriting policy of the Company, upon 30 day notice by sending an endorsement to your address show in the schedule without refunding the premium amount; and
 - All benefits payable, if any, under such policy shall be forfeited with respect to such claim

Free Look Cancellation

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy 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, 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.

Table I. “Related” Conditions not Covered by Continuation Feature

On payment of the insured condition, the following are a list of “Related” conditions that we will not provide continuous coverage over the lifetime of the Insured person/s. Thus, the product offers renewal of the policy excluding the conditions which are ‘Related’ as given in the below Table, in case of a claim which is reported and paid to the Insured. However, all other listed Critical illnesses would be treated as ‘Un-related’ and will be covered in the policy. For the ease of understanding purpose, the ‘Related’ insured conditions/critical illnesses are categorized as specified below:

We will pay only once for the same Critical illness over a lifetime.

Important note: Below Table is applicable only for ‘Plan A’ providing feature of ‘Continuation for Second and Third Events’ as mentioned under Section 2.B.

Sr. No.	Category	“Related” Conditions Not Covered under Continuation
1.	HEART	a) Cardiomyopathy b) Heart Transplant c) Open Chest CABG d) Open Heart Replacement or Repair of Heart Valves e) Myocardial Infraction (First Heart Attack of Specified Severity) f) Primary (Idiopathic) Pulmonary Hypertension g) Pulmonary Artery Graft Surgery

		<ul style="list-style-type: none"> h) Surgery to Aorta / Aorta Graft Surgery i) Angioplasty j) Balloon Valvotomy or Valvuloplasty k) Carotid Artery Surgery l) Implantable Cardioverter Defibrillator m) Implantation of Pacemaker of Heart n) Infective Endocarditis o) Minimally Invasive Surgery of Aorta p) Pericardiectomy q) Pulmonary Thromboembolism r) Surgery for Cardiac Arrhythmia s) Surgery to Place Ventricular Assist Devices or Total Artificial Hearts t) Primary (Idiopathic) Pulmonary Hypertension
2.	CANCER	<ul style="list-style-type: none"> a) Cancer of Specified Severity b) Early-Stage Cancers c) Carcinoma in-Situ d) Related Major organ transplant e) Related End stage organ failure (Lung/Liver/Kidney)
3.	BRAIN	<ul style="list-style-type: none"> a) Apallic Syndrome b) Benign Brain Tumor c) Brain Surgery d) Coma of Specified Severity e) Creutzfeldt-Jakob disease (CJD) f) Encephalitis g) Stroke Resulting In Permanent Symptoms
4.	LUNG	<ul style="list-style-type: none"> a) Pneumonectomy b) Pulmonary Artery Graft Surgery c) Pulmonary-Renal Syndrome d) End-Stage Lung Failure
5.	LIVER	<ul style="list-style-type: none"> a) End-Stage Liver Failure b) Liver transplant c) Fulminant Viral Hepatitis
6.	KIDNEY	<ul style="list-style-type: none"> a) Kidney Failure Requiring Regular Dialysis b) Kidney transplant c) Goodpasture's Syndrome d) Pulmonary-Renal Syndrome e) Medullary Cystic Disease
7.	TRAUMA	<ul style="list-style-type: none"> a) Major Head Trauma b) Loss of Speech arising due to Trauma c) Loss of Limbs arising due to Trauma d) Blindness arising due to Trauma e) Deafness arising due to Trauma f) Stroke Resulting In Permanent Symptoms arising due to Trauma

		g) Permanent Paralysis of Limbs arising due to Trauma
8.	BURNS	a) Third-Degree Burns (Major Burns) b) Deafness arising due to Burn c) Blindness arising due to Burn d) Loss of Speech arising due to Burn
9.	ANEMIA	a) Aplastic Anaemia b) Major Organ / Bone Marrow Transplant
10.	OTHER DISORDERS	a) Progressive Scleroderma b) Systemic Lupus Erythematosus c) Parkinson's Disease d) Alzheimer's Disease e) Severe Rheumatoid Arthritis
11.	HIV/AIDS	Critical illnesses resulting from complications of HIV/AIDS: a) Tumors b) Encephalitis c) SLE d) Chronic constrictive pericarditis e) Cancer f) Pulmonary Hypertension g) Pulmonary renal syndrome h) Organ Transplant i) Related conditions as specified above under 'Lung', 'Liver', & 'Kidney' The Policy shall be ordinarily renewable for the 'Related' critical illnesses mentioned under HIV/AIDS unlike other Related Critical illnesses specified in this Table.

Critical Connect : Benefit Schedule	
General Details	
Age Group	Minimum Age at Entry - 18 Years (Adult) & 5 Years (Child)
	Maximum Age at Entry - 65 Years (Adult) & 25 Years (Child)
	Children above 5 years up to 18 years can be insured provided either of the parent is insured under the Policy
Minimum Sum Insured	1 lakh
Maximum Sum insured	1 crore
Renewal	Life Long

Family discount	10% if two or more family members are covered on Individual Sum Insured basis		
Tenure	1/ 2/ 3 years		
Coverage's Description		Plan A	Plan B
		Sum Insured	Sum Insured
		1 lakh to 1 crore	1 lakh to 1 crore
CI Claim	Pays Lump Sum amount on diagnosis of a CI covered in the plan	The Plan has an option to choose from the bundle of 9 CIs, 25 CIs and 43 CIs.	<p>The Plan has an option to choose one or more from the following four covers</p> <ul style="list-style-type: none"> • Heart Protect • Cancer Protect • RenoLiv Protect • Brain Protect <p>The list of CIs covered in each group is as per the Benefit Schedule of each Plan</p>
Continuation for Second and Third Events	Continuation of the Policy for ' Unrelated CI's ' even after getting the full claim paid for one CI with a waiting period of 24 months	✓	×
Multiple Claims up to the Sum Assured	The Plan covers for multiple claims provided the claim is for CI in different buckets. However, for Heart and Cancer Protect, the claim can be made for minor and major CIs. Additionally, there is no waiting period between two claims	×	✓
Second Medical Opinion	Second Medical opinion may be obtained from our empaneled Network providers once during the policy year.	✓	✓
Health Check up	For Person aged 18 years and above. Health Checkup at every 2 continuous claim free Policy years.	✓	✓
Health 360°	Earn Rewards and Burn it against array of our facilities which would help you to improve your overall Health.	✓	✓

Critical Illness related to HIV/AIDS	Any listed Insured condition/ Critical illness related to HIV/AIDS shall be payable in the policy with 10% of SI in a Policy year and up to 100% of Sum Insured over a lifetime.	✓	✓
Optional Cover(s)			
Loan Protector (Enhanced Payment for Debt)	In case the insured has debt, the Loan Protector can pay the EMI of the loan for 12 months, or 3% of SI (lump sum), whichever is lower	✓	✓
Waiver for 30-Day Survival period	The insured can get waiver from 30-Day Survival Period	✓	✓
Waiting Period(s)			
90 days	Applies at the start of the policy.	✓	✓
30 days	30 days of Survival Period after the diagnosis of CI	✓	✓
Pre- existing Diseases (PED)	4 Years	✓	✓
2 Years	2 Years between two claims	✓	×
HIV/AIDS	4 Years	✓	✓
	2 Years between two claims	✓	✓



Benefit Schedule for Plan A: Critical Illness Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

9 Cover	25 Cover	43 Cover
1. Cancer of Specified Severity	1. Alzheimer's Disease	1. Alzheimer's Disease
2. Kidney Failure Requiring Regular Dialysis	2. Benign Brain Tumor	2. Apallic Syndrome
3. Open Chest CABG	3. Cancer of Specified Severity	3. Aplastic Anemia
4. Major Organ / Bone Marrow Transplant	4. Coma of Specified Severity	4. Bacterial Meningitis
5. Multiple Sclerosis With Persisting Symptoms	5. Deafness	5. Benign Brain Tumor
6. Myocardial Infraction (First Heart Attack of Specified Severity)	6. End Stage Liver Failure	6. Blindness
	7. Kidney Failure Requiring Regular Dialysis	7. Brain Surgery
	8. Loss of Speech	8. Cancer of Specified Severity
	9. Major Organ / Bone Marrow Transplant	9. Cardiomyopathy
	10. Medullary Cystic Disease	10. Coma of Specified Severity
	11. Motor Neuron Disease with Permanent Symptoms	11. Creutzfeldt-Jakob Disease (CJD)
	12. Multiple Sclerosis with Persisting Symptoms	12. Deafness
	13. Muscular Dystrophy	13. Encephalitis
		14. End-Stage Liver Failure
		15. End-Stage Lung Failure
		16. Fulminant Viral Hepatitis
		17. Goodpasture's Syndrome

7. Permanent Paralysis of Limbs	14. Myocardial Infraction (First Heart Attack of Specified Severity)	18. Kidney Failure Requiring Regular Dialysis
8. Stroke Resulting In Permanent Symptoms	15. Open Chest CABG	19. Loss of Speech
9. Surgery to Aorta / Aorta Graft Surgery	16. Open Heart Replacement or Repair of Heart Valves	20. Loss of Limbs
	17. Parkinson's Disease	21. Major Head Trauma
	18. Permanent Paralysis of Limbs	22. Major Organ / Bone Marrow Transplant
	19. Pneumonectomy	23. Medullary Cystic Disease
	20. Primary (Idiopathic) Pulmonary Hypertension	24. Motor Neuron Disease with Permanent Symptoms
	21. Pulmonary Artery Graft Surgery	25. Multiple Sclerosis with Persisting Symptoms
	22. Stroke Resulting In Permanent Symptoms	26. Multiple System Atrophy
	23. Surgery to Aorta / Aorta Graft Surgery	27. Muscular Dystrophy
	24. Systemic Lupus Erythematosus	28. Myocardial Infarction (First Heart Attack of Specified Severity)
	25. Third-Degree Burns (Major Burns)	29. Open Chest CABG / Coronary Artery Bypass Surgery
		30. Open Heart Replacement or Repair of Heart Valves
		31. Parkinson's Disease
		32. Permanent Paralysis of Limbs
		33. Pneumonectomy
		34. Primary (Idiopathic) Pulmonary Hypertension
		35. Progressive Supranuclear Palsy
		36. Progressive Scleroderma
		37. Pulmonary Artery Graft Surgery
		38. Pulmonary-Renal Syndrome
		39. Severe Rheumatoid Arthritis
		40. Stroke Resulting In Permanent Symptoms
		41. Surgery to Aorta / Aorta Graft Surgery
		42. Systemic Lupus Erythematosus
		43. Third-Degree Burns (Major Burns)



Benefit Schedule for Plan B: Disease-Specific Bundles

(Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)

Heart Protect	Cancer Protect	RenoLiv Protect	Brain Protect
Major Conditions:	Major Conditions:	Major Conditions:	Major Conditions:
1. Cardiomyopathy	1. Cancer of Specified Severity	1. End-Stage Liver failure	1. Apallic Syndrome
2. Heart Transplant			2. Bacterial Meningitis
3. Open Chest CABG			3. Benign Brain Tumor
			4. Brain Surgery

<ol style="list-style-type: none"> 4. Open Heart Replacement or Repair of Heart Valves 5. Myocardial Infraction (First Heart Attack of Specified Severity) 6. Primary (Idiopathic) Pulmonary Hypertension 7. Pulmonary Artery Graft Surgery 8. Surgery to Aorta / Aorta Graft Surgery 		<ol style="list-style-type: none"> 2. Kidney Failure Requiring Regular Dialysis 3. Kidney Transplant 4. Liver Transplant 5. Medullary Cystic Disease 6. Pulmonary-Renal Syndrome 	<ol style="list-style-type: none"> 5. Coma of Specified Severity 6. Creutzfeldt-Jakob disease (CJD) 7. Encephalitis 8. Stroke Resulting In Permanent Symptoms 9. Motor Neuron Disease With Permanent Symptoms 10. Multiple Sclerosis With Persisting Symptoms 11. Progressive Supranuclear Palsy 12. Permanent Paralysis of Limbs
<p>Minor Conditions:</p> <ol style="list-style-type: none"> 9. Angioplasty 10. Balloon Valvotomy or Valvuloplasty 11. Carotid Artery Surgery 12. Implantable Cardioverter Defibrillator 13. Implantation of Pacemaker of Heart 14. Infective Endocarditis 15. Minimally Invasive Surgery of Aorta 16. Pericardiectomy 17. Pulmonary Thromboembolism 18. Surgery for Cardiac Arrhythmia 19. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts 	<p>Minor Conditions:</p> <ol style="list-style-type: none"> 2. Early-Stage Cancers 3. Carcinoma in-Situ 		

Premium Rate Chart

As Annexed

Claim Illustration

Illustration I: HIV/AIDS related payable amount and Critical illness diagnosis which is unrelated to HIV/AIDS

Sum Insured		INR 1000000	
Plan		A, 43 CI's	
Claim 1	CI diagnosed	Pulmonary renal syndrome resulting from HIV complication	
	Claim Payable	Yes	
	Amount Payable	INR 100000 (10% of SI)	The amount paid here is 10% of the SI as per the Policy TnC's.
	Total claim amount paid	INR 100000	
	Balance SI	INR 900000	
Claim 2	CI diagnosed	Multiple Sclerosis resulting from HIV complication	
	Claim Payable	No	
	Amount Payable	0	HIV/AIDS related CI is payable max. upto 10% of SI in a year.
	Total claim amount paid	0	
	Balance SI	900000	
Claim 3	CI diagnosed within the same Policy Year	Myocardial Infarction (First Heart Attack)	
	Claim Payable	Yes	
	Amount Payable	900000	The amount paid here is less the amount paid in 'Claim 1' and treated as ' Unrelated to HIV/AIDS
	Total claim amount paid	1000000	Paid 100% during the Year & 10% for HIV/AIDS
	Balance SI	0	
Above illustration has been provided assuming a valid claim payable as per the Terms and conditions mentioned in the Policy.			

Illustration II: Insured is getting diagnosed with Multiple CI's in presence of HIV/AIDS

Sum Insured		INR 1000000	
Plan		B, Heart Protect	
Claim 1	CI diagnosed	Implantation of Pacemaker of Heart	

	Claim Payable	Yes	
	Amount Payable	INR 250000 (25% of SI)	The amount paid here is 25% of the SI payable for a 'Minor condition' as per the Policy TnC's
	Total claim amount paid	INR 250000	
	Balance SI	INR 750000	
Claim 2	CI diagnosed within the same Policy Year	Angioplasty in presence of HIV/AIDS	
	Claim Payable	Yes	
	Amount Payable	250000	The amount paid here is less the amount paid in 'Claim 1' and up to 25% of the SI for a 'Minor condition'. The Critical illness is considered as unrelated to HIV/AIDS
	Total claim amount paid	500000	Claim1+Claim2
	Balance SI	500000	
Claim 3	CI diagnosed within the same Policy Year	Open Chest CABG	
	Claim Payable	Yes	
	Amount Payable	500000	The amount paid here is less the amount paid in 'Claim 1' & 'Claim 2' and up to 75% of the SI for a 'Major condition'. The Critical illness is considered as unrelated to HIV/AIDS
	Total claim amount paid	1000000	
	Balance SI	0	
Above illustration has been provided assuming a valid claim payable as per the Terms and conditions mentioned in the Policy.			