

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Please Note: *This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule to know exact details of coverage opted by You.*

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Digit Health Care Plus Policy (UIN: GODHLIP21013V032223)	
2	Policy number	Please refer Your Policy Schedule	
3	Type of Insurance Product/ Policy	<p>Both Indemnity and Benefit Basis</p> <p><u>On Indemnity Basis:</u></p> <p>Section 1. Hospitalization Cover</p> <p style="padding-left: 20px;">A. Accidental Hospitalization Cover</p> <p style="padding-left: 40px;">A1. Day Care Procedures</p> <p style="padding-left: 40px;">A2. Pre-Hospitalization Expenses</p> <p style="padding-left: 40px;">A3. Post-Hospitalization Expenses</p> <p style="padding-left: 40px;">A4. Dental Treatment</p> <p style="padding-left: 40px;">A5. Road Ambulance</p> <p style="padding-left: 40px;">A6. Second Medical Opinion</p> <p style="padding-left: 20px;">B. Accidental & Illness Hospitalization Cover</p> <p style="padding-left: 40px;">B1. Day Care Procedures</p> <p style="padding-left: 40px;">B2. Pre-Hospitalization Expenses</p> <p style="padding-left: 40px;">B3. Post-Hospitalization Expenses</p> <p style="padding-left: 40px;">B4. Dental Treatment</p> <p style="padding-left: 40px;">B5. Road Ambulance</p> <p style="padding-left: 40px;">B6. Bariatric Surgery Cover</p> <p style="padding-left: 40px;">B7. Psychiatric Illness Cover</p> <p style="padding-left: 40px;">B8. Complimentary Health Check Up</p> <p style="padding-left: 40px;">B9. Second Medical Opinion</p> <p>Section 2. Infertility Treatment Cover</p>	<p>C. Benefit Covered under the Policy</p> <p>I. Coverage</p> <p>II. Optional Cover</p>

		<p>Section 3. Organ Donor Section 4. Alternate Treatment (Ayush) Cover Section 5. Emergency Air Ambulance Section 7. Maternity Benefit & Newborn Baby Cover Section 8. Out-Patient (OPD) Benefit Section 9. Home (Domiciliary) Hospitalization Section 10. Sum Insured Refill Benefit Section 13. Critical Illness Hospitalization Cover Section 15. Cancer Hospitalization Cover Section 16. Wellness Benefit Program</p> <p>Optional Covers on Indemnity Basis</p> <ol style="list-style-type: none"> 1. Payment of Non-Medical Expenses 4. Cumulative Bonus Protection Cover 5. Unused Sum Insured Benefit 6. Network Hospital Co-payment <p><u>On Benefit Basis</u></p> <p>Section 6. Long Hospitalization Cash Benefit Section 11. Daily Hospital Cash Cover</p> <ol style="list-style-type: none"> A. Accidental Hospitalization Cover B. Accidental & Illness Hospitalization Cover <p>Section 12. Critical Illness Benefit Cover Section 14. Cancer Benefit Cover</p> <p>Optional Covers on Benefit Basis</p> <ol style="list-style-type: none"> 2. Daily Cash for accompanying an Insured Child 3. Loss of Income Cover 	
4	Sum Insured (Basis) (Along with amount)	<p>This product can be on “Individual Sum Insured” as well as on “Floater Sum Insured” basis. Please refer Your Policy Schedule to know the Sum Insured basis applicable to Your Policy.</p> <ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members. 	NA

		Sum Insured Amount available under Your policy will be as per amount mentioned in Your Policy Schedule.			
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	<p>Please find the below detailed of all coverages available under the Product. Coverages available under Your Policy will be as mentioned in Your policy schedule.</p> <p>There are 16 Sections and 6 Optional Covers under this product. Detailed Coverages are listed below.</p> <p><u>SECTION 1. HOSPITALIZATION COVER</u> <u>A. Accidental Hospitalization Cover</u></p> <p>If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we'll be there for you. We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule against this Section.</p> <table><tr><td>Accomm odation/ Room Rent</td><td><p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule against this Cover. Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule.</p><p><i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p><p><u>Inbuilt Cover: Daily Cash for choosing shared accommodation</u> If You choose a shared accommodation while any hospitalization during the policy period for which the claim is admissible, You will be eligible for a Daily</p></td></tr></table>	Accomm odation/ Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule against this Cover. Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule.</p> <p><i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p> <p><u>Inbuilt Cover: Daily Cash for choosing shared accommodation</u> If You choose a shared accommodation while any hospitalization during the policy period for which the claim is admissible, You will be eligible for a Daily</p>	C.I. Section 1
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Cash for every completion of 24 hours at the hospital. The daily cash amount is mentioned in Your Policy Schedule.

Please note:

- a. Your claim must be admissible under Section 1 Hospitalization Cover
- b. Your hospitalization must exceed 48 hours unless specifically agreed by Us
- c. For each policy period, there is a maximum number of days this can be paid, please check Your policy schedule for the exact days
- d. Daily cash will be provided only for the days You were hospitalized in shared accommodation.
- e. Daily Cash will not be applicable in case Insured Person is admitted in the ICU.
- f. Maximum per day room rent of shared accommodation claimed should not be more than the amount as specified in Policy Schedule

ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

A1. Day Care Procedures

If You suffer an Accidental Injury during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, We will pay the Medical Expenses Incurred for such Day Care Procedures.

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

A2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 1.A. Accidental Hospitalization Cover** of this Policy.

A3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 1. A. Accidental Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 1.A. Accidental Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

A4. Dental Treatment

We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under **Section 1. A. Accidental Hospitalization Cover**.

A5. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

- a) We have accepted a claim under **Section 1. A. Accidental Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services,

if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

A6. Second Medical Opinion

We shall arrange and bear the cost for Second Opinion from our panel of Medical Practitioners. This is for times when there has been a major accidental injury that requires your hospitalisation in a tertiary care facility during the Policy Period, provided that:

1. We have received Your request to arrange for a Second Opinion.
2. You have the option to choose any One of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

All the above Covers are Subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

B. Accidental & Illness Hospitalization Cover

If You have opted for this Cover and You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured opted against this Section.

**Accommodation/
Room Rent**

Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You against this Cover.
 Note: If You have opted for a Limit on “**Accommodation/Room Rent**” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule.
Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.

Inbuilt Cover: Daily Cash for choosing shared accommodation

If You choose a shared accommodation while any hospitalization during the policy period for which the claim is admissible, You will be eligible for a Daily Cash for every completion of 24 hours at the hospital. The daily cash amount is mentioned in Your Policy Schedule.

Please note:

- a. Your claim must be admissible under Section 1 Hospitalization Cover
- b. Your hospitalization must exceed 48 hours unless specifically agreed by Us
- c. For each policy period, there is a maximum number of days this can be paid, please check Your policy schedule for the exact days
- d. Daily cash will be provided only for the days You were hospitalized in shared accommodation.
- e. Daily Cash will not be applicable in case Insured Person is admitted in the ICU.
- f. Maximum per day room rent of shared accommodation claimed should not be more than the amount as specified in Policy Schedule

ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B1. Day Care Procedures

If You suffer an Accidental Injury or Illness during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for stay less than 24 hrs because of technological advancement, We will pay the Medial Expenses Incurred for such Day Care Procedure.

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

B2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 1.B. Accidental & Illness Hospitalization Cover** of this Policy.

B3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 1.B. Accidental & Illness Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under **Section 1.B. Accidental & Illness Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

B4. Dental Treatment

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under **Section 1. B. Accidental & Illness Hospitalization Cover**.

B5. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a) We have accepted a claim under **Section 1. B. Accidental & Illness Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule against this Cover.

- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

B6. Bariatric Surgery Cover

Therefore, if You are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a Medical Practitioner, we cover the related Medical Expenses subject to the following conditions:

- a) The Insured Person undergoing the surgery is minimum 18 Years old.
- b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
- Class III Obesity (extreme obesity)- [Body Mass Index (BMI) ≥ 40 kg/m²];
 - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m²) along with any of the following co-morbidities:
 - Uncontrolled Diabetes Mellitus
 - Cardiovascular Disease [*Example: Stroke, Myocardial Infarction, Poorly Controlled Hypertension*]
 - History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;
 - Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.
- c) A claim under this cover is acceptable *only* if it is under any of the below procedures:
- Gastric Bypass-
 - The Roux-en-Y Gastric Bypass
 - Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass
 - Sleeve Gastrectomy
 - Laparoscopic Gastric Banding
- d) This particular cover has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break with Bariatric Surgery Cover as a benefit since inception of the first policy.

- e) Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity. **Example: Endocrine disorder.**
 - f) And we would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary, other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.
 - g) A prior approval should be taken from us before the Bariatric Surgery is performed.
 - h) Our maximum liability under this benefit is restricted to the Limit as opted by You against this Cover.
- Bariatric surgery for the following reasons is not covered:
- a) For Cosmetic/Aesthetic reasons.
 - b) For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.

B7. Psychiatric illness Cover

We will pay upto the Sum Insured for the Medical Expenses, related to Psychiatric Illness, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first policy.

ICD Code	Psychiatric Illness & Disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F99-F99	Unspecified mental disorder

- c) Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.

B8. Complimentary Health Check Up

If You Renew Your Policy with Us without a break, then at every Policy Renewal We will pay the expenses incurred towards cost of health check-up up to the Limits Per Policy (excluding any cumulative bonus) mentioned in Your Policy Schedule. This shall be paid, provided that:

- a. You are above 18 Years of age at the time of Health Check Up.
 - b. You submit a duly filled and signed claim form along with original bills and copy of medical reports.
- Please Note- Payment under this benefit won't be deducted from Your Sum Insured. It is additional.

B9. Second Medical Opinion

When it comes to Cancer or any major Illness and You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

1. We have received Your request to arrange for Second Opinion.
2. You have option to choose any one of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

Note: You can choose either one of the below covers or both the covers:

- Section 1.A. Accidental Hospitalization Cover
- Section 1.B. Accidental & Illness Hospitalization Cover

1. If You are opting only for Section 1.A, then coverage is only for Accidental Hospitalisation.
2. If You are only for Section 1.B, then coverage is for both Illness and Accidental hospitalisation.

Example:

If You are opting for both Section 1.A and 1.B and assuming Sum insured for Section 1.A is 1 Lakh and Section 1.B is 4 Lakhs, You are eligible for Maximum Single Claim of 5 lakhs for Accidental Hospitalisation and Maximum Single Claim of 4 lakhs for Hospitalisation due to Illness, however aggregate Sum Insured will be limited to 5 Lakhs for the Policy Period.

SECTION 2. INFERTILITY TREATMENT COVER

If You have opted for this Cover, We will pay the Medical Expenses if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments. This includes, though not limited to, IVF, IUI, ZIFT, ICSI. Make sure the following conditions are met:

- a) A waiting period as opted by you will apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with this cover, without a break, with 'Infertility Treatment Cover' as a benefit since inception of the first policy.
- b) Our maximum liability per Hospitalization shall be restricted to the amount as mentioned in Your Policy Schedule against this Section.
- c) The benefit is payable only once to an Insured Person during the Policy Tenure.

C.I. Section 2

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

If You have opted for this Cover, We will pay You for the following incurred Medical Expenses in respect of organ transplantation:

- Provided that, We have accepted a claim under **Section 1. B. Accidental & Illness Hospitalization Cover.**

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

If You have opted for this Cover, we will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured opted against **Section 1. B. Accidental & Illness Hospitalization Cover**. This is paid provided that treatment has been undergone in:

1. A government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health.
2. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
3. AYUSH hospitals having registration with Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:

C.I. Section 4

	<p>i) has at least 15 in-patient beds ii) has minimum 5 qualified and registered AYUSH Doctors; iii) has qualified paramedical staff under its employment round the clock; iv) has dedicated AYUSH therapy sections; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;</p> <p>You should also be aware what We won't pay for:</p> <p>a) Pre-Hospitalisation & Post-Hospitalisation Expenses, Day Care Procedure and Outpatient Medical Expenses. b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.</p> <p>This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.</p> <p><u>SECTION 5. EMERGENCY AIR AMBULANCE</u> If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital. This transportation will be from the location where the illness /accident happened the first time and subject to availability of Sum Insured mentioned against Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover and provided that such Transportation in an airplane or helicopter has been prescribed by a Medical Practitioner and/or is Medically Necessary. Provided that, We have accepted a claim under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover. This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.</p> <p>Note: This Section can be opted only where Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover Sum Insured exceeds INR 3 Lakhs.</p> <p><u>SECTION 6. LONG HOSPITALIZATION CASH BENEFIT</u> If You are Hospitalized for a minimum number of consecutive days as Opted by You against this Section, We will give you a lump sum amount as mentioned in the Policy Schedule. Provided that:</p> <p>a) We have accepted a claim under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover, and</p>	<p>C.I. Section 5</p> <p>C.I. Section 6</p>
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b) The benefit is payable only once to an Insured Person during the Policy Period. For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 7. MATERNITY BENEFIT & NEW BORN BABY COVER

A. Maternity Benefit

If You have opted for this Cover, We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You against this Section, during the Policy Period provided that:

- a) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us (**Example, if You are a single parent, this clause will not apply**). This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule shall apply from the date of inception of the first policy with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.
- b) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- c) If on renewal without any break in coverage, the sum insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule applied to the increased part of the Sum Insured.
- d) Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of Sum Insured, available under this benefit.

If we had already accepted a claim for Maternity Expenses for your first living child under this benefit, then for the subsequent Maternity Expenses i.e. for the delivery of Your Second child, we shall pay up to the percentage of the Sum Insured opted under this Section provided the Policy is renewed with Us continuously without break with Maternity Benefit & New Born Baby Cover benefit.

We shall not pay for the following under this Section:

- a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.
- b) Medical Expenses for Ectopic Pregnancy will be covered under **Section 1. B. In-patient Accidental & Medical Treatment** and not under the Maternity Benefit.
- c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

C.I. Section 7

B. New Born Baby Benefit

Under this cover, we will also pay the Medical Expenses, within the limit of the Sum Insured available under the **Section 7. A Maternity Benefit Section** of the Policy, provided that We have accepted a claim under **Section 7. A. Maternity Benefit**, incurred towards:

- a) The medical treatment of the Insured Person's New Born Baby while the Insured Person is hospitalised as an inpatient for delivery.
- b) The New Born Baby's hospitalisation charges as a result of any medical complications, up to 90 Days from the date of delivery.
- c) Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India, up to 90 Days from the date of delivery. However, once the New Born Baby is added as an Insured Person under the Policy, We will pay the Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India until the New Born Baby attains 5 Years of age, provided that the Policy is continuously renewed with Us without break and with **Maternity Benefit and New Born Baby Cover** as a benefit since inception of the first policy.
- d) If the Policy Expires before 90 days from the date of delivery, the New Born Baby will be covered only if the Policy is Renewed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of any additional premium.
- e) After 90 Days from the date of delivery, the New Born Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 8. OUT-PATIENT (OPD) BENEFIT

If You have opted for this Cover, We will pay the Reasonable and Customary Charges for below mentioned expenses incurred by You as an Allopathic Out-patient when treatment is taken from a Network Medical Practitioner to the extent of the Sum Insured opted by You against this Section and subject to the Co-Payment Basis Opted by You.

Basis 1: Co-payment of 25% in the First Year of this Section being Opted, 10% on First Renewal. From the Second Renewal, there will be no Co-payment, provided the Policy is renewed with Us continuously without a break with this benefit.

Basis 2: Nil Co-payment

What all is covered under this:

C.I. Section 8

Professional Fees	Fees for Medically Necessary Consultation and Examination by Medical Practitioners to assess Your Health for any Illness.
Diagnostic	Medically Necessary Out-patient diagnostic Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment from a diagnostic centre.
Surgical Treatment	Minor Surgical Procedure such as POP, Suturing, Dressings for Accidents and Animal Bite Related Outpatient Procedures Etc. Carried out by a Medical Practitioner
Medication	Drugs & Medicines prescribed by a Medical Practitioner
Out-Patient Dental Treatment	Out-patient dental treatment for the immediate relief of dental Pain; taken by You from a dentist, provided that We will pay only for X-rays, Extractions, Amalgam or composite fillings, root canal treatments and prescribed drugs for the same, teeth alignment for adolescents. We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.
Hearing Aids	One pair of hearing aids (Excluding Batteries), provided that: <ul style="list-style-type: none"> These have been prescribed by an ENT specialist or Network Medical Practitioner. You have continuously renewed the Policy with Us without break for a period of 36 months with Out-Patient (OPD) Benefit as a benefit, since inception of the first policy.
Psychiatric Illness	Specialist Consultation, assessment, treatment and medication for Psychiatric Disorders.

This cover excludes expenses incurred towards Spectacles, Contact Lenses and Physiotherapy, Cosmetic Procedures, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Dietician Fees, Vitamins and Supplements.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION

<p>If You have opted for this Cover, We will pay the Medial Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that:</p> <ul style="list-style-type: none"> a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or b) The patient takes treatment at home on account of non-availability of room in a Hospital, and c) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period d) No Payment will be made if the condition for which You require medical treatment is due to: Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, any kind of rehabilitation or therapy or counselling related to Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin. e) Subject to availability of the sum insured under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover. <p>This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.</p>	<p>C.I. Section 9</p>
<p><u>SECTION 10. SUM INSURED REFILL BENEFIT</u></p> <p>If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover for that particular Policy Period, provided that:</p> <ul style="list-style-type: none"> a) The refilled Sum Insured would be triggered only if the cause of the Hospitalization is not related to /arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy period for the same Insured Person, unless this condition is specifically waived by us and mentioned in Your Policy Schedule. b) If the first claim amount exceeds the Sum Insured under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover, the refilled Sum Insured will not be applicable for the same hospitalisation. c) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover. 	<p>C.I. Section 1</p>

- d) The number of times this benefit may be availed shall be as per the limit mentioned in Your Policy Schedule against this Section during each Policy Period.
- e) In case of Floater Policy, the refilled Sum Insured will be applicable on family floater basis. This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 11. DAILY HOSPITAL CASH COVER

A) Accidental Hospitalization Cover

If You have opted for this Cover, We agree to pay a Daily Cash Allowance, amount opted by You against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of accident for a maximum number of days opted against this Section.

If You are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, We will pay twice the Daily Cash Allowance amount opted against this Section.

Payment of claim under this benefit is subject to the time excess as opted by You against this Section.

B) Accidental & Illness Hospitalization Cover

If You have opted for this Cover, We agree to pay a Daily Cash Allowance, amount opted by You against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of accident or illness for a maximum number of days opted against this Section.

If You are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, We will pay twice the Daily Cash Allowance amount opted against this Section.

Payment of claim under this benefit is subject to the time excess as opted by You Schedule against this Section.

SECTION 12. CRITICAL ILLNESS BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as opted against this Section, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as specified below Provided that,

- a) This Critical illness or covered surgical procedure has happened to you for the first time in your life.

C.I. Section 11

C.I. Section 12

- b) We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with us.
- c) You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us
- d) The Critical Illness or the Surgical Procedure Claim is not a consequence of or arising out of any pre-existing condition/disease
- e) Once a claim has been Paid under Critical Illness and / or Surgical Procedure, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.

Critical Illness means the following major disease, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalisation and are specifically defined as below:

Sr. No.	Category	Critical Illness
1	Malignancy	Cancer of Specified Severity
2		Myocardial Infarction
3	Cardiovascular system	Open Heart Replacement or Repair of Heart Valves
4		Surgery to Aorta
5		Primary (Idiopathic) Pulmonary Hypertension
6		Open Chest CABG
7	Major Organ Transplant	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	Nervous System	Apallic Syndrome
12		Benign Brain Tumour
13		Coma of Specified Severity
14		Major Head Trauma
15		Permanent Paralysis of Limbs
16		Stroke Resulting in Permanent Symptoms
17		Motor Neurone Disease with Permanent Symptoms
18		Multiple Sclerosis with Persisting Symptoms
19	Others	Loss of Independent Existence
20		Aplastic Anaemia

SECTION 13. CRITICAL ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as specified below, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule against this Section. Provided that,

This Critical illness or covered surgical procedure has happened to you for the first time in your life

C.I. Section 13

We will not make any payment if You are diagnosed as suffering from Critical Illness and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with us.
No Claim under this option shall be admissible if the Critical Illness or the Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease.

Accommodation/ Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You against this Section. Note: If You have opted for a Limit on “ Accommodation/Room Rent ” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables. <i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

SECTION 14. CANCER BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life. Provided that,

C.I. Section 14

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with us..
- b) You survive for a minimum period of at least 30 days from the date of diagnosis of such Cancer for Specified Severity, unless this condition is specifically waived by Us
- c) No Claim under this option shall be admissible if the Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d) Cover under this Section shall cease upon payment of the compensation on the happening of a Cancer for Specified Severity and no further payment will be made for any consequent disease or any dependent disease.

For this Cover, “CANCER OF SPECIFIED SEVERITY” means:

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of pre-existing HIV infection.

SECTION 15. CANCER HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule against this Section.

Provided that,

a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity and hospitalized within the number of days (i.e. Initial Waiting Period) opted by You, from the date of inception of first policy with us..

No Claim under this option shall be admissible if Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted

C.I. Section 15

Accommodation/ Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You against this Section. Note: If You have opted for a Limit on “ Accommodation/Room Rent ” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables. <i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet,

	Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

SECTION 16. WELLNESS BENEFIT PROGRAM

Our Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as opted by him/her. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

You can opt any of the 12 services under Wellness Benefit Program.

1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs and online platform provide You information on wellness coaching in areas such as:

- a) Weight Management
- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

3. Lab Services (Home Collection)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc from Your home address for further testing and analysis. The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

C.I. Section 16

	<p>The cost of the medication will have to be borne by You.</p> <p>5. Vital/Physical Activity Monitoring Services Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s) such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, Smart Watches etc. to an online database that will track and assess Your vitals as reported by the device. It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.</p> <p>6. Reminder Notifications Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You-</p> <p>7. Medical Wallet Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.</p> <p>8. Report Aggregation Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.</p> <p>9. Home Care Services Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of any of the following:</p> <ol style="list-style-type: none"> Home Care Nursing Patient Assistant Physiotherapy Yoga Trainer Psychologist Palliative Care Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc. 	
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	<p>The cost of the Services/Equipment will have to be borne by You.</p> <p>10. Ambulance Arrangement Services Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged. The cost of the transportation will have to be borne by You.</p> <p>11. Pick-up and Drop Services for Consultation Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged. The cost of the transportation will have to be borne by You.</p> <p>12. Prioritizing Appointments Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Providers offering the necessary treatment/diagnostics subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You.</p> <p><u>Optional Covers Available under the product</u></p> <p><u>1) Payment of Non-Medical Expenses</u> <u>(Applicable under Section 1 Hospitalization Cover – 1A Accidental Hospitalization Cover and 1B. Accidental & Illness Hospitalization Cover)</u> If you have opted for this cover and your claim is approved under Section 1- Hospitalization Cover, we will compensate for Non-Medical expenses incurred by you (you can check them under Annexure A below). The compensation will be maximum upto a percentage of the approved claim amount. This percentage will be mentioned in the Policy Schedule. Please note: Coverage will be limited to the actual expenses incurred during the Hospitalisation but not paid under Section 1 – Hospitalisation Cover as Non-Medical expenses. In the General Exclusions section, you will see ‘Non-medical Expenses’ as exclusion no. 25, if you have this cover, that is not valid obviously <input type="checkbox"/> but since this is a standard document, it will be mentioned for people who don’t opt for this cover.</p> <p><u>2) Daily Cash for accompanying an Insured Child</u></p>	C.II. 1)
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	<p><u>(Applicable under Section 1 Hospitalization Cover – 1A Accidental Hospitalization Cover and 1B. Accidental & Illness Hospitalization Cover)</u></p> <p>If the Insured Person hospitalized is a child aged 14 years or less, then we will pay you a Daily Cash for an accompanying adult for every completion of 24 hours at the hospital. The daily cash amount is mentioned in your Policy Schedule. Please note:</p> <ol style="list-style-type: none"> The claim must be admissible under Section 1 Hospitalization Cover Hospitalization must exceed 48 hours unless specifically agreed otherwise by us For each policy period, there is a maximum number of days this can be paid, please check your policy schedule for the exact days <p>Daily cash will be provided only if an adult aged 18 years or more is accompanying the Insured Child during the said hospitalization.</p>	C.II. 2)
	<p><u>3) Loss of Income Cover</u></p> <p><u>(Applicable under Section 1 Hospitalization Cover – 1A Accidental Hospitalization Cover and 1B. Accidental & Illness Hospitalization Cover)</u></p> <p>If you have this cover and are continuously hospitalized for certain number of days, mentioned in your policy schedule, you will receive a pre-set amount for every block of specified number of days, again mentioned in your policy schedule.</p> <p>Please note:</p> <ol style="list-style-type: none"> Your claim should be admissible under Section 1- Hospitalization Cover For each policy period, there is a maximum number of times this can be paid as mentioned in your policy schedule. 	C.II. 3)
	<p><u>4) Cumulative Bonus Protection Cover</u></p> <p><u>(Applicable under Section 1 Hospitalization Cover – 1A Accidental Hospitalization Cover and 1B. Accidental & Illness Hospitalization Cover, Section 13 – Critical Illness Hospitalization Cover and Section 15 – Cancer Hospitalization Cover)</u></p> <p>If you have opted for this cover and you make any claim in the expiring policy*, your cumulative bonus will never reduce. The following two scenarios are possible:</p> <ul style="list-style-type: none"> It will remain same on renewal in case total claim amount is more than the cumulative bonus protection cover amount chosen by you or It will increase on renewal (like how it is when there is no claim made) in case the total claim amount is less than the cumulative bonus protection cover amount chosen by you 	C.II. 4)

***Claim made under the Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover and/or Section 13. Critical Illness Hospitalization Cover and/or Section 15. Cancer Hospitalization Cover**

Please note, there is an upper limit to the Cumulative Bonus you can earn, it will be mentioned in your Policy Schedule. Also, Point no 2 and 3 as provided under “Cumulative Bonus” stands deleted in case you have opted this cover.

5) Unused Sum Insured Benefit

(Applicable under Section 1 Hospitalization Cover – 1A Accidental Hospitalization Cover and 1B. Accidental & Illness Hospitalization Cover)

If you have opted for this cover, then at the time of renewal of the policy, sum insured under the renewed policy will be increased based on the unused base sum insured of the expiring policy, subject to the following:

- i. Maximum 100% of the unused Base Sum Insured will be carried forward at the time of renewal.
- ii. Maximum carried forward of unused Base Sum Insured, year on year, will be limited to 100% of Base Sum Insured of the expiring policy.
- iii. No cumulative bonus benefit will be provided under the product, if this cover is opted.

For this cover, unused base sum insured will mean total sum insured minus any claim amount under the policy during the policy period.

For Example: Mr. X has a policy with sum insured of Rs. 5,00,000.

- a. During the policy period, he claimed for Rs. 1,00,000. His unused sum insured in this case will be Rs. 4,00,000 (Rs. 5,00,000- 1,00,000). Maximum Sum Insured which can be carried forward to the renewed policy is 100% of the unused Sum Insured of the expiring policy i.e. Rs. 4,00,000. So, in case he renews the policy with same Sum Insured, he will be eligible for claims upto Rs. 9,00,000 after the renewal of the policy.
- b. Next Year, he claimed for Rs. 3,00,000. His unused sum insured in this case will be Rs. 6,00,000 (Rs. 9,00,000- 3,00,000). Maximum Sum Insured which can be carried forward to the renewed policy is 100% of the unused Sum Insured subject to maximum of 100% of base sum insured of expiring policy i.e. Rs. 5,00,000. His total sum insured at the time of renewal shall be 5,00,000 (base sum insured) + 5,00,000 (Unused sum insured) = 10,00,000

6) Network Hospital Co-payment

C.II. 5)

		<p><u>(Applicable under Section 1 Hospitalization Cover – 1A Accidental Hospitalization Cover and 1B. Accidental & Illness Hospitalization Cover, Section 13 – Critical Illness Hospitalization Cover and Section 15 – Cancer Hospitalization Cover)</u></p> <p>If you have opted for this cover and are hospitalized* in any of the network hospital, and if the claim is made on reimbursement basis, then you shall bear a co-payment of a specified percentage as opted by you and mentioned in Policy Schedule on each and every claim.</p> <p>*(under Section 1 Hospitalization Cover – 1A Accidental Hospitalization Cover and 1B. Accidental & Illness Hospitalization Cover, Section 13 – Critical Illness Hospitalization Cover and Section 15 – Cancer Hospitalization Cover)</p> <p>Specific Conditions applicable to this cover:</p> <ol style="list-style-type: none"> This co-payment will be applicable on admissible claim amount and will be over and above any other co-payment applicable in the policy. Co-payment will not be applicable on capped ailments. Co-payment will not be applicable for treatment taken on cashless basis. For complete list of Network Hospitals, kindly refer Company's Website. <p><u>PLEASE NOTE THE BELOW CONDITION AT THE TIME OF OPTING COVERAGES:</u></p> <ol style="list-style-type: none"> All the Sections above are optional. However, only Section 1, Section 11 and Section 12, Section 13, Section 14 & Section 15 may be opted on standalone basis. Rest of the Section must be opted with Section 1. Floater Policy is not available for Section 11, Section 12 & SECTION 14. Floater for Section 13 & Section 15 will on Case to Case basis depending on the Medical Condition, Age Etc. Cumulative Bonus is applicable only for Section 1, Section 13 and Section 15. Separate Sum Insured will be available for Section 1, Section 6, Section 7, Section 8, Section 11, Section 12, Section 13, Section 14 and Section 15. Section 2, Section 3, Section 4 and Section 7 shall be available only if Section 1 B Cover is opted. Geographical Limits can be opted outside India on payment of additional Premium. Section 5. Emergency Air Ambulance can be opted only where Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover Sum Insured exceeds INR 3 Lakhs. Family Definition <ol style="list-style-type: none"> Self, Spouse, Dependent Children, Grand Children, Parents, Sister, Brother, Father in Law, Mother In Law, Aunt, Uncle, can be covered on Individual Sum Insured Basis. 	C.II. 6)
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		<p>b) Self, Spouse, Children & Grand Children can be covered under floater option. Member with the highest age will be considered for calculating Premium in floater option.</p> <p>9. Zone Classification Based on Insured's city of residence, we have classified the Insured within three Zones. In case of family floater policies, a single zone shall be applied to all the members covered under the policy. The three Zones are defined below: -</p> <ul style="list-style-type: none"> - Zone A: Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), - Zone B: Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara, Chennai, Pune and Surat. - Zone C: Rest of India apart from Zone A and Zone B cities are classified as Zone C. <p>In case policy is underwritten with Zone wise premium differentiation then a Co-pay as mentioned below would be applicable:</p> <p>a) In the event, The Insured person who is in Zone B, pays premium for Zone B and avails treatment in a hospital which is in Zone A, 10% Co-pay would be applicable.</p> <p>b) Similarly, if an Insured Person who is in Zone C, pays premium for Zone C and avails treatment in Zone A, 20% co-payment will be applicable.</p> <p>c) Similarly, if an Insured Person who is in Zone C, pays premium for Zone C and avails treatment in Zone B, 10% co-payment will be applicable. This co-payment will not be applicable for Accidental injury cases.</p> <p>d) Zone Based Co-payment will not be applicable in case of accidental injury.</p> <p>You also have option to Pay Premium for Zone A irrespective of the City you are residing so that Zone Co-payment will not be applicable at the time of Claim.</p> <p>Following discounts/loadings can be offered under this Policy: Bariatric Surgery Sub-Limit Discount: You have an option to choose a sublimit on Bariatric Surgery of either 5%, 10% or 20%. In Case the You opt for any of these sublimit, we would extend discount of 2%, 1.5% and 1% respectively. Direct Business Discount: Up-to 15% Long-Term Discount: For 2 Years Policy: 7% & For 3 Years Policy:10%.</p>	
6	Exclusions (what the policy does not cover)	<p>1. STANDARD EXCLUSIONS</p> <ol style="list-style-type: none"> 1. Pre-Existing Diseases - Code- Excl01 2. Specified disease/procedure waiting period- Code- Excl02 3. 30-day waiting period/ Initial Waiting Period- Code- Excl03 4. Investigation & Evaluation- Code- Excl04 5. Rest Cure, rehabilitation and respite care- Code- Excl05 6. Obesity/ Weight Control: Code- Excl06 	D.I Standard Exclusion

	<p> 7. Change-of-Gender treatments: Code- Excl07 8. Cosmetic or plastic Surgery: Code- Excl08 9. Hazardous or Adventure sports: Code- Excl09 10. Breach of law: Code- Excl10 11. Excluded Providers: Code- Excl11 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14 15. Refractive Error: Code- Excl15 16. Unproven Treatments: Code- Excl16 17. Sterility and Infertility: Code- Excl17 18. Maternity: Code Excl18 </p> <p> II. SPECIFIC EXCLUSIONS 19. Artificial Life Maintenance 20. Suicide and Self-Injury 21. Circumcision, Aesthetic reasons 22. External Congenital Anomaly 23. Geographical Limits 24. Defence Operation 25. Non-Medical Expenses 26. Insufficient Document 27. Preventive Treatment 28. Spectacles, Hearing aids & other Expenses 29. Stem Cell Transplant: 30. Unjustified or Unwarranted Hospitalization 31. War and hazardous substances 32. Legal Liability 33. Substance abuse and Addictions by the Insured </p> <p style="text-align: center;"><u>SPECIFIC ONES (CAN'T BE WAIVED)</u></p>	<p>D.II Specific Exclusion</p>
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		<p>34. Ear, Eyesight & Optical Services</p> <p>35. Prosthetics and other devices</p> <p>36. Specific Treatments</p> <p>37. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover:</p> <ul style="list-style-type: none"> A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries H. Stereotactic radio surgeries I. Bronchial Thermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. <p><u>SPECIFIC ONES (CAN BE WAIVED IN LIEU OF ADDITIONAL PREMIUM)</u></p> <p>38. Dental Treatment</p> <p>39. Non-Allopathic Treatment</p> <p>40. Organ Donor</p> <p>41. Weight loss Surgery</p>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. 	<p><u>Initial Waiting Period</u></p> <p>30-day waiting period/ Initial Waiting Period- Code- Excl03</p> <ul style="list-style-type: none"> 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. <p>However, such waiting Period can be reduced to number of days as opted by you and mentioned in</p>	<p>D.I.</p> <p>3. 30-day waiting period / Initial Waiting Period- Code- Excl03</p>

	<ul style="list-style-type: none"> It is counted from the beginning of the policy coverage. 	<p>your policy schedule.</p> <p><u>Specific Waiting Periods</u></p> <p>Specified disease/procedure waiting period</p> <ol style="list-style-type: none"> Expenses related to the treatment of the listed Conditions, surgeries /treatments shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, 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. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. 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. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. 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. List of specific diseases/procedures <ol style="list-style-type: none"> Non-infective arthritis, Osteoarthritis and Osteoporosis (if age related), Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, Inflammatory Polyarthropathies, Arthrosis and Intervertebral disorders (unless due to accident) Pancreatitis, calculus disease of gall bladder/biliary tract and urogenital system, Gastric & Duodenal erosions/ulcers, Varices of GI tract, Cirrhosis of Liver, Rectal prolapse. Cataract, Glaucoma and Disorder of retina Hyperplasia of Prostate, Urethral strictures, Hydrocele/Varicocele and spermatocele All Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, Ovarian Cyst, Pelvic Inflammatory disease Haemorrhoids, Fissure, Fistula and pilonidal sinus/cyst and fistula. Hernia of all sites, Varicose veins of lower extremities, Disease of middle ear and mastoid including otitis Media, Cholesteatoma, Perforation of Tympanic Membrane, Sinusitis, Tonsillitis, Adenoid hypertrophy, Nasal septum deviation, Turbinate hypertrophy, Nasal polyp, Mastoiditis, Nasal concha bullosa, 	<p>D.I.</p> <p>2. Specified disease/ procedure waiting period- Code- Excl02</p>
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- x. All internal and external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump including breast lumps (each of any kind unless malignant),
- xi. Internal Congenital Anomaly. This specific waiting period will not be applicable to New Born Baby/infants.
- xii. Psychiatric illness and Disorders listed below:

ICD Code	Psychiatric Illness & Disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F99-F99	Unspecified mental disorder

- xiii. Neurodegenerative disorders including but not limited to Alzheimer's disease and Parkinson's disease.
- xiv. **Joint Replacement, Bariatric Surgery and Organ Transplant**
Any Medical Expenses incurred as a result of Joint Replacement, Bariatric Surgery and Organ Transplant Surgery will be covered subject to a waiting period as opted by You and mentioned in Your Policy Schedule as long as the Insured Person has been insured continuously under the Policy without any break, unless due to an accident.

Pre-Existing Diseases

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of number of months, as specified in the Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

D.I.

1. Pre-Existing Diseases -
Code- Excl01

		<p>Following are the waiting period options available under this product. Waiting Period applicable to Your policy will be as mentioned in Your Policy Schedule.</p> <table><tr><th>Cover Description</th><th>Waiting Period Options</th></tr><tr><td>Initial Waiting Period Option</td><td>No Initial Waiting Period, 2 days, 7 days, 15 days, 30 days</td></tr><tr><td>Pre-existing Disease Waiting Period Options</td><td>No Pre-existing Disease Waiting Period, 3 months,6months,1 Year, 2 Years, 3 Years, 4 Years</td></tr><tr><td>Specific Waiting period</td><td>No Specific Waiting Period,3 months,6 months, 1 Year, 2 years</td></tr><tr><td>Section 2. Infertility Treatment Cover</td><td>No Waiting Period, 1 Year, 2 Years, 3 Years, 4 Years</td></tr><tr><td>Section 7. Maternity Benefit and New Born Baby Cover</td><td>No Waiting Period, 1 Year, 2 Years, 3 Years, 4 Years</td></tr><tr><td>Section 12. Critical Illness Benefit Cover</td><td>No Waiting Period, 30 days, 60 days, 90 days</td></tr><tr><td>Section 14. Cancer Benefit Cover</td><td>No Waiting Period, 30 days, 60 days, 90 days</td></tr></table>	Cover Description	Waiting Period Options	Initial Waiting Period Option	No Initial Waiting Period, 2 days, 7 days, 15 days, 30 days	Pre-existing Disease Waiting Period Options	No Pre-existing Disease Waiting Period, 3 months,6months,1 Year, 2 Years, 3 Years, 4 Years	Specific Waiting period	No Specific Waiting Period,3 months,6 months, 1 Year, 2 years	Section 2. Infertility Treatment Cover	No Waiting Period, 1 Year, 2 Years, 3 Years, 4 Years	Section 7. Maternity Benefit and New Born Baby Cover	No Waiting Period, 1 Year, 2 Years, 3 Years, 4 Years	Section 12. Critical Illness Benefit Cover	No Waiting Period, 30 days, 60 days, 90 days	Section 14. Cancer Benefit Cover	No Waiting Period, 30 days, 60 days, 90 days	
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Section 14. Cancer Benefit Cover	No Waiting Period, 30 days, 60 days, 90 days																		
8	<p>Financial limits of coverage</p> <p>I.Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit.</p>	<p>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule.</p> <p>Details of Section Wise Sub-Limits available under the product are mentioned below:</p> <table><tr><th>Section Details</th><th>Sub Limits (Options)</th></tr><tr><td colspan="2">SECTION 1-HOSPITALIZATION COVER</td></tr><tr><td>A. Accidental Hospitalization Cover</td><td>Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)</td></tr><tr><td>A5. Road Ambulance</td><td>1% of Section 1.A Sum Insured Max up to the INR 5000</td></tr><tr><td>A6. Second Medical Opinion</td><td>NA</td></tr><tr><td>B. Accidental & Illness Hospitalization Cover</td><td>Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)</td></tr><tr><td>B5. Road Ambulance</td><td>1% of Section 1.B Sum Insured Max up to the INR 5000</td></tr></table>	Section Details	Sub Limits (Options)	SECTION 1-HOSPITALIZATION COVER		A. Accidental Hospitalization Cover	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)	A5. Road Ambulance	1% of Section 1.A Sum Insured Max up to the INR 5000	A6. Second Medical Opinion	NA	B. Accidental & Illness Hospitalization Cover	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)	B5. Road Ambulance	1% of Section 1.B Sum Insured Max up to the INR 5000			
Section Details	Sub Limits (Options)																		
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A6. Second Medical Opinion	NA																		
B. Accidental & Illness Hospitalization Cover	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)																		
B5. Road Ambulance	1% of Section 1.B Sum Insured Max up to the INR 5000																		

<div>II.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder /insure d).</div> <div>III.Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</div>	B6. Bariatric Surgery Cover	5%/10%/20% / 100% of Section 1.B Sum Insured														
	B8. Complimentary Health Check Up	Up to 0.25%/0.5% of the Sum Insured (excluding any cumulative bonus) Subject to maximum of INR 5,000 Per Policy														
	SECTION 2. INFERTILITY TREATMENT COVER	10% of the Section 1.B Sum Insured														
	SECTION 3. ORGAN DONOR	NA. However donor's Pre and Post Hospitalization expenses up to 5% of the admissible harvesting expenses														
	SECTION 13. CRITICAL ILLNESS HOSPITALIZATION COVER	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 13 Sum Insured)														
	SECTION 15. CANCER HOSPITALIZATION COVER	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 15 Sum Insured)														
	OPTIONAL COVERS															
	PAYMENT OF NON-MEDICAL EXPENSES	1%/2%/5%/10% of approved claim amount														
	<p>Note: We also have a Sub Limit of 5% of Sum Insured Opted under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover on expenses related to administration of below medications or procedures:</p> <p>a. Hyaluronic acid, Remicade or similar medications</p> <p>b. Intra-articular/intra thecal or cortico-steroid injections, Immunotherapy/hormonal therapy.</p>															
	<p>Details of Section Wise Deductible and Co-payment available under the product are mentioned below:</p> <table><tr><th rowspan="2">Name of the Benefit</th><th rowspan="2">Deductible allowed</th><th colspan="2">If Yes, range of Deductible</th><th rowspan="2">Co-Pay allowed</th><th colspan="2">If yes, range of Co-Pay</th></tr><tr><th>Min</th><th>Max</th><th>Min</th><th>Max</th></tr></table>						Name of the Benefit	Deductible allowed	If Yes, range of Deductible		Co-Pay allowed	If yes, range of Co-Pay		Min	Max	Min
Name of the Benefit	Deductible allowed	If Yes, range of Deductible		Co-Pay allowed	If yes, range of Co-Pay											
		Min	Max		Min	Max										

IV.Any other limit (as applicable)	SECTION 1- HOSPITALIZATION COVER	Yes							
	A. Accidental Hospitalization Cover	Yes	NIL	15 Lakhs	Yes	0%	50%		
	B. Accidental & Illness Hospitalization Cover	Yes	NIL	15 Lakhs	Yes	0%	50%		
	SECTION 2. INFERTILITY TREATMENT COVER	Yes	NIL	15 Lakhs	Yes	0%	50%		
	SECTION 3. ORGAN DONOR	Yes	NIL	15 Lakhs	Yes	0%	50%		
	SECTION 4. ALTERNATE TREATMENT (AYUSH) COVER	Yes	NIL	15 Lakhs	Yes	0%	50%		
	SECTION 5. EMERGENCY AIR AMBULANCE	Yes	NIL	15 Lakhs	Yes	0%	50%		
	SECTION 8. OUT-PATIENT (OPD) BENEFIT	No	-		Yes	0%	25%		
	SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION	Yes	NIL	15 Lakhs	Yes	0%	50%		
	SECTION 10. SUM INSURED REFILL BENEFIT	Yes	NIL	15 Lakhs	Yes	0%	50%		
	SECTION 11. DAILY HOSPITAL CASH COVER				No				
	A. Accidental Hospitalization Cover	Yes	0 Days	2 Days	No				
	B. Accidental & Illness Hospitalization Cover	Yes	0 Days	2 Days	No				
	OPTIONAL COVERS								
	Network hospital Co-payment	NA	NIL		Yes	0%	20%		
For Geographical Limits Outside India: Co-payment Options are 0%, 5%, 10%, 15% and 20%.									

9	Claims/Claims Procedure	<p>Claims Notification and Procedure</p> <p>In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:</p> <p>A. Cashless Claim Process: Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:</p> <ol style="list-style-type: none"> 1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation. 2. For Cashless Facility You shall follow the below Procedure: <ol style="list-style-type: none"> a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital. b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter. c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing. d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly. e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received. f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers. g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You. <p>B. Reimbursement Claim Process: Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:</p> <ol style="list-style-type: none"> 1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission. 	<p>E.I.10</p> <p>E.II.23</p>
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2. For Reimbursement Claim You shall follow the below Procedure:

- a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- 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 last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c. However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days, the company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
“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.
- e. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

Sr. No	List of Documents / Information	Hospitalization Claim	Out-Patient (OPD) Claim	Critical Illness/Cancer Claim	Daily Hospital Cash Claim
1	Duly Filled and Signed Claim form	√	√	√	√
2	Discharge Summary	√	x	x	√
3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)	√	x	√	x
4	Original Hospital Main Bill	√	x	x	x
5	Original Hospital Bill Break Up	√	x	x	x

		6	Original Pharmacy Bills	√	√	×	×	
		7	Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital	√	√	×	×	
		8	Consultation Papers	√	√	√	×	
		9	Investigation Reports	√	√	√	×	
		10	Digital Images/CDs of the Investigation Procedures (if required)	√	√	×	×	
		11	MLC/FIR Report (If applicable)	√	×	√	×	
		12	Original Invoice/Sticker (If applicable)	√	×	×	×	
		13	Post Mortem Report (If applicable)	√	×	×	×	
		14	Disability Certificate (If applicable)	√	×	√	×	
		15	Attending Physician Certificate (If applicable)	√	×	√	×	
		16	Ante-natal Record (If applicable)	√	×	×	×	
		17	Birth discharge Summary (If applicable)	√	×	×	×	
		18	Death Certificate (If applicable)	√	×	√	×	
		19	*KYC (Photo ID card) (If applicable)	√	√	√	√	

		<div>20</div> <div>Bank Details with Cancelled Cheque</div> <div>✓</div> <div>✓</div> <div>✓</div> <div>✓</div>	
		<p>Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.</p> <p>Network Hospitals details: https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list</p> <p>Helpline no. - 1800-258- 4242</p> <p>Hospitals which are blacklisted or from where no claims will be accepted by insurer: List of Non-Preferred Hospital https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list/non-preferred-hospitals</p> <p>Downloading/getting claim form: https://www.godigit.com/health-insurance/file-a-claim</p>	
10	Policy Servicing	<p><u>Call Centre Details of the Insurer</u> Toll Free: 1800-258- 4242 Email: healthclaims@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Website: https://www.godigit.com</p> <p><u>Details of Company Officials:</u> NA With intent to provide better and fast service to our customers, our claims process is paperless. You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.</p>	E.I.17
11	Grievances/Complaints	<p><u>Customer Grievance Redressal Policy</u> In case of any grievance the insured person may contact the company through Website: https://www.godigit.com Toll Free: 1-800-258- 4242 Email: hello@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com</p>	E.I.17

		<p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance</p> <p>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 grievance@godigit.com</p> <p>For updated details of grievance officer, kindly refer the link: Click Here https://d2h44aw7l5xdvz.cloudfront.net/claims/GRO-list.pdf</p> <p>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</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://igms.irda.gov.in/</p> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	
11	Things you need to know	<p><u>Free Look Period</u></p> <p>You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. This period is for 30 days in case of policy online.</p> <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> 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; <p>Please note KYC documents (Photo ID card) shall be required at the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund</p> <p><u>Policy Renewal</u></p>	E.I.9

	<p>Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><u>Migration and Portability:</u></p> <p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Portability</u> The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link Click Here https://d2h44aw7l5xdvz.cloudfront.net/policyDocuments/Guidelines%20on%20Migration%20and%20Portability%20of%20health%20insurance%20policies.pdf</p> <p><u>Migration</u> 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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses 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. For Detailed Guidelines on migration, kindly refer the link Click Here https://d2h44aw7l5xdvz.cloudfront.net/policyDocuments/Guidelines%20on%20Migration%20and%20Portability%20of%20health%20insurance%20policies.pdf</p> <p><u>Change in Sum Insured:</u> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><u>Moratorium Period</u></p>	<p>E.I.15</p> <p>E.I.16</p> <p>E.I.7</p>
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12	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Please Disclose any change in Material Information during the policy period.</p> <p>Material Information 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.</p>	