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# Secure Health Connect Policy

## A. POLICY SCHEDULE

The Policy Schedule is enclosed with the Policy document shared with you, comprising the benefits and Sum Insured/Limits applicable to every available cover.

## B. PREAMBLE

Liberty General Insurance Limited (hereinafter called the "Company", "Insurer" , **"We, Our, or Us"**) will provide insurance cover to the person(s) (hereinafter called the "Insured" , **"You, Your, or Yourself"**) based on the Proposal and Declaration made and agreed premium paid within such time, as may be prescribed under the provisions of the Insurance Act, 1938, for the Policy Period stated in the Schedule or during any further period for which the Company may accept payment for the renewal or extension of this Policy, subject always to the following terms, conditions, provisos, exclusions, and limitations contained herein or endorsed or otherwise expressed herein . This Policy records the agreement between the Company (We) and the Insured (You), and sets out the terms of insurance and obligations of each party.

## Part I: Definitions

## C. DEFINITIONS

The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female.

i. **Standard Definitions (Definitions whose wordings are specified by IRDAI)**

1. **"Accident"** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **"Any one illness**" means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital/nursing home where treatment was taken.

3. **AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

4. **AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. **"Cashless facility"** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization approved.

6. **"Condition Precedent"** means a policy term or condition upon which the Insurer's liability under the Policy is conditional

7. **"Congenital Anomaly"** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

**a) Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body.

**b) External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body.

8. **"Co-Payment"** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

9. "**Cumulative Bonus/Loyalty Perk"** shall mean any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.

10. "**Day Care Centre"** means any institution established for day care treatment of illness and /or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-

a) has qualified nursing staff under its employment;
b) has qualified medical practitioner(s) in charge;
c) has a fully equipped operation theater of its own where surgical procedures are carried out;
d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

11. **"Day care Procedure/Treatment"** means medical treatment, and/or surgical procedure which is –

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than twenty four (24) hours because of technological advancement, and
ii. which would have otherwise required hospitalization of more than twenty four (24) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

12. **"Deductible"** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

13. **"Dental Treatment**" Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

14. **"Disclosure to information norm"** 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.

15. "**Emergency Care"** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

16. **"Grace period**" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

17. **"Hospital"** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least ten inpatient beds in towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
iii. has qualified medical practitioner (s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

18. **"Hospitalization"** means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

19. **"Illness"** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

i. **Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
    a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    b) it needs ongoing or long-term control or relief of symptoms

c) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
d) it continues indefinitely
e) it recurs or is likely to recur

20. **"Injury"** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

21. **"Inpatient Care"** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event

22. **"Intensive care unit"** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

23. **"ICU Charges"** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

24. **"Medical Advice"** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

25. **"Medical expenses"** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

26. **"Medical Practitioner"** A Medical Practitioner is a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license provided that this person is not a member of the Insured Person's family.

27. **"Medically Necessary Treatment"** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i. is required for the medical management of illness or injury suffered by the insured;
ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

iii. must have been prescribed by a medical practitioner;
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

28. **"Migration"** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

29. **"Network Provider"** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

30. **"Non-Network Provider"** means any hospital, day care centre or other provider that is not part of the Network.

31. "**Notification of Claim**" means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

32. **"Out-Patient (OPD) Treatment"** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

33. **"Pre-Existing Disease (PED)"** means any condition, ailment, injury or disease:

i. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
ii. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

34. **"Pre-hospitalization"** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

35. **Post-hospitalization Medical Expenses"** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
ii. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

36. **"Portability"** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc from the Existing Insurer in the previous policy to the Acquiring Insurer

37. **"Qualified Nurse"** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

38. **"Reasonable and Customary charges"** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

39. **"Renewal"** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

40. **"Room rent"** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

41. **"Specific Waiting Period"** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

42. "**Subrogation**" means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. (Applicable to other than Health Policies and health sections of Travel and PA policies)

43. **"Surgery or Surgical Procedure"** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

44. **"Unproven/Experimental treatment"** Treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

ii. **Specific Definitions (Definitions other than those mentioned under C(i) above)**

1. "**Age**" means age of the Insured person on last birthday as on date of commencement of the Policy

2. **"Ambulance**" means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

3. "Associated Medical Expense" (AME) shall include nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anesthetist/ specialist (excluding cost of pharmacy and consumables, cost of implants and medical devices, cost of diagnostics) conducted within the same Hospital where the Insured Person has been admitted. It shall not be applicable for Hospitalization in ICU. Associated Medical Expenses shall be applicable for covered expenses, incurred in Hospitals which follow differential billing based on the room category.

4. **"AYUSH Treatment"** refers to the Inpatient hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

5. **"Ayush Medical Practitioner"**: means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy or Ayurvedic and or such other authorities set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license and acceptable to Us.

6. **"Basic Sum Insured"** means the amount specified against each Insured Person/s specified in the Schedule to this Policy, subject to terms, conditions and exclusions of this Policy.
   For policies with more than one year tenure, the Basic Sum Insured specified on the Policy is the limit for each year. This limit will lapse at the end of every year and fresh limits up to the full Basic Sum Insured as opted, will be available for the next year.

7. **"Break in Policy"** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

8. **"Dependent Child"** refers to a child (naturally or legally adopted), who is financially dependent on the Primary Insured or Proposer and does not have his/her independent

sources of income between the age of 91 days and eighteen (18) years, or up to and including the age of twenty-five (25) years if undergoing full time education at an accredited educational institution.

9. "**Family/Family Member"** means the Primary Insured Person whose name forms the first Insured Person, his/her lawful spouse, dependent child/children, parents/ parent-in-laws.
10. **"Family Floater"** means Policy wherein all Insured Person/s of a family are covered under a single Basic Sum Insured. Basic Sum Insured for family floater policy is the amount specified in the Policy Schedule which represents the Company's maximum total & cumulative liability for all Insured Person/s for any or all claims incurred during the Policy Period excluding Cumulative Bonus, Enhanced Cumulative Bonus, Reload of Sum Insured and specific limits as available to the Insured Person/s as stated in the Policy Schedule.

11. **"Insured"** means an individual, a Resident Indian, who has proposed for Insurance and on whose name the Policy is issued.

12. **"Insured Person/s"** means the person (s) named in the Schedule of the Policy.

13. **"Nominee"** means the person named in the Proposal or Schedule to whom the benefits under the Policy is nominated by the Insured Person.

14. **"Policy"** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.

15. **"Policy Period"** means the period between the inception date and expiry date of the Policy as specified in the Schedule to this Policy or the date of cancellation of this Policy, whichever is earlier.

16. **"Policy Schedule"** means the Policy Schedule attached to and forming part of Policy.

17. **"Policy year"** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.

18. **"Proposal and Declaration Form"** means any initial or subsequent declaration made by the Insured/ Insured Person/sand is deemed to be attached and forming part of this Policy.

19. **"Room rent"** -means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

20. **"Third Party Administrator or TPA**" means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

21. **"Waiting Period"** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

22. **"We/Our/Us"** means the Liberty General Insurance Limited.

23. **You/Your"** means the Insured named in the Schedule who has concluded this Policy with Us.

## Part II: Scope of Cover

### D. BENEFITS COVERED UNDER THE POLICY

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed, to pay and/or reimburse reasonable and customary charges incurred or up to the limits specified in the schedule against each benefit, whichever is less.

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

### 1. Hospitalisation Expenses

#### a. In-Patient Treatment Expenses

The Company undertakes to indemnify Insured person against any disease or Any One Illness or any injury during the Policy Period and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified physician/Medical Practitioner to incur In-patient care expenses for medical/surgical treatment at any Hospital in India, towards following expenses, subject to the terms, conditions, exclusions and definitions contained herein or endorsed.

1. Room, Boarding expenses
2. Intensive Care Unit bed charges

3. Doctor's fees
4. Nursing Expenses
5. Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy. other than those specified in the list of excluded expenses (non-medical) in Annexure A
6. Prescribed Drugs and medicines consumed on the premises
7. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
8. Dressing, Ordinary splints and plaster casts
9. Cost of Prosthetic devices if implanted during a surgical procedure

**b. Day Care Procedure/Treatment**

The Company will indemnify medical expenses incurred on a treatment towards a Day Care procedure, where the procedure or surgery is taken by the Insured Person as an inpatient in less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital.

The proportionate deductions would be applied only in case of a hospital that follows differential billing practice based on the room category occupied by the Insured person and any Room rent category other than Intensive Care Unit.

If the Insured Person is admitted in a room whose category is higher than the one that is specified in the Policy Schedule, then the Insured Person shall bear a rateable proportion of the Room Rent and the total Associated Medical Expenses, including surcharge or taxes thereon in the proportion of the 'difference between the Room Rent actually incurred & the Room Rent of the entitled room category' to 'the Room Rent actually incurred'.

Expenses associated with automation machine for peritoneal dialysis shall not be payable
We will NOT pay, even if you were hospitalized, if there was no active line of treatment and only investigations were done. Examples: MRI, CT Scan, Endoscopy, Colonoscopy etc.
Treatments or procedures covered under this benefit and "Day care procedures/ Treatment" are separate.

**2. AYUSH Treatment**

The Company will indemnify Reasonable and Customary charges up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred for the 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.

**Exclusions specific to AYUSH Treatment**

The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses
4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment.

The above exclusions are in additions to the General exclusions listed under the Policy.

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

**3. Pre-Hospitalisation Expenses**

The Medical Expenses incurred during the Policy Period for a period as mentioned in the Schedule, immediately before the Insured Person was hospitalised, provided that:

i. Such Medical Expenses were incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
ii. There is a valid claim admissible under Part II D 1.a (In-patient Treatment Expenses) of the Policy.

**4. Post-Hospitalisation Expenses**

The Medical Expenses incurred during the Policy Period for a period as mentioned in the Schedule, immediately after the Insured Person was discharged following Hospitalisation, provided that:

i. Such Medical Expenses were incurred for the same condition for which the Insured Person's earlier Hospitalisation was required, and

ii. There is a valid claim admissible under Part II D1.a (In-patient Treatment Expenses) of the Policy.

**5. Hospital Daily Cash Allowance**

The Company will pay the amount as specified in the Schedule to this Policy against Hospital Cash allowance benefit 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., provided a valid claim is admissible under Part II D 1.a (In-patient Treatment Expenses) of the Policy. A deductible of first 48 hours of hospitalization is applicable.

**6. Emergency Local Road Ambulance Charges**

The Company will indemnify expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following Accidental Bodily Injury/ illness / disease occurring during the Policy Period, provided that:

i) Our maximum liability shall be as specified in the Schedule to this Policy.

ii) There is a valid claim admissible under Part II D 1.a (In-patient Treatment Expenses) of the Policy

iii) The coverage also includes the cost of the transportation of the Insured Person from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is Medically Necessary.

iv) Any expenses in relation to transportation of the Insured Person from Hospital to the Insured Person's residence while transferring an Insured Person after he/she has been discharged from the Hospital are not payable under this Benefit.

**7. Cumulative Bonus or Discount in Renewal Premium :**

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 the next Policy Year, but in no case shall the Sum Insured be reduced below the Basic Sum Insured*.

i. For a Family Floater policy, the Cumulative Bonus shall be available only on floater basis and in respect of any Insured Person during the expiring Policy Year. The Cumulative Bonus shall accrue only if no claim has been made during the expiring Policy Year and will be available at the commencement of the next Policy Year and continue to be insured in the subsequent Policy Year.
ii. 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 Cumulative Bonus 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.
iii. If the Insured Person/sin the expiring Policy are covered on an Individual basis and thereby enjoy separate Cumulative Bonus in the expiring Policy/ies, and such expiring Policy/ies is renewed with the Company on a Floater Basis, then the Cumulative Bonus carried forward under such renewed floater Policy would be the least of the Cumulative Bonus/s earned under the expiring Policy/ies.
iv. Entire Cumulative Bonus will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date or the expiry of the Grace period whichever is later.
v. The Insured Person who do not make claim, may choose for availing 2.25% Discount in renewal premium in lieu of auto increase in Basic Sum Insured (Cumulative Bonus) for every claim free Policy year

## 8. Technological Advancements (Modern Surgeries) :

We will cover the Medical Expenses incurred in respect of Hospitalization of the Insured Person for the below mentioned Technological Advancements and Treatments during the Policy Period, up to the Annual Sum Insured.

| Sr No. | Treatment/Procedure |
|---|---|
| 1 | Uterine Artery Embolization and HIFU (High intensity focused ultrasound) |
| 2 | Immunotherapy- Monoclonal Antibody to be given as injection |
| 3 | Vaporisation of the prostrate (Green laser treatment or holmium laser treatment) |
| 4 | Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions |
| 5 | Balloon Sinuplasty |
| 6 | Oral Chemotherapy |
| 7 | Robotic surgeries |
| 8 | Stereotactic radio Surgeries |
| 9 | Deep Brain stimulation |
| 10 | Intra vitreal injections |
| 11 | Bronchial Thermoplasty |
| 12 | IONM - (Intra Operative Neuro Monitoring) |

**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 as specified under Part II D. 1, 3 & 4 of the Policy. This cover will be available as per the plan opted and specified in the policy schedule.

**10. Co-Payment :**

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

**11. Health Check Up :**

The Insured Person/s abovel 8 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 :

The Policy provides additional perk equivalent to the amount specified in the Benefit schedule applicable on renewal of Policy after every two claim free years subject to Claim admissible under Part II. I of the Policy. The accumulated Stay fit perk can be utilised from the third policy year 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 covered during the two expiring Policy Years. The Stay Fit Perk 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 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:

We will cover the expenses incurred on 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.

## Part III: Optional Covers

Below covers are available in selective Plans and on payment of additional premium before inception or at Renewal wherever applicable of the Policy subject to the terms, conditions and exclusions applicable to this Section. The limits applicable to each Optional cover is as mentioned under the specific individual cover or as specified in the policy schedule.

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse Reasonable and customary charges incurred towards medically necessary expenses up to the limits specified in the schedule against each benefit. However, 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 Basic Sum Insured, Cumulative Bonus.
.

**1. Reload of Sum Insured**

When the original Sum Insured is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable under Part II D 1 (In-patient Hospitalization Expenses) of the Policy; 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, provided that:

a. The Reload Sum Insured will be triggered immediately after the original Sum Insured and Cumulative Bonus ( if any ) has been completely exhausted during that Policy Year; The Reload Sum Insured is available for the medical expenses incurred only in India
b. The Reload Sum Insured can be used only for such claims as is admissible in terms of Part II D 1 (**In-Patient Treatment Expenses**) of the Policy and available for the Medical expenses incurred as stated under Part II D 'Scope of cover' of the Policy.
c. The Reload Sum Insured will be available during the Policy Year till it is exhausted completely.
d. Any unutilized Reload amount cannot be carried forward to any subsequent Policy Year/renewal of the Policy.
e. In case of Portability, the credit for Sum Insured would be given only to the extent of the original Sum Insured. If the policy is a Family Floater, then the Reload Sum Insured will only be available in respect of claims made by those Insured Persons who were Insured Persons under the Policy before the Sum Insured was exhausted.

**2. Enhanced Cumulative Bonus**

The Cumulative Bonus as available under Part II D ( Scope of Cover) can be enhanced maximum upto 150% of the Sum Insured or as stated under the Policy Schedule ( whichever is lower) provided that:

a. The total Cumulative Bonus available under the Policy shall be subject to per Policy Year and maximum upto the limits as per the Plan opted and available under the Policy Schedule,
b. We would not pay separate Cumulative Bonus as stated under Part II D.7 'Cumulative Bonus' of the Policy,
c. The eligibility of this benefit is as per the terms and conditions stated under Part II D.7 'Cumulative Bonus' of the Policy.

**3. Waiver of the Medical Expenses Sub limits**

Notwithstanding anything to the contrary in the Policy, the Company agrees to waive off the sub limits applicable on the listed illnesses/injuries as mentioned under Part II D. 9 (Sub Limits on Medical Expenses) subject to the Sum Insured being the Maximum Limit of Indemnity.

## Part IV: Renewal Features

**1.a Cumulative Bonus**:

Please refer section below:

**Part II: Scope of Cover D.BENEFITS COVERED UNDER THE POLICY SCOPE OF COVER 7. Cumulative Bonus or Discount in Renewal Premium :**

**1.b Discount in Renewal Premium :**

The Insured Person who do not make claim, may choose for availing Discount in renewal premium in lieu of auto increase in Basic Sum Insured (Cumulative Bonus) for every claim free Policy year. If insured opt for this discount during renewal, he/she will not be eligible for Cumulative Bonus as mentioned above in Part IV 1 a.

In event of claim between renewal date and actual risk start date of renewed policy, the discount offered during renewal will be remitted from the claim or collected from insured/proposer.

**2. Basic Sum Insured Enhancement :**

Basic Sum Insured can be enhanced only at the time of renewal subject to no claim having been lodged/ paid under the earlier policy/ies and with the specific approval and acceptance by the Company. In all such case of increase in the Basic Sum Insured, waiting period will apply afresh in relation to the amount by which the Basic Sum Insured has been enhanced.

## Part V: General 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:

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

**i. Pre- Existing Diseases – Code –Excl01 :**

a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e.until the expiry of 36 months of continuous coverage after the date of inception of the first policy with Us.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (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.

ii. ***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

| **Two Year (24 months) Waiting Period** | |
|---|---|
| Cataract | Calculus diseases of Gall bladder and Urogenital system |

| | |
|---|---|
| Benign Prostatic Hypertrophy | Joint Replacement due to Degenerative condition, |
| Hernia | Surgery for prolapsed inter vertebral disc unless arising from accident |
| Hydrocele | Age related Osteoarthritis and Osteoporosis |
| Fistula in anus | Spondylosis / Spondylitis |
| Piles | Surgery of varicose veins and varicose ulcers. |
| Sinusitis and related disorders | Treatment for correction of eyesight (laser surgery) due to refractive error |
| Fissure | Dilatation and Curettage (D&C); |
| Gastric and Duodenal ulcers | Gout and Rheumatism |
| Internal tumors, cysts, nodules, polyps , breast lumps (unless malignant) | Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus |
| Polycystic ovarian diseases | Skin tumours (unless malignant) |
| Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty | |
| Treatment of Obesity | |

**iii. 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.

**iv. 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.

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

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

a. 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.

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

**vi. Obesity/ Weight Control: Code- Excl06 :**

Expenses related to the surgical treatment of obesity that does not fulfil all the following 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

**vii. 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.

**viii. 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

**ix. 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.

**x. Breach of law: Code- Excl 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.

**xi. Excluded Providers: Code-Excl11**

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

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

**xiii. 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**

**xiv. 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**

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

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

**xvi. 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.

**xvii. Sterility and Infertility: Code- Excl17**

Expenses related to sterility and infertility. This includes:

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

**xviii. Maternity: Code Excl18**

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

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

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

i. 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.

ii. Dental treatment, dentures or Surgery of any kind unless necessitated due to accident and requiring minimum 24 hours hospitalisation. Any treatment related to Gum Disease or Tooth Disease or Damage unless related to irreversible bone disease involving jaw which cannot be treated in any other way.

iii. 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.

iv. 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. Cost of Cochlear implant unless necessitated by accident or require intra-operatively. Cost of Hearing aid including Optometric Therapy

v. 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.

vi. External Congenital Anomaly.

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

viii. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy unless specifically mentioned in your policy schedule.

ix. Treatment received outside India unless specifically mentioned in your policy schedule.

x. 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.

xi. 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.

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

xiii. Cost of issuance of medical certificates and examinations required for employment or travel or any other such purpose

xiv. 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.

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

xvi. 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: 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.

xvii. 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.

xviii. 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

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.

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

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

xxi. This policy shall not cover expenses incurred on medicines or pharmaceuticals sourced from outside India, regardless of where the treatment is taken. Any claims expenses related to but not limited to the purchase of medicines, availing medical services like Consultation, Procedure, Investigation etc from international sources which not registered with Medical council of India or any such similar services which fall outside of Indian Jurisdiction will not be payable.

## Part VI: General Conditions

### A. GENERAL TERMS AND CLAUSES

#### i. Standard General Terms and Clauses (General terms and clauses whose wordings are specified by IRDAI)

**1. Disclosure of information:**

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

("Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

**2. Condition Precedent to admission of Liability :**

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

**3. Claim Settlement (Provision for Penal Interest) :**

a) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment. Such interest shall be suo-moto paid by the insurers.

**Explanation: "bank rate" shall mean the rate fixed by Reserve Bank of Indian (RBI) at the beginning of the financial year in which the claim falls due.**

**4. Complete Discharge :**

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

**5. Multiple Policies :**

a) **Indemnity based policies**: In case of multiple policies held by Insured person, insured person has a choice to file claim settlement under any policy. if insured person chooses to file such claim under policy held with the Company, then same shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, then we, Liberty General Insurance as primary Insurer shall seek the details of other available policies of the Insured and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the Insured.

b) **Benefit based Policies**:On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

**6. Fraud**

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

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

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

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

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

**7. Cancellation/Termination :**

i. The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall

a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
c. In case of Installment policy, Policy will be cancelled with proportionate premium refund for unexpired policy period if there is no claim made during the policy period.

ii. The Company may cancel the policy at any time on grounds of misrepresentation 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 misrepresentation, non-disclosure of material facts or fraud.

| Cancellation Grid | Time period | Claim Status | One Year - Single payment /Instalment policy | 2/3 Years Policy tenure -Single payment /Instalment policy |
|---|---|---|---|---|

| | | | |
|---|---|---|---|
| Free Look Period (Risk not commenced) | Upto30 days | Nil | Full refund less medical examination of insured person and the stamp duty charges |
| Free Look Period (Risk commenced) | Upto30 days | Nil | Proportionate refund for unexpired policy period |
| Pro rate (Risk commenced) | Beyond 30 days | Nil | Proportionate refund for unexpired policy period |

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.

**8. Migration :**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for Migration of the policy atleast 30 days before the policy renewal date as per the IRDAI Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI Guidelines on Migration.

**9. 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 30 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 benefits in waiting periods as per IRDAI guidelines on portability.

**10. Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy.

ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

**11. Withdrawal of Policy :**

i. 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.

ii. 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.

**12. Moratorium Period**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

**Note:** The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

**13. Premium Payment in Instalments:**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly or any other specific frequency as mentioned in the policy Schedule/Certificate of Insurance the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.
ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.
vii. The total premium applicable for a yearly or long term policy tenure shall be collected not later than first year of the policy.

Given below are the payment terms applicable on standard premiums in case of instalments.

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

**14. Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.*On renewal, the policy may be subject to changes in terms and conditions, including change in premium rates.*

**15. Free Look Period**

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -

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

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

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

**16. Redressal of Grievance :**

In case of any grievance the insured person may contact the company through

| 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)<br>or<br>Email us at: care@libertyinsurance.in<br>**Senior Citizens can email us at**: seniorcitizen@libertyinsurance.in<br>or<br>**Write to us at:**<br>**Customer Service**<br><br>**Liberty General Insurance Limited**<br><br>Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Maharashtra | If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in<br><br>**Step 4**<br><br>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)<br>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<br><br>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)<br>**Chief GRO:** Mr. Sachin Joshi<br>**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.

**17. Nomination :**

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

**ii. Specific terms and clauses (terms and clauses other than those mentioned under F(i) above**

**1. Observance of Terms and Conditions :**

The due observance and fulfillment of the terms, conditions and endorsements, including the payment of premium of this Policy and compliance with specified claims procedure insofar as they relate to anything to be done or complied with by the Insured shall be a Condition Precedent to any liability of the Company to make any payment under this Policy.

**2. Alterations to the Policy :**

This Policy together with the Policy Schedule constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written endorsement signed and stamped by the Company.

**3. Material Change :**

It is a Condition Precedent to the Company's liability under the Policy that the Insured Person/s shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his/ their own expense. The Company may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly.

**4. Records to be maintained :**

The Insured Person/s shall keep an accurate record containing all relevant medical documents including a variety of types of "notes" entered over time by Medical Practitioner, recording observations and administration of drugs and therapies, Investigation reports and shall allow the Company to inspect such record. The Insured Person/s shall furnish such information to the Company as may be required under this Policy, during the Policy Period or until the final adjustment, if any, and resolution of Claim/s under this Policy whichever is later.

**5. Notice of charge :**

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person/s, his/her nominees or legal representatives, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

**6. Area of Validity :**

The policy shall provide for eligible medical treatment taken within India unless specifically mentioned in your policy schedule & all the benefits under the policy shall be payable in Indian rupees only.

**7. Governing Laws, Territorial Jurisdiction and Territorial Limit :**

i. This Policy/Certificate of Insurance shall be exclusively governed and construed as per laws of India and all disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Group Policy/Certificate of Insurance shall be, determined by the Indian court and in accordance to Indian laws.

ii. All medical treatment for the purpose of the Certificate of Insurance will have to be taken in India only.

iii. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

**8. Notice :**

Every notice and communication to the Company required by this Policy shall be in writing, within specified time and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

**9. Electronic Transaction :**

The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

**10. Customer Service** :

If at any time the Insured requires any clarification or assistance, the insured may contact the offices of the Company at the address specified during normal business hours.

**11. Policy Disputes**

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to, by both the Insured and the Company to be subject to Indian law. Each party agrees to be subject to the executive jurisdiction of the High Court of Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

## B. OTHER TERMS AND CONDITIONS

### 1. Entry Age :

Minimum entry Age: Adult –18 years; Dependent Child -91 days
Maximum entry Age: No Entry Restriction.

Child/children below 25 years of age can be covered provided either of the parents is insured under the policy.

### 2. Dependent child/children

Dependent child/children covered with Us under Family Floater shall have the option to continue renewal by migrating to a suitable policy at the end of the specified exit 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.

### 3. Increase in Sum Insured or Change in Plan/Optional Cover :

Sum Insured can be enhanced or Policy Plan or Optional Covers can be changed only at the time of renewal subject to no claim having been lodged/ paid under the earlier policy/ies and with the specific approval and acceptance subject to medical clearance called for analysing sub-standard risk, by the Company. In all such case of increase in the Sum Insured, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced

### 4. Referral Risk :

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 at the sole discretion of the Company with an increased risk rating which shall not exceed 100% of normal slab premium per diagnosis / medical condition and not over 200% of normal slab premium per person. Applicable for all subsequent renewal(s) involving age slab changes and increase in Basic

Sum Insured. In all such cases, we would send a communication letter to the Proposer and obtain his/her consent before acceptance of the Proposal.

**5. Sub-standard Risk :**

Proposals where the Health status is adverse, as revealed in the Proposal form and/or followed by health checkup may be accepted at the sole discretion of the Company with an increased risk rating which shall not exceed 100% of normal slab premium per diagnosis / medical condition and not over 200% of normal slab premium per person. Applicable for all subsequent renewal(s) involving age slab changes and increase in Sum Insured. If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing, then Pre-Existing Condition Exclusion (Code Excl01 (Part V – General Exclusions)shall be applicable. In all such cases, we would send a communication letter to the Proposer and obtain his/her consent before acceptance of the Proposal.

**6. Pre Policy Health Check Up :**

The Company may require Individuals to undergo Pre Policy health check-up based on the Sum Insured or age bands or an adverse medical history revealed in the Proposal form at our network list of diagnostic centers as available on our website. The result of these tests will be valid for a period of 3 months from the date of tests performed. 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). This age limit may be relaxed for specific channels or plans depending on judgement of medical underwriter.

**7. Discount Parameters :**

a. **Family Floater 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.
b. **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 subject to in receipt of the applicable premium in advance as single premium.
c. **Employee Discount**: 10% discount if the client is an employee of the Company
d. **Direct Policy Purchase Discount**- 10% discount will be given if you are purchasing this Policy through Our Website.

**8. Claim Procedure :**

**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 fifteenworking 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/Health Card number 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 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.
vii. Medical Case History / Summary.
viii. Original bills & receipts for claiming Ambulance Charges
ix. Any additional documents or information, as may be deemed necessary by the Company or TPA.

The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company / or its associated representative to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

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/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Basic Sum Insured opted.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

## 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.
  - Hospital Registration Number and PAN details from the Hospital
  - Doctors registration Number and Qualification from the doctor

- **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, if the claim is for the death of the principle insured.

- **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.

- **Ambulance Benefit**

  - Duly filled and signed Claim Form.
  - Photocopy of ID card / Photocopy of current year policy.
  - Original Bill with Original Payment Receipt.
  - Treating Doctor's consultation prescription indicating Emergency Hospitalization.

- **Hospital Cash Allowance**

  Same as In-patient Hospitalization treatment

- **Modern surgeries**

  Same as In-patient Hospitalisation treatment

- **AYUSH Treatment**

  Same as In-patient Hospitalisation treatment

- **Tele-medicine**

  - A proper invoice or numbered bill of consultation with date
  - A proof of payment either a Online, G-PAY or Pay-TM
  - The consultation note or Prescription with Physicians registration number and details
  - All investigation report advised with bills and prescription

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

**Applicable to all claims under the Policy:**

a. 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.
b. If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
c. If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
d. The Policy - excludes the Standard List of excluded items - attached in the Policy document.
e. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions or reject the claim as per the Policy terms and conditions within 15 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate and complete such investigation at the earliest,
f. All claims will be settled as per relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time. 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 relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time , 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' means **"**Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due"
g. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

***Benefit Schedule – As Annexed***

**Sub-limits of medical expenses**

| 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 |

**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 :

| Sr. No. | Procedure |
|---|---|
| 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

| Sr. No. | Procedure |
|---|---|
| 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

| Sr. No. | Procedure |
|---|---|
| 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 Radiotherapy 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

| Sr. No. | Procedure |
|---|---|
| 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

| Sr. No. | Procedure |
|---|---|
| 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 |
| 138 | Cystoscopy and DJ Stenting |
| 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

| Sr. No. | Procedure |
|---|---|
| 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 |

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| 173 | Diagnostic cerebral angiography |
| 174 | VP shunt |
| 175 | Ventriculoatrial shunt |

## Thoracic Surgery

| Sr. No. | Procedure |
|---|---|
| 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

| Sr. No. | Procedure |
|---|---|
| 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 |

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|---|---|
| 194 | Colonoscopy 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

| Sr. No. | Procedure |
|---|---|
| 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 |

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|---|---|
| 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 |
| 224 | Anal fistulotomy |
| 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 |

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|---|---|
| 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 for esophageal tumour and Lung tumour |
| 267 | Excision of Cervical RIB |
| 268 | Laparoscopic reduction of intussusception |
| 269 | Microdochectomy breast |

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|---|---|
| 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) |

## Orthopaedics

| Sr. No. | Procedure |
|---|---|
| 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 |

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|---|---|
| 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 |

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|---|---|
| 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

| Sr. No. | Procedure |
|---|---|
| 340 | Excision Juvenile polyps rectum |
| 341 | Vaginoplasty |
| 342 | Dilatation of accidental caustic stricture oesophageal |
| 343 | Presacral Teratomas Excision |

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|---|---|
| 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

| Sr. No. | Procedure |
|---|---|
| 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 |

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|---|---|
| 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 |

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|---|---|
| 394 | Laparoscopic oophorectomy |

## Critical Care

| Sr. No. | Procedure |
|---|---|
| 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

| Sr. No. | Procedure |
|---|---|
| 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/ disease under treatment. Only 24 hours hospitalization is not mandatory.

**Annexure-A**

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

| Sl No | Item |
|---|---|
| 1 | BABY FOOD |
| 2 | BABY UTILITIES CHARGES |
| 3 | BEAUTY SERVICES |
| 4 | BELTS/ BRACES |
| 5 | BUDS |
| 6 | COLD PACK/HOT PACK |
| 7 | CARRY BAGS |
| 8 | EMAIL / INTERNET CHARGES |
| 9 | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) |
| 10 | LEGGINGS |
| 11 | LAUNDRY CHARGES |
| 12 | MINERAL WATER |
| 13 | SANITARY PAD |
| 14 | TELEPHONE CHARGES |
| 15 | GUEST SERVICES |
| 16 | CREPE BANDAGE |
| 17 | DIAPER OF ANY TYPE |
| 18 | EYELET COLLAR |
| 19 | SLINGS |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22 | Television Charges |
| 23 | SURCHARGES |
| 24 | ATTENDANT CHARGES |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26 | BIRTH CERTIFICATE |
| 27 | CERTIFICATE CHARGES |

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|---|---|
| 28 | COURIER CHARGES |
| 29 | CONVEYANCE CHARGES |
| 30 | MEDICAL CERTIFICATE |
| 31 | MEDICAL RECORDS |
| 32 | PHOTOCOPIES CHARGES |
| 33 | MORTUARY CHARGES |
| 34 | WALKING AIDS CHARGES |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 36 | SPACER |
| 37 | SPIROMETRE |
| 38 | NEBULIZER KIT |
| 39 | STEAM INHALER |
| 40 | ARMSLING |
| 41 | THERMOMETER |
| 42 | CERVICAL COLLAR |
| 43 | SPLINT |
| 44 | DIABETIC FOOT WEAR |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47 | LUMBO SACRAL BELT |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 49 | AMBULANCE COLLAR |
| 50 | AMBULANCE EQUIPMENT |
| 51 | ABDOMINAL BINDER |
| 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 53 | SUGAR FREE Tablets |
| 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55 | ECG ELECTRODES |
| 56 | GLOVES |
| 57 | NEBULISATION KIT |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 59 | KIDNEY TRAY |
| 60 | MASK |
| 61 | OUNCE GLASS |
| 62 | OXYGEN MASK |
| 63 | PELVIC TRACTION BELT |
| 64 | PAN CAN |

| | |
|---|---|
| 65 | TROLLY COVER |
| 66 | UROMETER, URINE JUG |
| 67 | AMBULANCE |
| 68 | VASOFIX SAFETY |

**List II – Items that are to be subsumed into Room Charges**

| Sl No | Item |
|---|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2 | HAND WASH |
| 3 | SHOE COVER |
| 4 | CAPS |
| 5 | CRADLE CHARGES |
| 6 | COMB |
| 7 | EAU-DE-COLOGNE / ROOM FRESHNERS |
| 8 | FOOT COVER |
| 9 | GOWN |
| 10 | SLIPPERS |
| 11 | TISSUE PAPER |
| 12 | TOOTH PASTE |
| 13 | TOOTH BRUSH |
| 14 | BED PAN |
| 15 | FACE MASK |
| 16 | FLEXI MASK |
| 17 | HAND HOLDER |
| 18 | SPUTUM CUP |
| 19 | DISINFECTANT LOTIONS |
| 20 | LUXURY TAX |
| 21 | HVAC |
| 22 | HOUSE KEEPING CHARGES |
| 23 | AIR CONDITIONER CHARGES |
| 24 | IM IV INJECTION CHARGES |
| 25 | CLEAN SHEET |
| 26 | BLANKET/WARMER BLANKET |
| 27 | ADMISSION KIT |
| 28 | DIABETIC CHART CHARGES |

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|---|---|
| 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 30 | DISCHARGE PROCEDURE CHARGES |
| 31 | DAILY CHART CHARGES |
| 32 | ENTRANCE PASS / VISITORS PASS CHARGES |
| 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 34 | FILE OPENING CHARGES |
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37 | PULSEOXYMETER CHARGES |

**List III – Items that are to be subsumed into Procedure Charges**

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

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

| Sl No | Item |
|---|---|
| 1 | ADMISSION/REGISTRATION CHARGES |
| 2 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE |
| 3 | URINE CONTAINER |
| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES |
| 5 | BIPAP MACHINE |
| 6 | CPAP/ CAPD EQUIPMENTS |
| 7 | INFUSION PUMP– COST |
| 8 | HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC |
| 9 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES (*Payable incase medically advisable for the treatment ) |
| 10 | HIV KIT |
| 11 | ANTISEPTIC MOUTHWASH |
| 12 | LOZENGES |
| 13 | MOUTH PAINT |
| 14 | VACCINATION CHARGES |
| 15 | ALCOHOL SWABES |
| 16 | SCRUB SOLUTION/STERILLIUM |
| 17 | Glucometer& Strips |
| 18 | URINE BAG |

## Insurance Ombudsman offices

**Annexure B**

| City | Jurisdiction | Contact Details |
|---|---|---|
| **AHMEDABAD**<br>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<br>Email: oio.ahmedabad@cioins.co.in |

| | | |
|---|---|---|
| **BENGALURU**<br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building, Ground Floor,<br>24th Main Road, JP Nagar, Ist Phase,<br>Bengaluru – 560 078. | Karnataka. | Tel: 080-26652048 / 26652049<br>Email: oio.bengaluru@cioins.co.in |
| **BHOPAL**<br>Office of the Insurance Ombudsman,<br>1st Floor, Jeevan Shikha,<br>60-B, Hoshangabad Road,<br>Bhopal – 462 011. | Madhya Pradesh, Chhattisgarh. | Tel: 0755-2769201 / 2769202 / 2769203<br>Email: oio.bhopal@cioins.co.in |
| **BHUBANESWAR**<br>Office of the Insurance Ombudsman,<br>62, Forest Park,<br>Bhubaneswar – 751 009. | Odisha. | Tel: 0674-2596461 / 2596455 / 2596429 / 2596003<br>Email: oio.bhubaneswar@cioins.co.in |
| **CHANDIGARH**<br>Office of the Insurance Ombudsman,<br>SCO 20–27, Ground Floor,<br>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<br>Email: oio.chandigarh@cioins.co.in |
| **CHENNAI**<br>Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor,<br>453, Anna Salai, Teynampet,<br>Chennai – 600 018. | Tamil Nadu, Puducherry (including Karaikal). | Tel: 044-24333668 / 24333678<br>Email: oio.chennai@cioins.co.in |
| **DELHI**<br>Office of the Insurance Ombudsman,<br>2/2A, Universal Insurance Building,<br>Asaf Ali Road, New Delhi – 110 002. | Delhi and districts of Haryana – Gurugram, Faridabad, Sonepat & Bahadurgarh. | Tel: 011-46013992 / 23213504 / 23232481<br>Email: oio.delhi@cioins.co.in |
| **GUWAHATI**<br>Office of the Insurance Ombudsman,<br>Jeevan Nivesh, 5th Floor,<br>S.S. Road, Guwahati – 781 001. | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland & Tripura. | Tel: 0361-2632204 / 2602205 / 2631307<br>Email: oio.guwahati@cioins.co.in |
| **HYDERABAD**<br>Office of the Insurance Ombudsman,<br>6-2-46, 1st Floor, "Moin Court",<br>Lane Opp. Hyundai Showroom,<br>A.C. Guards, Lakdi-Ka-Pool,<br>Hyderabad – 500 004. | Andhra Pradesh, Telangana, Yanam and part of the Union Territory of Puducherry. | Tel: 040-23312122 / 23376991 / 23376599 / 23328709 / 23325325<br>Email: oio.hyderabad@cioins.co.in |
| **JAIPUR**<br>Office of the Insurance Ombudsman,<br>Jeevan Nidhi – II Building, Ground Floor,<br>Bhawani Singh Marg,<br>Jaipur – 302 005. | Rajasthan. | Tel: 0141-2740363<br>Email: oio.jaipur@cioins.co.in |
| **KOCHI**<br>Office of the Insurance Ombudsman,<br>10th Floor, Jeevan Prakash (LIC Building),<br>Opp. Maharaja's College Ground, M.G. Road,<br>Kochi – 682 011. | Kerala, Lakshadweep, Mahe (part of UT of Puducherry). | Tel: 0484-2358759<br>Email: oio.ernakulam@cioins.co.in |

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|---|---|---|
| **KOLKATA**<br>Office of the Insurance Ombudsman,<br>Hindustan Building Annexe, 7th Floor,<br>4, C.R. Avenue,<br>Kolkata – 700 072. | West Bengal, Sikkim, Andaman & Nicobar Islands. | Tel: 033-22124339 / 22124341<br>Email: oio.kolkata@cioins.co.in |
| **LUCKNOW**<br>Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Bhawan, Phase-II,<br>Nawal Kishore Road, Hazratganj,<br>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<br>Email: oio.lucknow@cioins.co.in |
| **MUMBAI**<br>Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,<br>S.V. Road, Santacruz (West),<br>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<br>Email: oio.mumbai@cioins.co.in |
| **NOIDA**<br>Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace, 4th Floor,<br>Main Road, Naya Bans, Sector 15,<br>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<br>Email: oio.noida@cioins.co.in |
| **PATNA**<br>Office of the Insurance Ombudsman,<br>2nd Floor, Lalit Bhawan,<br>Bailey Road,<br>Patna – 800 001. | Bihar, Jharkhand. | Tel: 0612-2547068<br>Email: oio.patna@cioins.co.in |
| **PUNE**<br>Office of the Insurance Ombudsman,<br>Jeevan Darshan Building, 3rd Floor,<br>C.T.S. Nos. 195 to 198, N.C. Kelkar Road,<br>Narayan Peth, Pune – 411 030. | Goa and Maharashtra excluding Navi Mumbai, Thane, Palghar, Raigad districts and Mumbai Metropolitan Region. | Tel: 020-24471175<br>Email: oio.pune@cioins.co.in |
| **THANE**<br>Office of the Insurance Ombudsman,<br>2nd Floor, Jeevan Chintamani Building,<br>Vasantrao Naik Mahamarg,<br>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<br>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

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IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656
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 |

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

**sSanction 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.

**Legal Disclaimer Note:** The information must be read in conjunction with the product brochure and CIS. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.