Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
Toll Free : 1800 266 5844
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC209656
Website Link: www.libertyinsurance.in

SECURE HEALTH CONNECT PROSPECTUS

INTRODUCTION

Policy offers a host of covers to take care of your hospitalization medical expenses during healthcare needs.
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 : No Entry Age Limit
- Renewability: Lifelong
- Policy Tenure: 1/2/3 Years
- Relationships covered: Self, Spouse, Children, Parents, Parents-in-laws, , , 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

1. **Flexi Policy term**: Option to choose policy term of 1, 2 or 3 years
2. **Day Care Procedures:** 405 Day care Procedures are covered which requires less than 24 hours hospitalization.
3. **Reload of Sum Insured:** Select this Optional Cover and rest assure with the extra coverage by reloading the Sum Insured automatically.
4. **Attractive renewal benefits:** We reward you with free health check- up after a block of every 2 claim free years for the Insured Person/s above18 years of age.
5. **Cumulative Bonus or Renewal Premium Discount option:** Avail auto increase in Sum Insured by 10% or 25% for every claim free year on the Sum Insured up to a maximum of 50% or 100% of the Sum Insured depending on the Plan chosen if the policy is renewed with us without any break or within the Grace period as defined under the Policy or Avail 2.25% Renewal Premium discount . The Cumulative Bonus can be further enhanced by selecting Optional Cover upto maximum 150% of the Sum Insured

6. **Stay Fit Perks:** Stay Healthy and enjoy additional benefits in case of Claim free renewals
7. **Pay premium on Installments:** Monthly, quarterly or half yearly
8. Available on **Individual as well as Family Floater basis**
9. **Claim Service Assurance:**
   Cashless Service: Company ensures to respond with the Cashless decision within 6 hours or else Company shall pay the penalty upto INR 1500/- per single hospitalization.
10. **Tax Benefit:** Avail tax benefits under section 80D of Income Tax Act 1961 on the premium you pay towards your Secure Health Connect Policy.

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. **In-Patient Hospitalization Expenses**
   Covers hospitalization expenses due to any Illness or Injury towards Room, Boarding expenses, Intensive Care Unit, bed charges, Doctor's fees, Nursing Expenses, Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy, Prescribed Drugs and medicines consumed on the premises, Investigation Services such as Laboratory, X-Ray, Diagnostic tests, Dressing, Ordinary splints and plaster casts, Cost of Prosthetic & other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner
   The Room rent/ ICU charges and its associated medical expenses shall be payable as per the Plan selected and as specified under the Benefit Schedule.

2. **Ayush Treatment :** inpatient hospitalization treatment taken under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy provided that the hospitalization is for minimum 24 hours and 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.

3. **Pre-Hospitalisation –** Covers medical expenses incurred for the number of days immediately before the hospitalization as specified under the Benefit Schedule.

4. **Post-Hospitalisation –** Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital as specified under the Benefit Schedule.

5. **Day Care Procedure/Treatment -** Covers the Medical Expenses for 405 day care procedures as available in this document and Company's web-site which do not require 24 hours Hospitalisation due to technological advancement in medical science.

6. **Emergency Local Road Ambulance charges- :** Covers expenses incurred towards transfer of Insured Person to nearest Hospital having adequate emergency facilities for the provision of health services following Accidental Bodily Injury/ illness / disease occurring during the Policy Period upto the limits as specified in the Benefit Schedule.

7. **Hospital Daily Cash Allowance-** Pays a Hospital Daily Cash allowance to take care of non-medical expenses incurred for each continuous and completed period of 24 hours of hospitalization of the Insured Person for a maximum up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is however applicable.

8. **Cumulative Bonus:** If the policy is claim free and is renewed with us without any break or within the Grace period as defined, there will be an auto increase in Sum Insured by 10% or 25% for every claim free Policy year up to a maximum of 50% or 100% of the Sum Insured depending on the Plan chosen and as stated in the Benefit Schedule. In the event of a Claim occurring during any Policy Year, the accrued Cumulative Bonus will be reduced by 10% or 25% (depending on the Plan chosen) of the expiring Sum Insured at the commencement of next Policy Year, but in no case shall the Sum Insured be reduced.

9. **Sub Limits on Medical Expenses**
   The Medical Expenses incurred during any Hospitalisation due to the listed Surgeries / Medical Procedures or any listed medical treatment pertaining to an Illness / Injury shall be limited to actual expenses or upto the Sub limits (whichever is less) as stated in the 'Annexure C' attached to the Policy which is inclusive of its related Pre and Post Hospitalization expenses (if applicable).

10. **Co-Payment**
    For all admissible claims in non-network hospitals, Insured shall bear 10% of the admissible claim and in respect of Insured above 60 years, 10% co-pay will be applied on all admissible claims irrespective of network/non-network hospital.

11. **Health Check-up**
    The Insured Person/s above18 years of age is/are entitled to a free health check-up as below at a diagnostic center specified by the Company after a block of every 2 claim free years of continuous yearly Policy renewal with Us. This is available for the Insured Person/s who was insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

    a. For a Family Floater policy, Health Check-up shall be available only if no claim has been made in respect of any Insured Person covered during the two expiring Policy Years. The Health Check-up which is accrued during the claim free Policy Years will only be available to those Insured Person/s who were insured in such claim free Policy Years and continue to be insured in the subsequent Policy Year.

b. If the Insured Person/s in the expiring Policy Years are covered on a Floater Basis during the first Policy Year and the Policy has been renewed for such Insured Person/s by splitting the floater Sum Insured into 2 or more individual covers in the second Policy Year, then the Health Check-up benefit shall be available only to those Insured Person/s who were insured in such 2 Policy Years and who had not made any claim during the two expiring Policy Years and continue to be insured in the subsequent Policy Year.

c. If the Insured Person/s in the expiring Policy Years are covered on an Individual basis during the first Policy Year and the Policy has been renewed with the Company on a floater basis in the second Policy Year, then the Health Check-up benefit shall be available only if no claim has been made in respect of any Insured Person covered during the two expiring Policy Years.

Sum Insured	List of Investigation
2- 5 lac	Complete blood Count, , Fasting Blood Sugar, S.Cholestrol, S. Creatinine, ECG
6- 15 lac	Complete blood Count, Routine Urine Analysis, Fasting Blood Sugar, Lipid profile, S. creatinine, ECG

12. Stay Fit Perks

Stay healthy stay happy, is what we believe in. Hence, the Policy provides for Stay Fit Perks associated with your 2nd claim free Policy renewal with Us without any extra charges as per the SI and the Plan opted. . This will be accumulated in your Policy automatically and may be utilized after 2nd claim free Policy renewal against any non-medical expenses, Co-Pay or Sub limits on medical expenses as applicable under the Policy

a. For a Family Floater policy, Stay Fit Perk shall be available only on floater basis and shall accrue only if no claim has been made in respect of any Insured Person during the two expiring Policy Years. The Stay Fit Perk which is accrued during two claim free Policy Year's with Us will only be available to those Insured Persons who were insured in such claim free Policy Year's and continue to be insured in the subsequent Policy Year renewal.

b. If the Insured Person/s in the expiring Policy are covered on a Floater Basis and the Policy renewal for such Insured Person/s is done by splitting the floater Sum Insured into 2 or more floater / individual covers, then the Stay Fit Perk of the expiring Policy shall be apportioned to such renewed Policy/ies in proportion to the Sum Insured under each of the renewed Policy/ies.

c. If the Insured Person/s in the expiring Policy are covered on an Individual basis and thereby enjoy separate Stay Fit Perk in the expiring Policy/ies, and such expiring Policy/ies is renewed with the Company on a Floater Basis, then the Stay Fit Perk carried forward under such renewed floater Policy would be the least of the Stay Fit Perk /s earned under the expiring Policy/ies.

13. Compulsory Deductible

The Insured Person will be liable to bear the specified Deductible amount as mentioned in Policy Schedule

Deductible is applicable on per claim basis. For any admissible Claim amount, the Insured Person shall bear an amount equal to the Per Claim Deductible amount as opted and specified in the Policy Schedule.
In case of an Individual Policy, the Deductible shall apply on individual basis and in case of a Floater Policy, shall apply on floater basis

14. Air Ambulance

Air Ambulance services up to the Basic Sum Insured opted at the time of inception ;which are offered by a healthcare or an air ambulance service provider and which have been used during the Policy Period to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care provided that

It is for a life threatening emergency health conditions of the Insured Person which requires immediate and rapid ambulance transportation from the place where the Insured Person is situated at the time of requiring Emergency Care to a hospital provided that the transportation is for Medically Necessary Treatment, is certified in writing by a Medical Practitioner, and Domestic Road Ambulance services cannot be provided.

Such air ambulance providing the services, should be duly licensed to operate as such by a competent government Authority.

This cover is limited to transportation from the area of emergency to the nearest Hospital only.

The Sum Insured opted under this cover is within the Basic Sum Insured. We will not cover-

a. Any transportation from one Hospital to another;

b. Any transportation of the Insured Person from Hospital to the Insured Person's residence after he/she has been discharged from the Hospital.

c. Any transportation or Air Ambulance expenses incurred outside the geographical scope of India.

OPTIONAL COVERS

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

Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the sum of the Sum Insured, Cumulative Bonus and Reload Sum Insured as available to the Insured and stated in the Policy Schedule.

1. **Reload of Sum Insured-** When the Sum Insured is exhausted due to claims made and paid during the Policy Year the Company agrees to automatically Reload the Sum Insured equivalent to the original Sum Insured specified in the Policy Schedule, for the particular Policy Year**.**

2. **Enhanced Cumulative Bonus -** The Cumulative Bonus as available under "Scope of Cover" can be enhanced as per the Plan maximum upto 150% of the Sum Insured.

3. **Waiver of the Medical Expenses Sub limits**
   By opting this Optional Cover, the sub limits applicable on the listed illnesses/injuries as mentioned in the Benefit Schedule are waived off subject to the Sum Insured being the Maximum Limit of Indemnity.

EXCLUSIONS

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. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI)

1. **Pre- Existing Diseases - *Code- Excl01***
   a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e.until the expiry 36 months of continuous coverage after the date of inception of the first policy with Us.
   b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to be extent of prior coverage.
   d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of application and accepted by the Insurer

2. **Specified disease/procedure waiting period - *Code- Excl02***
   a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage after the date of inception of the first policy with us. 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.
f. List of specific diseases/procedures

Sr. No.	Two Year (24 months) Waiting Period	Three Years (36 months) Waiting Period
1.	Cataract	Surgical treatment of Obesity
2.	Benign Prostatic Hypertrophy	
3.	Hernia	
4.	Hydrocele	
5.	Fistula in anus	
6.	Piles	
7.	Sinusitis and related disorders	
8.	Fissure	
9.	Gastric and Duodenal ulcers	
10.	Gout and Rheumatism	
11.	Internal tumors, cysts, nodules, polyps, breast lumps (unless malignant)	
12.	Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus	
13.	Polycystic ovarian diseases	
14.	Skin tumors (unless malignant)	
15.	Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty	
16.	Dilatation and Curettage (D&C);	
17.	Congenital Internal Diseases	
18.	Calculus diseases of Gall bladder and Urogenital system	
19.	Joint Replacement due to Degenerative condition	
20.	Surgery for prolapsed inter vertebral disc unless arising from accident	
21.	Age related Osteoarthritis and Osteoporosis	
22.	Spondylosis / Spondylitis	
23.	Surgery of varicose veins and varicose ulcers.	
24.	Diabetes & related complications: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound,	

	Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks	
25.	Hypertension & related complications: Coronory Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal bleed/Haemorrhages.	
26.	Treatment for correction of eye sight (laser surgery) due to refractive error	
*The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.		

3. 30-day Waiting Period - ***Code- Excl03***

a) 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.

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

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

4. **Investigation & Evaluation – Code-Excl04**

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

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

5. **Rest Cure, rehabilitation and respite care-** *Code- Excl05*

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

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

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

6. **Obesity/ Weight Control:** Code- Excl06
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);

a) greater than or equal to 40 or
b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type 2 Diabetes

7. **Change-of-Gender treatments**: *Code- Excl07*

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

8. **Cosmetic or plastic Surgery:** *Code- Excl08*
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner

9. **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.

10. **Breach of law: Code- Exc*l* 10**
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. **Excluded Providers** : ***Code-Excl11***
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. ***Code- Excl 12***

13. Treatments received in health 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 - Excl 13***

14. 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-Excl 14***

15. Refractive error: ***Code – Excl15***

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

16. **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.

17. **Birth control, Sterility and Infertility: Code- Excl17**

Expenses related to Birth Control, sterility and infertility. This includes:

(i) Any type of contraception, sterilization
(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
(iii) Gestational Surrogacy
(iv) Reversal of sterilization

18. **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

ii. Specific Exclusions (Exclusions other than those mentioned under E(i) above)

1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia,

Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.

3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

4. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.

5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.

6. .External Congenital Anomaly.

7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident

8. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.

9. Treatment received outside India

10. 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 defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.

11. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.

12. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

13. Personal comfort and convenience items or services including but not limited to

TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

14. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

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

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

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

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

    a. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

19. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products

20. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.

PREMIUM ON INSTALLMENT BASIS

This facility provides for paying the premium on installment basis either Monthly, Quarterly or Half Yearly installments (as indicated in Table 1)subject to approval and acceptance by the Company.

Upon non-payment of any installment on its due date the Policy shall cease to operate from the time and date of the default in payment of the installment and no liability shall attach under the Policy for any claim occurring thereafter, nor shall any refund of premium become due under the Policy.

The Policy can be revived within the Relaxation Period (as indicated in Table 2) by payment of the Installment due subject however to the condition that no liability shall attach under this Policy for any claim occurring during the period when the Policy is deemed to have ceased to operate following default in payment of Installment premium due under the Policy.

Additionally, in the event of claim during the currency of this Policy from any cause whatsoever, all the subsequent installments applicable to the respective Insured member/s shall immediately become due and payable notwithstanding anything to the contrary hereinabove contained.

Table1

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

Table 2

Installment Frequency	Relaxation Period
Monthly	15 Days
Quarterly	15 Days
Half yearly	15 Days
Annual	Grace Period

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:

1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available to each member under the policy.
2. Employee Discount: 10% discount if you are an employee of the Company. The discount will be given to each member insured under the Policy.
3. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy through Our Website.

4. Multi-year Policy Discount: A discount of 7.5% and 10% will be given on selection of 2 year or 3 year tenure policies respectively.

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. **Maximum Age -** No maximum cover ceasing Age under this Policy.
4. **Waiting Period -** The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Policy.
5. **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
6. **Change in Plan/Optional Cover/ Installment Premium frequency**: Change in Plan or change in 'Optional Cover' or change in Installment of premium frequency or opting for this facility as specified can be done at Renewal subject to acceptance by the Company.
7. **Cumulative Bonus:** Auto increase in Sum Insured by 10% or 25% for every claim free year up to maximum of 50% or 100% depending on the Plan chosen if the Policy is renewed without any break..

   Increased Cumulative Bonus up to 150% under 'Optional Cover' as opted specifically under the Policy.

   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.

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
Toll Free : 1800 266 5844
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC209656
Website Link: www.libertyinsurance.in

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 IRDAI.

   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

You may terminate this Policy at any time by giving Us 15 days' written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Cancellation period	1 Year Policy	2 Year Policy	3 Year Policy
Up to 1 Month	75%	87.50%	92.00%
Up to 3 Months	50%	75.00%	83.00%
Up to 6 Months	25%	62.50%	75.00%
Up to 9 Months	NIL	50.00%	67.00%
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%	42.00%
Up to 24 Months	NIL	NIL	30.00%
Up to 30 Months	NIL	NIL	8.00%
Up to 36 Months	NIL	NIL	NIL

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

The Company may, in the event of non-cooperation of the Insured/ Insured person/s cancel this Policy, by giving 15 days' notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be

liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

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.

The existing customers of a withdrawn product shall be provided the following options:

a. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product; or

b. Migrate to any other suitable product (any other existing product or modified version of the withdrawn product) as per the choice of the policyholder 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 PPC tests required will be 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 we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

Pre Policy Check Grid			
Age(Yrs)/Sum Insured	2 to 5Lakhs	6 to 15 Lakhs	Cost borne
18 – 35	Nil	Nil	Nil
36-45	Nil	Pack 1-ME, CBC, FBS, ECG, RUA, Sr. Cholesterol, Triglycerides	50% Borne by Us for accepted cases.
46-60	Pack 2-ME, CBC, HbA1c, ECG, Sr.	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol,	50% Borne by Us for accepted cases

	Cholesterol, Triglycerides	Triglycerides, Sr. Creat, TMT	
>61	Pack 4-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= Glycosated Haemoglobin, 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

a. Notification of claim: Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured Person/s shall give immediate notice to the TPA named in the Policy/Health Card or the Company by calling toll-free number as specified in the Policy/Health Card or in writing to the address shown in the Schedule with Particulars below:

i. Policy Number / Health Card No
ii. Name of the Insured / Insured Person availing treatment
iii. Details of the disease/illness/injury
iv. Name and address of the Hospital
v. Any other relevant information

Intimation must be given atleast 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization. In event of any claim for Pre – Post Hospitalization expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the policy schedule whichever is earlier.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within thirty working days of receipt of the last required documents.

b. For opting Cashless Facility: (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before

admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.

i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider.
ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner.
iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation.
iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.
v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.

c.Reimbursement Claims - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization /injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following:

i. Claim form duly completed in all respects
ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.
iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.

a) INDICATIVE CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

In-patient Treatment/ Day Care Procedures

- ❑ Duly filled and signed Claim Form
- ❑ Photocopy of ID card / Photocopy of current year policy

- ❑ Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no. and break up of each Item, duly signed by the Insured
- ❑ Original payment Receipt of the hospital bill with receipt number
- ❑ First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test
- ❑ Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- ❑ Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- ❑ Original medicine bills and receipts with corresponding Prescriptions.
- ❑ Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.

Road Traffic Accident

In addition to the In-patient Treatment documents:

- ❑ Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate.

In Non Medico legal cases

- ❑ Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained)

In Accidental Death cases

- ❑ Copy of Post Mortem Report (if conducted) & Death Certificate

For Death Cases

In addition to the In-patient Treatment documents:

- ❑ Original Death Summary from the hospital.
- ❑ Copy of the Death certificate from treating doctor or the hospital authority.
- ❑ Copy of the Legal heir certificate, (where nomination is not available) -

Pre and Post-hospitalisation expenses

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Medicine bills, original payment receipt with prescriptions.
- ❑ Original Investigations bills, original payment receipt with prescriptions and report.
- ❑ Original Consultation bills, original payment receipt with prescription.
- ❑ Copy of the Discharge Summary of the main claim.

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

- In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

- The Insured Person must give Us at his expense, all the information We ask for about the claim.
- If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- The Policy - excludes the Standard List of excluded items as - attached in the Policy document.
- We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2024. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2024, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

FREE LOOK CANCELLATION

A period of 30 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.

SECURE HEALTH CONNECT: BENEFIT SCHEDULE

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
Toll Free : 1800 266 5844
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC209656
Website Link: www.libertyinsurance.in

GENERAL DETAILS							
Age Group	Minimum Age at Entry (Adult) - 18 Years						
	Maximum Age at Entry (Adult) - NO LIMIT						
	Children between 91 days and 25 years can be insured provided either parent is getting insured under the Policy						
Sum Insured	2 lakh- 15 lakh						
Renewal	Life Long						
Family discount	10% if two or more family members are covered on Individual Sum Insured basis						
Tenure	1/ 2/ 3 years						
Option	Individual Or Family Floater Sum Insured basis						
Family members	**Individual Sum Insured**- Family members as stated in the Policy schedule can cover in a single Policy on Individual Sum Insured basis						
	Family Floater Basis- Self+ Spouse+ max up to 3 children can be covered under a single Sum Insured.						
Policy Plans			**Secure Basic**	**Secure Elite**	**Secure Supreme**	**Secure Complete**	**Secure Classic**
Sr.No	**Coverage's Description**	**Description**	**Sum Insured 2,3,4,5 lakhs**	**Sum Insured 2,3,4,5,7.5,10 lakhs**	**Sum Insured 3,4,5,7.5,10 lakh**	**Sum Insured 2,3,4,5,7.5,10,15 lakhs**	**Sum Insured 2,3,4,5 lakhs**
1	In-patient Hospitalization	Covers Hospitalization medical expenses for a period more than 24 hours as an In-patient. Room rent/ICU and associated charges available as per the Plan opted.	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 3000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 6000/day whichever lower	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 5000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 6000/day whichever lower	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 5000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 7500/day whichever lower	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 2500/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 5000/day whichever lower	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 2000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 4000/day whichever lower
2	Pre-Hospitalization	Medical Expenses incurred prior to the covered hospitalisation	30 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.	30 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 60 days.	45 days Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 90 days.	30 days No sub Limit Applicable	30 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.
3	Post-	Medical	45 days	45 days	60 days	45 days	45 days

	Hospitalizatio n	Expenses incurred after to the covered hospitalisation	Medical Expenses up to 1% of Sum Insured accrued up to maximum 45 days.	Medical Expenses up to 1% of Sum Insured accrued up to maximum 90 days.	Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 150 days.	No sub Limit Applicable	Medical Expenses up to 1% of Sum Insured accrued up to maximum 45 days.
4	Day Care Procedures	405 day care procedures undertaken in a hospital/day care Centre in less than 24 hours due to Technological advancement	APPLICABL E	APPLICABL E	APPLICABL E	APPLICABLE	APPLICABL E
6	Emergency Local Road Ambulance Charges	Emergency Ambulance charges for transferring to the nearest Hospital	1% of SI , subject to max INR 1,000 per Insured per year	1% of SI , subject to max INR 2,000 per Insured per year	1% of SI , subject to max INR 3,000 per Insured per year	1% of SI , subject to max INR 3,000 per Insured per year	1% of SI , subject to max INR 1,000 per Insured per year
7	Daily Cash Allowance	Daily cash of allowance up to 10th day of continuous hospitalization . A deductible of first 48 hours of hospitalization is applicable	NA	NA	NA	INR 500 / per day	INR 500 / per day
8	Cumulative Bonus or Avail 2.25% discount on Premium for claim free renewal	Auto increase in Sum Insured for every claim free year	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 25% Max up to 100%	NA
9	Sub limits on Medical Expenses	Disease wise sublimit as per Annexure C attached	APPLICABL E	APPLICABL E	APPLICABL E	APPLICABLE	APPLICABL E
10	Co-pay	Non-network Hospital: 10 % Co-pay Insured above 60 years: 10% Co-Pay	APPLICABL E	APPLICABL E	Co-pay not applicable	APPLICABLE	NA
11	Health Check up	Per Insured Person 18 yrs. And above limited to max 2 adult Insured/s, Health Check up at every 2 continuous claim free renewal.	APPLICABL E	APPLICABL E	APPLICABL E	APPLICABLE	APPLICABL E

12	Stay Fit Perks	Additional perks on every block of two claim free Policy renewals with Us as per the SI and Plan opted. This will be accumulated in your Policy automatically and may be utilized after the 2nd claim free Policy renewal against any non- medical expenses, Co-Pay or Sub limits as applicable under the Policy.	SI up to INR 5 Lakh: Lump sum amount of INR 3000	SI up to INR 5 Lakh: Lump sum amount of INR 4000 SI above INR 5 Lakh: Lump sum amount of INR 5000	SI up to INR 5 Lakh: Lump sum amount of INR 5000 SI above INR 5 Lakh: Lump sum amount of INR 7000	SI up to INR 5 Lakh: Lump sum amount of INR 4000 SI above INR 5 Lakh: Lump sum amount of INR 5000	SI up to INR 5 Lakh: Lump sum amount of INR 3000
13	AYUSH Treatment	AYUSH treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani,I Siddha and Homeopathy systems.	Upto Basic SI	Upto Basic SI	Upto Basic SI	Upto Basic SI	Upto Basic SI
14	Compulsory Deductible	per claim deductible	NA	NA	NA	NA	1 Lac per claim deductible
15	Air Ambulance	Emergency medical evacualtion by air ambulance	NA	NA	NA	NA	Covered upto 50% of Basic SI
Optional Covers							
1	Reload of Sum Insured	Sum Insured can be reloaded equivalent to the original Sum Insured opted.	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE	NA

2	Enhanced Cumulative Bonus	Total Cumulative Bonus (Cumulative Bonus + Optional Cover Cumulative Bonus) perl year shall be enhanced by opting this option and as per the Plan opted.	Per Year:20% Max upto 100%	Per Year:25% Max upto 100%	Per Year:30% Max upto 150%	Not Applicable	NA
3	Waiver of Medical Sub Limits	Sub Limits specified in the Annexure C are waived off by opting this optional cover	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE	NA
Waiting Period							
1	30 days	from inception of the policy	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE
2	2 years	for specified ailments	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE
3	3 years	Pre-Existing Diseases	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE	APPLICABLE

POLICY DISCOUNTS

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

1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis. The discount is available to each member under the policy
2. Multi-year 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 if the client is an employee of the Company. The discount will be given to each member insured under the Policy.
4. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy through Our Website.

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
Toll Free : 1800 266 5844
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC209656
Website Link: www.libertyinsurance.in

SUB LIMITS ON MEDICAL EXPENSES: ANNEXURE C

The Medical Expenses incurred during any Hospitalization due to the below listed treatments shall be limited to actual expenses or up to the Sub limits (whichever is less) as stated below. All values are in INR. Excluding taxes.					
Procedure/Treatment Per policy year	Policy Plans				
	Secure Basic	Secure Elite	Secure Supreme	Secure Complete	Secure Classic
Cataract	20,000	30,000	40,000	40,000	20,000
Hysterectomy	35,000	45,000	55,000	55,000	35,000
Removal of gall bladder	35,000	45,000	55,000	55,000	35,000
Surgery for piles	20,000	30,000	40,000	40,000	20,000
Surgery for fissure, fistula and sinus	20,000	30,000	40,000	40,000	20,000
Surgery for nasal septum correction	20,000	30,000	40,000	40,000	20,000
Angiography invasive	15,000	20,000	30,000	30,000	15,000
PTCA	80,000	1,20,000	1,50,000	1,50,000	80,000
Appendectomy	30,000	40,000	50,000	50,000	30,000
D & C	10,000	15,000	20,000	20,000	10,000
Hernia	35,000	45,000	55,000	55,000	35,000
Deviated Nasal Septum	35,000	45,000	55,000	55,000	35,000
Surgery for renal stone	35,000	45,000	55,000	55,000	35,000
Prostate Surgery TURP	75,000	1,00,000	1,20,000	1,20,000	75,000
CABG	1,00,000	1,50,000	2,00,000	2,00,000	1,00,000
Total Knee replacement	80,000	1,20,000	1,50,000	1,50,000	80,000
Total Hip replacement	80,000	1,20,000	1,50,000	1,50,000	80,000

PREMIUM RATE CHART

As annexed.

LIST OF DAY CARE PROCEDURES/TREATMENTS

Day Care Procedures/Treatments include the following Day Care Surgeries & Day Care Treatments and can include other Day Care procedures or surgery or treatment undertaken by

the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not in the Outpatient department of a Hospital:

ENT
1 Stapedotomy
2 Myringoplasty(Type I Tympanoplasty)
3 Revision stapedectomy
4 Labyrinthectomy for severe Vertigo
5 Stapedectomy under GA
6 Ossiculoplasty
7 Myringotomy with Grommet Insertion
8 Tympanoplasty (Type III)
9 Stapedectomy under LA
10 Revision of the fenestration of the inner ear.
11 Tympanoplasty (Type IV)
12 Endolymphatic Sac Surgery for Meniere's Disease
13 Turbinectomy
14 Removal of Tympanic Drain under LA
15 Endoscopic Stapedectomy
16 Fenestration of the inner ear
17 Incision and drainage of perichondritis
18 Septoplasty
19 Vestibular Nerve section
20 Thyroplasty Type I
21 Pseudocyst of the Pinna - Excision
22 Incision and drainage - Haematoma Auricle
23 Tympanoplasty (Type II)
24 Keratosis removal under GA
25 Reduction of fracture of Nasal Bone
26 Excision and destruction of lingual tonsils
27 Conchoplasty
28 Thyroplasty Type II
29 Tracheostomy
30 Excision of Angioma Septum
31 Turbinoplasty
32 Incision & Drainage of Retro Pharyngeal Abscess
33 Uvulo Palato Pharyngo Plasty
34 Palatoplasty
35 Tonsillectomy without adenoidectomy
36 Adenoidectomy with Grommet insertion
37 Adenoidectomy without Grommet insertion
38 Vocal Cord lateralisation Procedure
39 Incision & Drainage of Para Pharyngeal Abscess
40 Transoral incision and drainage of a pharyngeal abscess
41 Tonsillectomy with adenoidectomy
42 Tracheoplasty

Ophthalmology
43 Incision of tear glands
44 Other operation on the tear ducts
45 Incision of diseased eyelids
46 Excision and destruction of the diseased tissue of the eyelid
47 Removal of foreign body from the lens of the eye.
48 Corrective surgery of the entropion and ectropion
49 Operations for pterygium
50 Corrective surgery of blepharoptosis
51 Removal of foreign body from conjunctiva
52 Biopsy of tear gland
53 Removal of Foreign body from cornea
54 Incision of the cornea
55 Other operations on the cornea
56 Operation on the canthus and epicanthus
57 Removal of foreign body from the orbit and the eye ball.
58 Surgery for cataract
59 Treatment of retinal lesion
60 Removal of foreign body from the posterior chamber of the eye

Oncology
61 IV Push Chemotherapy
62 HBI-Hemibody Radiotherapy
63 Infusional Targeted therapy
64 SRT-Stereotactic Arc Therapy
65 SC administration of Growth Factors
66 Continuous Infusional Chemotherapy
67 Infusional Chemotherapy

68 CCRT-Concurrent Chemo + RT
69 2D Radiotherapy
70 3D Conformal Radiotherapy
71 IGRT- Image Guided Radiotherapy
72 IMRT- Step & Shoot
73 Infusional Bisphosphonates
74 IMRT- DMLC
75 Rotational Arc Therapy
76 Tele gamma therapy
77 FSRT-Fractionated SRT
78 VMAT-Volumetric Modulated Arc Therapy
79 SBRT-Stereotactic Body Radiotherapy
80 Helical Tomotherapy
81 SRS-Stereotactic Radiosurgery
82 X-Knife SRS
83 Gammaknife SRS
84 TBI- Total Body Radiotherapy
85 intraluminal Brachytherapy
86 Electron Therapy
87 TSET-Total Electron Skin Therapy
88 Extracorporeal Irradiation of Blood Products
89 Telecobalt Therapy
90 Telecesium Therapy
91 External mould Brachytherapy
92 Interstitial Brachytherapy
93 Intracavity Brachytherapy
94 3D Brachytherapy
95 Implant Brachytherapy
96 Intravesical Brachytherapy
97 Adjuvant Radiotherapy
98 Afterloading Catheter Brachytherapy
99 Conditioning Radiothearpy for BMT
100 Extracorporeal Irradiation to the Homologous Bone grafts
101 Radical chemotherapy
102 Neoadjuvant radiotherapy
103 LDR Brachytherapy
104 Palliative Radiotherapy
105 Radical Radiotherapy
106 Palliative chemotherapy
107 Template Brachytherapy
108 Neoadjuvant chemotherapy
109 Adjuvant chemotherapy
110 Induction chemotherapy
111 Consolidation chemotherapy
112 Maintenance chemotherapy
113 HDR Brachytherapy

Plastic Surgery
114 Construction skin pedicle flap
115 Gluteal pressure ulcer-Excision
116 Muscle-skin graft, leg
117 Removal of bone for graft
118 Muscle-skin graft duct fistula
119 Removal cartilage graft
120 Myocutaneous flap
121 Fibro myocutaneous flap
122 Breast reconstruction surgery after mastectomy
123 Sling operation for facial palsy
124 Split Skin Grafting under RA
125 Wolfe skin graft
126 Plastic surgery to the floor of the mouth under GA

Urology
127 AV fistula - wrist
128 URSL with stenting
129 URSL with lithotripsy
130 Cystoscopic Litholapaxy
131 ESWL
132 Haemodialysis
133 Bladder Neck Incision
134 Cystoscopy & Biopsy
135 Cystoscopy and removal of polyp
136 Suprapubic cystostomy
137 percutaneous nephrostomy
139 Cystoscopy and "SLING" procedure.
140 TUNA- prostate
141 Excision of urethral diverticulum
142 Removal of urethral Stone
143 Excision of urethral prolapse
144 Mega-ureter reconstruction
145 Kidney renoscopy and biopsy
146 Ureter endoscopy and treatment
147 Vesico ureteric reflux correction
148 Surgery for pelvi ureteric junction obstruction

149 Anderson hynes operation
150 Kidney endoscopy and biopsy
151 Paraphimosis surgery
152 injury prepuce- circumcision
153 Frenular tear repair
154 Meatotomy for meatal stenosis
155 surgery for fournier's gangrene scrotum
156 surgery filarial scrotum
157 surgery for watering can perineum
158 Repair of penile torsion
159 Drainage of prostate abscess
160 Orchiectomy
161 Cystoscopy and removal of FB

Neurology
162 Facial nerve physiotherapy
163 Nerve biopsy
164 Muscle biopsy
165 Epidural steroid injection
166 Glycerol rhizotomy
167 Spinal cord stimulation
168 Motor cortex stimulation
169 Stereotactic Radiosurgery
170 Percutaneous Cordotomy
171 Intrathecal Baclofen therapy
172 Entrapment neuropathy Release
173 Diagnostic cerebral angiography
174 VP shunt
175 Ventriculoatrial shunt

Thoracic surgery
176 Thoracoscopy and Lung Biopsy
177 Excision of cervical sympathetic Chain Thoracoscopic
178 Laser Ablation of Barrett's oesophagus
179 Pleurodesis
180 Thoracoscopy and pleural biopsy
181 EBUS + Biopsy
182 Thoracoscopy ligation thoracic duct
183 Thoracoscopy assisted empyaema drainage

Gastroenterology
184 Pancreatic pseudocyst EUS & drainage
185 RF ablation for barrett's Oesophagus
186 ERCP and papillotomy
187 Esophagoscope and sclerosant injection
188 EUS + submucosal resection
189 Construction of gastrostomy tube
190 EUS + aspiration pancreatic cyst
191 Small bowel endoscopy (therapeutic)
192 Colonoscopy ,lesion removal
193 ERCP
194 Colonscopy stenting of stricture
195 Percutaneous Endoscopic Gastrostomy
196 EUS and pancreatic pseudo cyst drainage
197 ERCP and choledochoscopy
198 Proctosigmoidoscopy volvulus detorsion
199 ERCP and sphincterotomy
200 Esophageal stent placement
201 ERCP + placement of biliary stents
202 Sigmoidoscopy w / stent
203 EUS + coeliac node biopsy

General Surgery
204 infected keloid excision
205 Incision of a pilonidal sinus / abscess
206 Axillary lymphadenectomy
207 Wound debridement and Cover
208 Abscess-Decompression
209 Cervical lymphadenectomy
210 infected sebaceous cyst
211 Inguinal lymphadenectomy
212 Incision and drainage of Abscess
213 Suturing of lacerations
214 Scalp Suturing
215 infected lipoma excision
216 Maximal anal dilatation
217 Piles
A)Injection Sclerotherapy
B)Piles banding
218 liver Abscess- catheter drainage
219 Fissure in Ano- fissurectomy
220 Fibroadenoma breast excision
221 Oesophageal varices Sclerotherapy
222 ERCP - pancreatic duct stone removal
223 Perianal abscess I&D

225 Fissure in ano sphincterotomy
226 UGI scopy and Polypectomy oesophagus
227 Breast abscess I& D
228 Feeding Gastrostomy
229 Oesophagoscopy and biopsy of growth oesophagus
230 UGI scopy and injection of adrenaline, sclerosants
- bleeding ulcers
231 ERCP - Bile duct stone removal
232 Ileostomy closure
233 Colonoscopy
234 Polypectomy colon
235 Splenic abscesses Laparoscopic Drainage
236 UGI SCOPY and Polypectomy stomach
237 Rigid Oesophagoscopy for FB removal
238 Feeding Jejunostomy
239 Colostomy
240 Ileostomy
241 colostomy closure
242 Submandibular salivary duct stone removal
243 Pneumatic reduction of intussusception
244 Varicose veins legs - Injection sclerotherapy
245 Rigid Oesophagoscopy for Plummer vinson syndrome
246 Pancreatic Pseudocysts Endoscopic Drainage
247 ZADEK's Nail bed excision
248 Subcutaneous mastectomy
249 Excision of Ranula under GA
250 Rigid Oesophagoscopy for dilation of benign Strictures
251 Eversion of Sac
a) Unilateral
b)Bilateral
252 Lord's plication
253 Jaboulay's Procedure
254 Scrotoplasty
255 Surgical treatment of varicocele
256 Epididymectomy
257 Circumcision for Trauma
258 Meatoplasty
259 Intersphincteric abscess incision and drainage
260 Psoas Abscess Incision and Drainage
261 Thyroid abscess Incision and Drainage
262 TIPS procedure for portal hypertension
263 Esophageal Growth stent
264 PAIR Procedure of Hydatid Cyst liver
265 Tru cut liver biopsy
266 Photodynamic therapy or esophageal tumour and Lung tumour
267 Excision of Cervical RIB
268 laparoscopic reduction of intussusception
269 Microdochectomy breast
270 Surgery for fracture Penis
271 Sentinel node biopsy
272 Parastomal hernia
273 Revision colostomy
274 Prolapsed colostomy- Correction
275 Testicular biopsy
276 laparoscopic cardiomyotomy(Hellers)
277 Sentinel node biopsy malignant melanoma
278 laparoscopic pyloromyotomy(Ramstedt)

Orthopedics
279 Arthroscopic Repair of ACL tear knee
280 Closed reduction of minor Fractures
281 Arthroscopic repair of PCL tear knee
282 Tendon shortening
283 Arthroscopic Meniscectomy - Knee
284 Treatment of clavicle dislocation
285 Arthroscopic meniscus repair
286 Haemarthrosis knee- lavage
287 Abscess knee joint drainage
288 Carpal tunnel release
289 Closed reduction of minor dislocation
290 Repair of knee cap tendon
291 ORIF with K wire fixation- small bones
292 Release of midfoot joint
293 ORIF with plating- Small long bones
294 Implant removal minor
295 K wire removal

296 POP application
297 Closed reduction and external fixation
298 Arthrotomy Hip joint
299 Syme's amputation
300 Arthroplasty
301 Partial removal of rib
302 Treatment of sesamoid bone fracture
303 Shoulder arthroscopy / surgery
304 Elbow arthroscopy
305 Amputation of metacarpal bone
306 Release of thumb contracture
307 Incision of foot fascia
308 calcaneum spur hydrocort injection
309 Ganglion wrist hyalase injection
310 Partial removal of metatarsal
311 Repair / graft of foot tendon
312 Revision/Removal of Knee cap
313 Amputation follow-up surgery
314 Exploration of ankle joint
315 Remove/graft leg bone lesion
316 Repair/graft achilles tendon
317 Remove of tissue expander
318 Biopsy elbow joint lining
319 Removal of wrist prosthesis
320 Biopsy finger joint lining
321 Tendon lengthening
322 Treatment of shoulder dislocation
323 Lengthening of hand tendon
324 Removal of elbow bursa
325 Fixation of knee joint
326 Treatment of foot dislocation
327 Surgery of bunion
328 intra articular steroid injection
329 Tendon transfer procedure
330 Removal of knee cap bursa
331 Treatment of fracture of ulna
332 Treatment of scapula fracture
333 Removal of tumor of arm/ elbow under RA/GA
334 Repair of ruptured tendon
335 Decompress forearm space
336 Revision of neck muscle (Torticollis release)
337 Lengthening of thigh tendons
338 Treatment fracture of radius & ulna
339 Repair of knee joint

Paediatric surgery
340 Excision Juvenile polyps rectum
341 Vaginoplasty
342 Dilatation of accidental caustic stricture oesophageal
343 Presacral Teratomas Excision
344 Removal of vesical stone
345 Excision Sigmoid Polyp
346 Sternomastoid Tenotomy
347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
348 Excision of soft tissue rhabdomyosarcoma
349 Mediastinal lymph node biopsy
350 High Orchidectomy for testis tumours
351 Excision of cervical teratoma
352 Rectal-Myomectomy
353 Rectal prolapse (Delorme's procedure)
354 Orchidopexy for undescended testis
355 Detorsion of torsion Testis
356 lap.Abdominal exploration in cryptorchidism
357 EUA + biopsy multiple fistula in ano
358 Cystic hygroma - Injection treatment
359 Excision of fistula-in-ano

Gynaecology
360 Hysteroscopic removal of myoma
361 D&C
362 Hysteroscopic resection of septum
363 thermal Cauterisation of Cervix
364 MIRENA insertion
365 Hysteroscopic adhesiolysis
366 LEEP
367 Cryocauterisation of Cervix
368 Polypectomy Endometrium
369 Hysteroscopic resection of fibroid
370 LLETZ
371 Conization
372 polypectomy cervix
373 Hysteroscopic resection of endometrial polyp
374 Vulval wart excision

375 Laparoscopic paraovarian cyst excision
376 uterine artery embolization
377 Bartholin Cyst excision
378 Laparoscopic cystectomy
379 Hymenectomy(imperforate Hymen)
380 Endometrial ablation
381 vaginal wall cyst excision
382 Vulval cyst Excision
383 Laparoscopic paratubal cyst excision
384 Repair of vagina (vaginal atresia)
385 Hysteroscopy, removal of myoma
386 TURBT
387 Ureterocoele repair - congenital internal
388 Vaginal mesh For POP
389 Laparoscopic Myomectomy
390 Surgery for SUI
391 Repair recto- vagina fistula
392 Pelvic floor repair(excluding Fistula repair)
393 URS + LL
394 Laparoscopic oophorectomy

Critical care
395 Insert non- tunnel CV cath
396 Insert PICC cath (peripherally inserted central catheter)
397 Replace PICC cath (peripherally inserted central catheter)
398 Insertion catheter, intra anterior
399 Insertion of Portacath

Dental
400 Splinting of avulsed teeth
401 Suturing lacerated lip
402 Suturing oral mucosa
403 Oral biopsy in case of abnormal tissue presentation
404 FNAC
405 Smear from oral cavity

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition

STANDARD LIST OF EXCLUDED ITEMS

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
s7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable

14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable

46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
65	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
66	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise

		specified
73	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON Not	Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
91	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges

93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
99	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable

117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable

149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissable medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative

		screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable

194	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitilasation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Redressal of Grievance

We are concerned about you and are committed to extend the best possible services. In case you are not satisfied with our services or resolution, please follow the below steps for redressal,

Step 1	Step 3
Call us on Toll free number: **1800-266-5844** (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in **Senior Citizens can email us at:** seniorcitizen@libertyinsurance.in or **Write to us at:** **Customer Service** **Liberty General Insurance Limited**	If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in **Step 4** If your issue remains unresolved or if you are not satisfied with the resolution provided, you may escalate your grievance to our Grievance Redressal Officer (GRO)

Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Maharashtra	For GRO details, please refer https://www.libertyinsurance.in/customer-support/grievance-redressal.html
Step 2	**Step 5**
If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in	If you are still not satisfied with the resolution provided, you may further escalate your grievance to our Chief Grievance Redressal Officer (Chief GRO) **Chief GRO:** Mr. Sachin Joshi **Email** us at gro@libertyinsurance.in

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per the prevailing Insurance Ombudsman Rules. The contact details of the Insurance Ombudsman offices have been provided in **Annexure B**:

Grievance may also be lodged at IRDAI Integrated Grievance Management System - bimabharosa.irdai.gov.in

The updated grievances redressal procedure shall be provided on the website of the Company and is subject to change in compliance with guidelines/regulations issued by Insurance Regulatory and Development Authority of India.

Insurance Ombudsman offices

Annexure B

City	Jurisdiction	Contact Details
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	Tel: 079-25501201/02 Email: oio.ahmedabad@cioins.co.in
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, Ground Floor, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078.	Karnataka.	Tel: 080-26652048 / 26652049 Email: oio.bengaluru@cioins.co.in
BHOPAL Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Bhopal – 462 011.	Madhya Pradesh, Chhattisgarh.	Tel: 0755-2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in

BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009.	Odisha.	Tel: 0674-2596461 / 2596455 / 2596429 / 2596003 Email: oio.bhubaneswar@cioins.co.in
CHANDIGARH Office of the Insurance Ombudsman, SCO 20–27, Ground Floor, Sector 17-A, Chandigarh – 160 017.	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, UTs of J&K, Ladakh & Chandigarh.	Tel: 0172-2706468 Email: oio.chandigarh@cioins.co.in
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tamil Nadu, Puducherry (including Karaikal).	Tel: 044-24333668 / 24333678 Email: oio.chennai@cioins.co.in
DELHI Office of the Insurance Ombudsman, 2/2A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Delhi and districts of Haryana – Gurugram, Faridabad, Sonepat & Bahadurgarh.	Tel: 011-46013992 / 23213504 / 23232481 Email: oio.delhi@cioins.co.in
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, S.S. Road, Guwahati – 781 001.	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland & Tripura.	Tel: 0361-2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500 004.	Andhra Pradesh, Telangana, Yanam and part of the Union Territory of Puducherry.	Tel: 040-23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Building, Ground Floor, Bhawani Singh Marg, Jaipur – 302 005.	Rajasthan.	Tel: 0141-2740363 Email: oio.jaipur@cioins.co.in
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash (LIC Building), Opp. Maharaja's College Ground, M.G. Road, Kochi – 682 011.	Kerala, Lakshadweep, Mahe (part of UT of Puducherry).	Tel: 0484-2358759 Email: oio.ernakulam@cioins.co.in
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 7th Floor, 4, C.R. Avenue, Kolkata – 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.	Tel: 033-22124339 / 22124341 Email: oio.kolkata@cioins.co.in

LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226 001.	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Prayagraj, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Ghazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Shravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajganj, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Chandauli, Ballia, Siddharthnagar.	Tel: 0522-4002082 / 3500613 Email: oio.lucknow@cioins.co.in
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (West), Mumbai – 400 054.	Wards under Mumbai Metropolitan Region excluding M/E, M/W, N, S and T (covered under Thane Ombudsman) and areas of Navi Mumbai.	Tel: 022-69038800 / 27 / 29 / 31 / 32 / 33 Email: oio.mumbai@cioins.co.in
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Gautam Buddh Nagar, UP – 201 301.	Uttarakhand and districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Auraiya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kasganj, Sambhal, Amroha, Hathras, Saharanpur.	Tel: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna – 800 001.	Bihar, Jharkhand.	Tel: 0612-2547068 Email: oio.patna@cioins.co.in
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	Goa and Maharashtra excluding Navi Mumbai, Thane, Palghar, Raigad districts and Mumbai Metropolitan Region.	Tel: 020-24471175 Email: oio.pune@cioins.co.in
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) – 400 604.	Navi Mumbai, Thane, Raigad, Palghar districts and Mumbai wards M/East, M/West, N, S and T.	Tel: 022-20812868 / 69 Email: oio.thane@cioins.co.in

For updated list and details of Insurance Ombudsman Offices, please visit website http://www.cioins.co.in/ombudsman.html

Sanction Clause-

Liberty General Insurance Limited will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION