

1. Policy Design

PRODUCT BENEFIT TABLE- Everyday Health		
Policy Tenure	Non- loan linked - 1 year; Loan linked- up to 5 years	
Entry Age	Adult- 18yrs to 80 Yrs Child- 0 day to 30 Yrs	
Plans	Individual Or Floater Or Combination of the two which includes following relationships- Self, Legally married spouse , up to 4 children (Son/Daughter), Daughter-in-law, Father, Mother, Father-in-law , Mother-in-law , Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Brother, Sister, Sister-in-law, Brother-in-law, Nephew, Niece, Employer, Employee, Borrower, Co-borrower(s)	
Waiting Periods	Initial Waiting Period	Range between 0 to 30 days
	PED	Range between 0 to 48 months
	Specific Illness	Range between 0 to 24 months

2. Sum Insured Options

- a. The product offers you so much more! More benefits, More options and More Sum Insured. Each benefit has a separate sum insured (if specified otherwise in the policy schedule or certificate of insurance) The terms, conditions and exclusions governing the Benefits under this Policy are described below. The Policy Schedule/Certificate of Insurance will specify which Benefits are in force and available for the Insured Person. Benefits are effective only during the Operative Time as shown in the Policy Schedule/ Certificate of Insurance.
- b. The Benefits listed in the sections below will be payable subject to the terms, conditions and exclusions of this Policy, the availability of the Benefit Sum Insured and any limits/sub-limits specified in the Policy Schedule/Certificate of Insurance as applicable under the Benefits in force for the Insured Person.
- c. All claims for any Benefits under the Policy must be made in accordance with the claim process defined under the respective section in which the Benefit is being claimed.

3. Scope of Cover: Benefits

- d. The terms, conditions and exclusions governing the Benefits under this Policy are described below and the Benefits listed in this section will be payable accordingly.
- e. The Certificate of Insurance will specify the Benefits, Sum Insured, pay outs, limits, sub limits, Deductible and/or Franchise applicable to the respective benefits available for the Insured Person.
- f. Policy will be active only during the date and/or time as specified in Certificate of Insurance.
- g. All claims for any Benefits under the Policy must be made in accordance with the claim process defined under the respective section in which the Benefit is being claimed.

3.1. Video Consultations with General Practitioner

We will cover Video Consultations with certified General Practitioners for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and

the General Practitioner. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, as specified in the Policy Schedule/Certificate of Insurance. These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.2. Tele Consultations with General Practitioner

We will cover Tele Consultations with certified General Practitioners for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the General Practitioner. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, as specified in the Policy Schedule/Certificate of Insurance. These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3. Physical Consultations with General Practitioner

We will cover Physical Consultations with certified General Practitioners for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to face meeting between the Insured and the General Practitioner. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, as specified in the Policy Schedule/Certificate of Insurance. These consultations can be booked via our/empaneled service provider's website, Mobile application, and/or through our call centers or/and at the doctor's clinic/hospital.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.4. Video Consultations with specialists

We will cover Video Consultations with Specialists for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and the Specialist. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, with the specified specialists as mentioned in the Policy Schedule/Certificate of Insurance. These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

The type of specialists covered will be as per Annexure 3.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.5. Tele Consultations with specialists

We will cover Tele Consultations with Specialists for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the Specialist. The insured

can take the number of consultations or as per a pre-defined limit within network or outside of the network, with the specified specialists as mentioned in the Policy Schedule/Certificate of Insurance. These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

The type of specialists covered will be as per Annexure 3.

Any unutilized amount or no. of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.6. Physical Consultations with specialists

We will cover Physical Consultations with Specialists for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to face meeting between the Insured and the Doctor. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, with the specified specialists as mentioned in the Policy Schedule/Certificate of Insurance. These consultations can be booked via our/empaneled service provider's website, Mobile application, and/or through our call centers or/and at the doctor's clinic/hospital.

The type of specialists covered will be as per Annexure 3.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.7. Diagnostic Services

The Insured Person may avail specified diagnostic tests as per Annexure 4 or Up to a pre-set limit or/and set of specified diagnostic tests, as specified in the Policy Schedule/Certificate of Insurance, from us / Our empanelled Service Provider through our/its mobile application or website. However, We shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further the diagnostic tests taken from us/ Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

Conditions:

- a. Diagnostic Tests are performed on an outpatient basis with or without local anesthetics for topical, infiltration, nerve block anesthesia – with or without Hospitalization for less than 24 hours.

3.8. Pharmacy Services

The Insured Person may purchase prescription or/and over the counter pharmacies(medicines) or Up to a pre-set limit can be utilized for prescription or/and over the counter pharmacies(medicines) as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of medicines from us/our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.9. Home Health Care Services

The Insured person may avail home health care services, which are services that can be availed at your home for treatment of al illness or injury, as per Annexure 5 or up to the limit as mentioned in the Policy

Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of Home Health Care Services from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Conditions:

- a. The medical condition of the Insured Person must be such that the treating Medical Practitioner expects the condition to improve in a reasonable and generally predictable period of time.
- b. Treatment under this Benefit will be provided under the supervision of a Medical Practitioner to safely and effectively administer the treatment plan for the condition of the Insured Person.
- c. The amount, frequency and time period of the services under this Benefit shall be reasonable, and in agreement between treating Medical Practitioner and the Insured Person availing the service.
- d. Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.10. Vaccination Cover

The Insured person may avail specified Vaccinations as per Annexure 6 or up to a pre-set limit as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of Vaccination Services from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Conditions:

- a. The expenses incurred are Reasonable and Customary (as per clause 2.1.33)
- b. Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.11. Annual Health Check-up

The Insured Person may avail a health check-up during the Policy Period as per the list specified in Annexure 7 or for a pre-defined list of tests or up to the limit specified in the Policy Schedule/Certificate of Insurance. These tests can be booked via our/empaneled service provider's website, Mobile application, through our call centers, or/and at the doctor's clinic/hospital.

- a. The eligibility of the Insured Person under this Benefit and the frequency of health check-ups will be as specified in the Policy Schedule/Certificate of Insurance.
- b. Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.
- c. Any unutilized test or amount in one Policy Year cannot be carry forwarded to the next Policy Year.

3.12. Second Medical Opinion

If the Insured Person is planning to undergo a planned Surgery or a Surgical Procedure for any Illness or Injury, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period and within the region(s) as mentioned in the Policy Schedule/Certificate of Insurance, from us / our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever.

Further availing the second medical opinion from us/Our empanelled Service Provider Is at the Insured Person's absolute discretion and choice. The second medical opinion under this benefit shall not be valid for any medico legal purposes

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.13. Monitoring / Medical Devices

The Insured person may avail monitoring / medical devices which are medically necessary and recommended by a registered medical practitioner as per Annexure 8 or up to the limit or percentage of sum insured as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the

Insured Person and the Service Provider for any reason whatsoever. Further purchase of Monitoring/Medical Devices from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

Conditions:

- a. The monitoring / medical device(s) being recommended by treating Medical Practitioner, would help in improving the condition in a reasonable and generally predictable period of time.
- b. The Medical Device / Monitoring device can only be purchased if recommended by a registered medical practitioner only

3.14. Condition Management Packages

The Insured person may choose to opt for one or more condition management package/(s) for a medical condition as defined in Annexure 9, on the recommendation of a registered medical practitioner up to the limits as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of Condition Management Package(s) from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on Cashless basis only.

3.15. Wellness benefits

The policy offers benefits to encourage Good Health and a healthier lifestyle. The Insured person may choose to avail any of the benefits outlined below up to the limits as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website.

3.15.1. Access to Fitness Centre / Digital Fitness Coaching / AI Fitness Coaching

Access to Physical Fitness Centres or Gyms / Digital Fitness Coaching sessions / AI led fitness coaching sessions to stay healthy. These benefits will be provided by our empanelled service providers on cashless basis only. Utilisation of the benefits will be at the sole discretion and choice of the insured.

3.15.2. Access to Nutritionist/Wellness Coaching

Access to Dietician / nutritionist / health coach / emotional wellness coach / psychologist / Assessments for maintaining a healthier and balanced lifestyle. The consultations can be availed through our /empanelled service provider's application /website via audio, video or chat channels on cashless basis only. Utilisation of the benefits will be at the sole discretion and choice of the insured.

3.16. Wallet

The insured can utilise the wallet limits for benefits as defined in the the Policy Schedule/Certificate of Insurance. The wallet can consist of benefits as defined in section 3.1 to 3.15. The conditions for the respective benefits given under the wallet will be applicable.

The wallet will be available in below options, as mentioned in your Policy Schedule/Certificate of Insurance:

3.16.1. Master Wallet

Master Wallet, as specified in your Certificate of Insurance/Policy schedule, can either be a list of benefits with a single limit/sub-limit. or a single benefit with a defined limit. The limit in the wallet can be utilized for one benefit alone or for combination of benefits (if applicable).

3.16.2. Individual Benefit Wallet

Individual Wallet, as specified in your Certificate of Insurance/Policy schedule, will be a wallet with specific benefits with individual limit/sub-limit for each benefit. The limit in the wallet can be utilized for each benefit or for combination of benefits (if applicable).

3.17. Vouchers

Vouchers are one time use benefits given to the Insured.

The Insured will get Single time use vouchers of fixed values as specified in the Policy Schedule/Certificate of Insurance.

The value of the voucher will be as per the limit/sub-limit mentioned in your policy schedule/certificate of insurance.

The vouchers can be offered for any or all of the benefits mentioned from Section 3.1 to 3.15. The conditions for the respective benefits given for the vouchers will be applicable. The vouchers will have to be utilized on us/our empanelled Service Provider through our/its mobile application or website

Conditions:

- a. These will be one time use vouchers and would lapse when utilized
- b. In case of Partial utilization of the voucher, the balance amount would be forfeited and would not be carried forward
- c. The voucher would only be allowed to be utilized for the benefits as defined in the policy schedule/certificate of insurance
- d. The Vouchers are non-transferable.
- e. Expenses can be claimed under this Section on Cashless basis only.

4. Cost Sharing Options

4.1. Co-payment

The Insured Person will pay the pre-determined percentage as specified in the Policy Schedule/ Certificate of Insurance as Co-Payment and We will pay the remaining part of the amount that We assess as the admissible amount in respect of any claim.

4.2. Annual Aggregate Deductible

The Insured Person shall bear on his/her own account an amount equal to the Annual Aggregate Deductible specified in the Policy Schedule/ Certificate of Insurance for any and all admissible claim amounts We assess to be admissible in respect of all claims made by that Insured Person. The deductible can be applied on the basis of limits or number of visits.

4.3. Franchise

The insured would be eligible to avail the benefits post the number of visits / consultations has been done by the insured following which the benefit would be payable from the first completed visit / consultation.

5. Permanent Exclusions

A permanent exclusion will be applied on any medical or physical condition or treatment of an Insured Person, if specifically mentioned in the Policy Schedule and has been accepted by You. This option as per company's underwriting policy, will be used for such condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person.

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless specifically mentioned elsewhere in the Policy.

5.1. Standard Exclusion:

- I. **Pre-existing Diseases (Code–Excl01):**
 - a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy.
 - b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Insurance) regulations 2024, then waiting period for the same would be reduced to the extent of prior coverage.

- d. Coverage under the Policy after the expiry of number of months (as mentioned in Policy Schedule /Certificate of Insurance) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

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 number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1).
- 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:
 - I. Pancreatitis and stones in biliary and urinary system
 - II. Cataract, glaucoma and other disorders of lens, disorders of retina
 - III. Hyperplasia of prostate, hydrocele and spermatocele
 - IV. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
 - V. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
 - VI. Hernia of all sites,
 - VII. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
 - VIII. Chronic kidney disease and failure
 - IX. Varicose veins of lower extremities
 - X. All internal or external benign or in situ neoplasms/tumours, cyst, sinus, polyp, nodules, swelling, mass or lump
 - XI. Ulcer, erosion and varices of gastro intestinal tract
 - XII. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
 - XIII. Internal Congenital Anomaly
 - XIV. Surgery of Genito-urinary system unless necessitated by malignancy
 - XV. Spinal disorders

III. 30-day waiting period (Code- Excl03):

- a. Expenses related to the treatment of any Illness upto 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 below conditions:

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

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-Excl10)**

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

XI. **Excluded Providers (Code-Excl11)**

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our 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. The complete list of excluded providers can be referred to on our website.

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

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

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-Excl14)**

XV. **Refractive Error (Code-Excl15)**

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

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:

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

XVIII. Maternity (Code-Excl18)

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

5.2. Specific Exclusion:

- I. Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital.
- II. **Circumcision**
Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
- III. **Conflict & Disaster:**
Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.
- IV. **External Congenital Anomaly:**
Screening, counseling or treatment related to external Congenital Anomaly.
- V. **Dental/oral treatment:**
Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.
- VI. **Hormone Replacement Therapy:**
Treatment for any condition / illness which requires hormone replacement therapy.
- VII. Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.
- VIII. **Sexually transmitted Infections & diseases (other than HIV / AIDS):**
Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).
- IX. **Sleep disorders:**
Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.
- X. Any treatment or medical services received outside the geographical limits of India.

6. General Terms and Conditions

6.1. Standard General Terms and Conditions

6.1.1. Free look period

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

6.1.2. Cancellation

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

- a. Refund proportionate premium for unexpired policy period, if the term of the 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 are not commenced.

In case of death of an Insured, pro-rate refund of the premium for the deceased insured will be refunded, provided there is no history of claim.

- a. 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.

A. Automatic Cancellation –

The Certificate of Insurance coverage shall automatically terminate in the event of death of the Insured Person.

B. Cancellation in case of Credit Linked Cases:

In cases the Policy is linked to the credit/ loan tenure, the coverage will continue till the end of loan tenure subject to maximum tenure of 5 years, closure of the loan or Policy Period/ Coverage Period Term whichever is earlier. The Insured Person shall inform Us of such closure of the loan immediately in order to cancel the cover under the Policy.

6.1.3. Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured.

An insurer shall not deny the renewal of a health insurance policy on the ground that the insured 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.

- a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.
- c. Coverage is available during the grace period.
- d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.
- e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

6.1.4. 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/Certificate of Insurance/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. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies.

6.1.5. 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.

6.1.6. 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 effected.

6.1.7. Withdrawal of Policy

- a. 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.
- b. Insured Person will have the option to either renew (up to 90 days from renewal date) same product or 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.

6.1.8. Redressal of Grievance:

In case of any grievance the Insured Person may contact the company through:

Website: www.nivabupa.com

Toll free: 1860-500-8888

E-mail: Email us through our service platform <https://rules.nivabupa.com/customer-service/> (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)

Fax: 011-4174-3397

Courier: Customer Services Department
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Head – Customer Services

D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301

Contact No: 1860-500-8888

Fax No: 011-4174-3397

Email ID: Email our Grievance officer through our Grievance Redressal platform

<https://transactions.nivabupa.com/pages/grievance-redressal.aspx>

For updated details of grievance officer, kindly refer the link <https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx>

If the Insured Person is not satisfied with the above, they can escalate to our Grievance Redressal officer through our platform <https://transactions.nivabupa.com/pages/grievance-redressal.aspx>.

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

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 Insurance Ombudsman Rules 2017 (at the addresses given in Annexure III).

Grievance may also be lodged at IRDAI integrated Grievance Management System – www.bimabharosa.irdai.gov.in

6.1.9. 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 claim submission date.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of claim intimation till the date of payment of claim at a rate of 2% above the bank rate.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

6.1.10. Multiple Policies

a. Indemnity Based Policies:

- a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his / her claim in terms of any of his / her policies. In all such cases the insurer chosen by the Policyholder shall be considered as the Primary Insurer and will be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. If the amount to be claimed exceeds the available coverage of the said policy, then the primary insurer shall seek the details of other available policies of the policyholder and shall coordinate with other insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policy holder.

b. Benefit Based Policies:

- a. On occurrence of the insured event, the policy holder can claim from all Insurers under all policies.

6.1.11. Disclosure to 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.

(Explanation: "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)

6.1.12. 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.

6.1.13. Complete Discharge

Any payment to the policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, 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.

6.2. Specific Terms and Conditions

6.2.1. Additional premium (Risk Loading)

- a. We may ask for additional premium after due risk evaluation (it's what referred to as Underwriting) based on all information provided by you. We will issue policy to you only after you pay us the additional premium and provide us consent.
- b. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.
- c. Once applied, Risk loading continues even for all renewals

6.2.2. Other Renewal Conditions:

a. Renewal Premium:

Renewal premium can alter based on Age.

b. Addition of Insured Persons on Renewal:

If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.

c. Changes to Sum Insured on Renewal:

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting.

6.2.3. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

6.2.4. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

- a. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which We must receive written notice.
- b. Us at the following address:
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301
Fax No: 011-4174-3397
- c. No insurance agents, brokers or other person/entity is authorized to receive any notice on Our behalf.
- d. In addition, We may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

6.2.5. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

6.2.6. Assignment

The Policy can be assigned subject to applicable laws.

6.2.7. Premium Payment in Installments

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

- a. Grace Period of 30 days in all types of policies, and a period of 15 days in case of monthly installments
- b. For policies where premium is paid in instalments only, the coverage will be given during grace period.
- c. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- d. No interest will be charged If the instalment premium is not paid on due date
- e. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- g. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

6.2.8. Claims

- a. Cashless claim facility is available at our/empanelled service provider's network hospitals / doctors / Centers ONLY. As list of network hospitals is dynamic, for the latest list, refer to our / empanelled service provider's website
- b. Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.
- c. We shall be provided with the following necessary information and documentation in respect of all claims at Your/Insured Person's expense at the earliest possible time.

Note: We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website: <https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx>

d. Documents required

Documents Required	i. The Policy Number; ii. Name of the Policyholder; iii. Nature of Illness or Injury and the treatment taken; iv. Name and address of the attending Medical Practitioner; v. Prescription from the treating medical practitioner and must mention 1. Date of consultation 2. The medical registration number of the doctor 3. Medicines prescribed for treatment of illness /injury (if applicable) 4. Diagnostic tests prescribed (If applicable) 5. Duly signed and Stamped vi. A valid invoice mentioning 1. Name of the doctor, clinic or hospital name 2. Address vii. Diagnostic test reports, X-rays, OPG, IOPA, CBCT, certificates viii. Itemized bill & payment receipt ix. Any other information that may be relevant to the Illness/ Injury/ Hospitalization x. KYC documents of the member wherever required or asked Policyholder documents (Nominee in case of death of Policyholder): • KYC documents • Cancelled cheque Note - The list of Documents is indicative more documents may be asked for as per claim servicing requirement
---------------------------	--

IMPORTANT:

- All documents **MUST** be submitted within 30 days from availing the benefit.
- For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
- We reserve the right to ask for additional documents/reports from case to case basis.
- We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.

Annexure 1
LIST OF INSURANCE OMBUDSMEN

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu.

BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu,UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool,	Andhra Pradesh, Telangana, UT of Yanam and part of UT of Pondicherry.

Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, UT of (a)Lakshadweep,(b) Mahe-a part of UT of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, UT of Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road,	Bihar, Jharkhand.

Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

EXECUTIVE COUNCIL OF INSURERS,
 3rd Floor, Jeevan SevaAnnexe,
 S. V. Road, Santacruz (W),
 Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949
Email: inscoun@ecoi.co.in
 Shri. M.M.L. Verma, Secretary General
 Smt. Moushumi Mukherji, Secretary

Ombudsmen details are subject to change. Please refer this link for the updated details: CIO (cioins.co.in)”

Annexure 2

EXPENSES NOT COVERED OR SUBSUMED INTO ROOM CHARGES / PROCEDURE CHARGES / COSTS OF TREATMENT

List I – Expenses not covered

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
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
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	PULSEOXYMER CHARGES

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

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

19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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

Annexure 3

LIST OF SPECIALISTS

This is an indicative list. Any or all can be opted for from this list. Cover will be available as specified in the Policy Schedule / Certificate of Insurance

Speciality	Doctor Specialization
Specialist	Paediatrician
	Dentist
	Dermatologist
	Orthopaedic
	Ophthalmologist
	Gynaecologist & Obstetrician
	ENT
	Psychiatrist
	General Surgeon
	Anaesthesiologist
	Radiologist
	Pathologist
	Sexologist
	Dermatologist
	ENT Surgeon
	Haematologist
	Preventive medicine specialist
	Paediatric surgeon
	Dental Surgeon
	Cardiologist
	Pulmonologist
	Diabetologist
	Oncologist
	Neurologist
	Gastroenterologist
	Nephrologist
	Urologist
	Orthodontic
	Orthopaedics & Joint Replacement
	Rheumatologist
	Endocrinologist
	Laparoscopic Surgeon
	General Surgeon
	Vascular Surgeon
	Infectious disease specialist

Annexure 4
DIAGNOSTICS TESTS

This is an indicative list. Any or all can be opted for from this list

S.No	Tests
1	CBC- (Haemoglobin, PCV, TLC, RBC Count, MCV, MCH, MCHC, Platelet Count, Automated DLC, Absolute Differential Counts, RDW)
2	Urine- Routine & Microscopic
3	Random Blood Sugar
4	Blood Sugar- Fasting and Post Prandial
5	Serum Cholesterol
6	Lipid Profile
7	Serum Creatinine and Urea
8	Serum LDL
9	Serum LDL & HDL
10	HBA1C
11	Renal Function Test
12	Liver Function Test
13	Thyroid Function Test
14	X-ray, Ultra sound
15	PAP Smear (For Female), PSA-Male
16	ECG
17	Serum Electrolytes
18	Uric Acid
19	Calcium
20	Vitamin B-12
21	Vitamin D3
22	Bone Densitometry Test
23	2D ECHO
24	Treadmill Test (TMT)
25	Mammography & Female hormones (for Female)
26	Erythrocyte Sedimentation Rate (ESR)
27	Dental Consultation
28	Physician Consultation
29	Blood Group
30	Hemogram & ESR
31	Complete Hemogram
32	Complete Urine Analysis
33	Diabetes
34	Cardiac Risk Markers
35	Iron Deficiency
36	Kidney Function Test

Annexure 5
HOME HEALTH CARE SERVICES

This is an indicative list. Any or all can be opted for from this list

S.No	Service
1	Doctor at home
2	Nurse at home
3	Physiotherapist at home
4	Attendant at home
5	Diagnostic Tests at Home

ANNEXURE 6
LIST OF VACCINATIONS

This is an indicative list of services. Any or all can be opted for from this list

S.No	List
1	Influenza
2	Pneumonia
3	Cervical Cancer
4	Hepatitis B
5	Typhoid
6	BCG
7	OPV + IPV 1
8	OPV + IPV 1
9	DPT
10	Haemophilus influenzae type B
11	Tetanus
12	Rota
13	MMR
14	Hepatitis A

ANNEXURE 7
LIST OF TESTS UNDER ANNUAL HEALTH CHECK-UP

This is an indicative list. Any or all can be opted for from this list

S.No	Tests
1	CBC- (Haemoglobin, PCV, TLC, RBC Count, MCV, MCH, MCHC, Platelet Count, Automated DLC, Absolute Differential Counts, RDW)
2	Urine- Routine & Microscopic
3	Random Blood Sugar
4	Blood Sugar- Fasting and Post Prandial
5	Serum Cholesterol
6	Lipid Profile
7	Serum Creatinine and Urea
8	Serum LDL
9	Serum LDL & HDL
10	HBA1C
11	Renal Function Test

12	Liver Function Test
13	Thyroid Function Test
14	X-ray, Ultra sound
15	PAP Smear (For Female), PSA-Male
16	ECG
17	Serum Electrolytes
18	Uric Acid
19	Calcium
20	Vitamin B-12
21	Vitamin D3
22	Bone Densitometry Test
23	2D ECHO
24	Treadmill Test (TMT)
25	Mammography & Female hormones (for Female)
26	Erythrocyte Sedimentation Rate (ESR)
27	Dental Consultation
28	Physician Consultation
29	Blood Group

ANNEXURE 8**LIST OF MONITORING /MEDICAL DEVICES**

This is an indicative list. Any or all can be opted for from this list

S.No	List
1	Single use devices (i.e. syringes, catheters)
2	Implantable (i.e. hip prosthesis, pacemakers)
3	Imaging (i.e. ultrasound and CT scanners)
4	Medical Equipment (i.e. anesthesia machines, patient monitors, hemodialysis machines)
5	Software (i.e. computer aided diagnostics)
6	In-vitro diagnostics (i.e. glucometer, HIV tests)
7	Personal Protective Equipment (i.e. mask, gowns, gloves)
8	Surgical and Laboratory Instruments

ANNEXURE 9**LIST OF CONDITION MANAGEMENT PACKAGES**

This is an indicative list. Any or all can be opted for from this list

S.No	List
1	Diabetes
2	Kidney Health
3	Heart
4	Liver
5	Maternity
6	Weight Loss
7	Woman Health

ANNEXURE 10

PRODUCT BENEFIT TABLE- Everyday Health			
Policy Tenure	Non- loan linked - 1 year; Loan linked- up to 5 years		
Entry Age	Adult- 18yrs to 80 Yrs Child- 0 day to 30 Yrs		
Plans	Individual Or Floater Or Combination of the two which includes following relationships- Self, Legally married spouse , up to 4 children (Son/Daughter), Daughter-in-law, Father, Mother, Father-in-law , Mother-in-law , Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Brother, Sister, Sister-in-law, Brother-in-law, Nephew, Niece, Employer, Employee, Borrower, Co-borrower(s)		
Waiting Periods	Initial Waiting Period	Range between 0 to 30 days	
	PED	Range between 0 to 48 months	
	Specific Illness	Range between 0 to 24 months	
S.No	Main Benefit	Details	Options within the benefit
The plan can be offered for any specific, combination diseases, illnesses, surgeries or procedures. All Genders or specific Gender can be covered in any combination.			
1	Video Consultations with General Practitioner	We will cover Video Consultations with certified General Practitioners for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and the General Practitioner.	Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 per policy Option 3: Costs up to INR 1 Lac Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above Available on Only Network, Only Non-Network & Combination of both Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network

2	Tele Consultations with General Practitioner	We will cover Tele Consultations with certified General Practitioners for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the General Practitioner.	Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1 Lac Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above Available on Only Network, Only Non-Network & Combination of both Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network
3	Physical Consultations with General Practitioner	We will cover Physical Consultations with certified General Practitioners for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to face meeting between the Insured and the General Practitioner.	Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above Available on Only Network, Only Non-Network & Combination of both Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network

4	Video Consultations with specialists	We will cover Video Consultations with Specialists for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and the Specialist.	Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above Available on Only Network, Only Non-Network & Combination of both Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network
5	Tele Consultations with specialists	We will cover Tele Consultations with Specialists for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the Specialist.	Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above Available on Only Network, Only Non-Network & Combination of both Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network

6	Physical Consultations with specialists	We will cover Physical Consultations with Specialists for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to face meeting between the Insured and the Doctor.	Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above Available on Only Network, Only Non-Network & Combination of both Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network
7	Diagnostic Services	The Insured Person may avail diagnostic tests as specified in the policy schedule/certificate of insurance.	Option 1: Services through Company's empanelled Provider Option 2: up to 10 tests per Insured basis indicative list Option 3: Basis select combination of tests Option 4: Costs up to INR 1L Option 5: Unlimited Diagnostic tests and Investigations Option 6: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 7: Any possible reasonable combination of above Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network
8	Pharmacy Services	The Insured Person may purchase prescription or/and over the counter pharmacies as mentioned in the Policy	Prescription Based, Over the counter based pharmacies or Both Option 1: Services through Company's empanelled Provider Option 2: Costs up to INR 1L Option 3: Discount on availing the benefit through our/empanelled service providers mobile app/website Co-payment of up to 50% only for non-

		Schedule/Certificate of Insurance.	network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network
9	Home Health Care Services	The Insured person may purchase home health care services as mentioned in the Policy Schedule/Certificate of Insurance.	Option 1: Services through Company's empanelled Provider Option 2: Basis select combination of Services Option 3: Costs up to INR 1L Option 4: Services up to INR 10,000 per service. Option 5: Fixed number of services ranging between 1 to 1000 Option 6: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 7: Any Combination of Above
10	Vaccination Cover	The Insured person may purchase specified Vaccinations as mentioned in the Policy Schedule/Certificate of Insurance,	Option 1: Services through Company's empanelled Provider Option 2: up to 10 vaccinations per Insured basis indicative list Option 3: Basis select combination of Vaccines Option 4: Costs up to INR 1L Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above
11	Annual Health Check-up	The Insured Person may avail a health check-up during the Policy Period as per the list specified or up to the limit specified in the Policy Schedule/Certificate of Insurance.	Option 1: up to 10 tests per Insured basis indicative list Option 2: Basis select combination of tests Option 3: Costs up to INR 1L Option 4: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 5: Any possible reasonable combination of above It can be provided to Option 1: Per Insured Adult Option 2: Per Insured Adult+ One non Insured related Adult

12	Second Medical Opinion	If the Insured Person is diagnosed with a Specified Illness or is planning to undergo a planned Surgery or a Surgical Procedure for any Illness or Injury, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period.	Option 1: Covered worldwide, One opinion per Insured Person per Specified Illness / planned Surgery (Network + Non-Network) Option 2: Covered worldwide, One opinion per Insured Person per Specified Illness / planned Surgery (Network only) Option 3: Discount on availing the benefit through our/empanelled service providers mobile app/website
13	Wallet	The insured would get a wallet with a pre defined limit for utilisation. The wallet can be given 1. As a master wallet for any/all benefits 2. Separate wallet for each individual benefit	Option 1: Up to INR 1L for any combination of the above benefits (including Co-payment, Deductible, Franchise for non-network). Till INR 10,000 in multiples of INR 500. Post INR 10,000 in multiples of INR 1000
14	Vouchers	The insured would get One time use vouchers for availing any of the benefits specified in the policy schedule / certificate of insurance	Option 1: Up to 50 Vouchers Option 2: Up to INR 1L Option 3: Above benefits, can be offered in any capacity within the Voucher Limit Option 4: Any possible reasonable combination of above.
15	Monitoring / Medical Devices	The insured would get coverage for monitoring devices as specified in the policy schedule / certificate of insurance to monitor their health.	Option 1: Up to INR 5L Option 2: Up to 10 Devices in a policy Option 3: Percentage of Base Sum Insured Option 4: Discount on availing the benefit through our/empanelled service providers mobile app/website

16	Wellness Benefits	The insured will get access to gyms, online fitness classes, diet and nutrition consultation upto the limits/visits specified in the policy schedule / certificate of insurance	Option 1. For a period of 1 month or multiple of 1 month, maximum up to 12 months in a policy year with no limits on the visit/consultation Option 2. For a period of 1 month or multiple of 1 month, maximum up to 12 months in a policy year with 10 visit/consultation per week Option 3. For a period of 1 month or multiple of 1 month, maximum up to 12 months in a policy year with up to 10 visit/consultation per month Option 4. Discount on availing the benefit through our/empanelled service providers mobile app/website Option 5. Any of the combination above
17	Condition Management Packages	The insured would get coverage for pre defined condition management packages as specified in the policy schedule / certificate of insurance	Condition wise packages Diabetes, Kidney Health, Heart, Liver, Pregnancy/Maternity, Weight Loss, Woman Health