

Digit Group Out-Patient Care Insurance Policy

Policy Wordings

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This is for IRDAI Information Only

“Some of the contents shown in policy wordings might be applicable for certain Sections and not generic, e.g. some contents are useful for “Pharmacy Cover” only. The Company might use the contents dynamically based on the coverage offered to the customer; e.g. If the Insured Person doesn’t opt for “Pharmacy Cover”, then wording, terms and conditions related to this Specific Section will not be shown on the Policy Wordings. Similarly, general exclusions or general conditions which might not be applicable for Sections chosen by customer will not be shown. Idea of doing this is to make policy wording more apt and concise to customer need and provide relevant information to customer.

Inside:**Let’s get started!**

You’re already awesome because you decided to protect your most important asset, your health. Think of Digit as your running or gym buddy, keeping pace with you all the way. While you’re reading this policy, you get confused or have a query, or you are referring to this policy because you have a claim to make, please call us at 1800-258-4242 or mail us at healthclaims@godigit.com.

A. PREAMBLE

Based on the declaration provided by **You** to **Us**, **Go Digit General Insurance Limited** (hereinafter called ‘the Company/DIGIT’) which forms the basis of this health policy contract, and having received **Your** premium, we take pleasure in issuing this policy to **You**.

Go Digit General Insurance Limited will cover **You** under this Policy up to the **Sum Insured** / Limits mentioned against each section, during the **Policy Period** mentioned in your **Policy Schedule/Certificate of Insurance**. Of course, like any insurance cover, it is governed by, and subject to certain terms, conditions and exclusions mentioned in this **Policy**. The benefit under each Section will be payable provided that an event or occurrence described under the Sections/Covers occurs during the Policy Period mentioned in Your **Policy Schedule/Certificate of Insurance**.

Note: This Policy Wording provides detailed terms, conditions and exclusions for all Sections available under this Product. Kindly refer to the **Policy Schedule/Certificate of Insurance** to know exact details of Sections / sub-sections as opted by **You**. Only Wordings related to Sections / sub-sections mentioned in Your **Policy Schedule/Certificate of Insurance** are applicable.

B. DEFINITIONS

Certain words and phrases used throughout the Policy have specific meanings, and this section helps to understand them.

I. STANDARD DEFINITIONS:

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
3. **AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
4. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
5. **Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent Pre-authorization is approved.
6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly means a Congenital anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly means a Congenital anomaly which is in the visible and accessible parts of the body
8. **Co-Payment** means a cost sharing requirement under a Health Insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
9. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
10. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
 - i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
For an updated list of Day Care Procedures kindly visit our website.

- 11. Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies. A deductible does not reduce the Sum Insured.
- 12. Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 13. Disclosure of information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 14. Emergency / Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
- 15. Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.
The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 16. Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under:
- i) has qualified nursing staff under its employment round the clock;
 - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - iii) has qualified medical practitioner(s) in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
- 17. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 18. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests.
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur
- 19. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 20. Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 21. Maternity expenses** means;
- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - b) expenses towards lawful medical termination of pregnancy during the policy period.
- 22. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

- 23. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 24. Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
The registered practitioner should not be the insured or close member of the family.
- 25. Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 26. Indemnity based health insurance section** means an insurance section that compensates an insured for the loss due to occurrence of an insured event as specified in the policy.
- 27. Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- 28. Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- 29. Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
- 30. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 31. OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 32. Pre-Existing Disease (PED)** means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 33. Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- 34. Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 35. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 36. Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
- 37. Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 38. Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

II. SPECIFIC DEFINITIONS

39. **Dentist** means a person who is registered with (i) the Dental Council of India, (ii) State Dental Councils, (iii) Joint State Dental Councils or any other Dental council recognized as per Dentists Act, 1948 and its subsequent amendments thereof.
40. **Dietitian/Nutritionist** is a specialist who is trained to plan meal depending up on health and nutritional requirements of individuals.
41. **Family Floater** means policy as mentioned in Your Policy Schedule/Certificate of Insurance where You and Your family members are covered in the same Policy. The Sum Insured would be shared among all the family members in the Policy. The Sum Insured for a Family Floater means the sum shown in the Policy Schedule/Certificate of Insurance which represents Our maximum liability for any and all claims made by You and/or all of Your family members during the Policy Period.
42. **General Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
43. **Hazardous or Adventure Sports** means any sport or activity, which is potentially dangerous to the Insured Person whether he/she is trained or not in such sport or activity. These activities shall be considered to be hazardous irrespective of the safety precautions taken while undergoing these activities/sports. Such sport/Activity is as listed in Annexure B excluding level 0 (Zero) activities.
44. **Network Facilitator** means an organization which has, including without limitation, tie-ups with Hospitals, Diagnostic Centers, Clinics, Doctors, Medicine and drug vendors, medical service providers, home care treatment providers, Health Care Workers and whose services can be utilized by an Insured and approved by Us.
45. **Ophthalmic Treatment** means a treatment related to eye(s).
46. **Ophthalmologist** means medical practitioner, or an eye specialist whose deals with the diagnosis and treatment of eye disorders.
47. **Pathology** means laboratory testing blood and other bodily fluids, tissues, and microscopic evaluation of individual cells.
48. **Pharmacy** means drugs, medicines and consumables as prescribed by Medical Practitioner.
49. **Physiotherapy** means the branch of medicine that deals with assessment, planning and implementation of rehabilitation programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments by applying a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques.
50. **Policy** means the Proposal, the Policy Schedule/Certificate of Insurance (and any endorsement attaching to or forming part thereof) and the Policy Wordings.
51. **Policy Schedule/Certificate of Insurance** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest intime.
52. **Policy Period** means the period between the commencement date and the expiry date specified in the Policy Schedule/Certificate of Insurance and includes both the commencement date as well as the expiry date.
53. **Psychiatrist** means a medical practitioner specializing in the diagnosis and treatment of mental illness.
54. **Psychiatric Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
55. **Radiology** means the branch of medicine that deals with diagnostic images of anatomic structures through the use of electromagnetic radiation or sound waves and that treats disease through the use of radioactive compounds. Radiologic imaging techniques include but are not limited to x-rays, CAT scans, PET scans, MRIs, and ultra-sonograms.
56. **Specialist Medical Practitioner** means a medical practitioner holding specialized qualification and having additional specialized expertise in any one or more type of medicine, including but not limited to Orthopaedic, Paediatrics, cardiologist, gastroenterologist, ENT Specialist, Neurologist, Urologist, Dermatologist, Radiologist, Psychiatrist, Rheumatologist, Pulmonologist. .

- 57.**Sum Insured** means the amount as opted by You and stated in the **Policy Schedule/Certificate of Insurance** for each insured person for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
- 58.**Telephonic/Virtual consultation** shall mean consultation provided by a Medical Practitioner or Health care professional through various mode of communication like audio, video, online portal, chat or mobile application.
- 59.**We, Us, Our, Ours, Digit, Company, Insurer** means Go Digit General Insurance Limited.
- 60.**You, Your, Yours, Yourself, Policyholder, Insured Person(s)** means the Person named in the Policy Schedule/Certificate of Insurance Members who has concluded this Policy with Us.

C. BENEFITS COVERED UNDER THE POLICY

Under this Policy, **We** will cover the following benefits as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**. Maximum claim payable under each section of the **Policy** shall be subject to the **Sum Insured** mentioned in **Policy Schedule/Certificate of Insurance** against the respective section.

COVERAGE

Section 1 - OPD Doctor Consultations

If **You** have opted for this section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, **We** will indemnify **You** for the expenses incurred for the following subsections, upto the **Sum Insured** as mentioned in the **Policy Schedule/Certificate of Insurance**.

Subsection 1.1 Physical General Consultation	Out-Patient allopathic physical consultations from a General Medical Practitioner(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 1.2 Physical Specialist Consultation	Out-Patient allopathic physical consultations from a Specialist Medical Practitioner(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 1.3 Telephonic/ Virtual General Consultations	Out-Patient allopathic telephonic/ virtual consultations from a General Medical Practitioner(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 1.4 Telephonic/ Virtual Specialist Consultations	Out-Patient allopathic telephonic/ virtual consultations from a Specialist Medical Practitioner(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **General Medical Practitioner(s)** or a **Specialist Medical Practitioner(s)** at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.
- In case of any emergency, Insured Person can take Out-patient consultation from any **Network Provider**, provided that **Sum Insured** for emergency cases shall be limited and will be mentioned in **Policy Schedule/Certificate of Insurance**.
- You** can opt for sub-limit of the **Sum Insured** available under the section for **Psychiatric Illness**, upto the percentage as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

Section 2 – Psychiatric Consultations:

If **You** have opted for this section, **We** will indemnify **You** for the expenses incurred for the following subsections, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance**.

Subsection 2.1 Physical Consultation	Out-Patient physical consultations related to Psychiatric Illness from Psychiatrist(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions,
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	deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 2.2 Telephonic/ Virtual consultations	Out-patient Telephonic/Virtual consultations related to Psychiatric Illness from Psychiatrist(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Psychiatrist** at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.

Section 3 - Lab Test and Diagnostics:

If **You** have opted for this section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, **We** will indemnify **You** for the expenses incurred on Medically Necessary **Out-Patient** diagnostic procedures or lab tests prescribed by **Medical Practitioner(s)** including but not limited to **Pathology, Radiology** and x-rays to make a diagnosis for treatment, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to the number of procedures or tests, per procedure limit or per tests limit or per prescription limit, excluded tests and other terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of lab/ diagnostic centre at the time of appointment.

Specific exclusion applicable to this section

- Expenses incurred on diagnostic procedure or tests done as a preventive health check-up.
- Diagnostic procedure or lab test more than INR 3,000 will be excluded, unless specifically agreed otherwise by **Us** and mentioned in the **Policy Schedule/ Certificate of Insurance**.

Section 4 - Surgical Treatment

If **You** have opted for this section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, **We** will indemnify **You** for the expenses incurred on **Out-Patient** minor **Surgical Procedures** carried out by **Medical Practitioner(s)** including but not limited to Plaster of Paris (POP), Suturing, Dressings for Accidents and Animal Bite Related Outpatient Procedures, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to number of surgical procedures , per surgical procedure limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Medical Practitioner(s)** at the time of appointment.
- Any surgery performed as a **Day Care Treatment** or requires hospitalisation of more than 24 hours will be excluded.
- Consumables related to **Surgical Procedures** will not be covered under this section.

Section 5 - Pharmacy Cover

If **You** have opted for this section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, **We** will indemnify **You** for the expenses incurred on **Pharmacy** prescribed by Medical Practitioner for Out-Patient treatment, as per following subsections, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance**:

Subsection 5.1 Pharmacy exactly as per prescription	Pharmacy exactly as per prescription of Medical Practitioner , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to other terms, conditions, deductible, limitations and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 5.2 Generic Form of Pharmacy	Generic form of prescribed Pharmacy , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Pharmacy** at the time of purchasing it.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.

Section 6 - Out-Patient Dental Treatment

If **You** have opted for this section, **We** will indemnify **You** for the **Out-Patient** Dental treatment expenses for the immediate relief as prescribed by dentist(s) for the following sub sections, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance**:

Subsection 6.1 Consultation	If You require dental treatment arising out of an Accidental injury or Illness , We will indemnify for Outpatient physical Dental consultations from dentist (s) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 6.2 Procedure	If You require dental treatment arising out of an Accidental injury or Illness , We will indemnify for dental procedures as recommended by dentist (s) including but not limited to Dental X-rays, Extractions (non-surgical), Amalgam or composite fillings, root canal treatments upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of procedures, per procedure limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 6.3 Pharmacy	If You require dental treatment arising out of an Accidental injury or Illness , We will indemnify for the Pharmacy as prescribed by the dentist (s) for the dental treatment upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 6.4 Cosmetic Dental Treatment	Any dental treatment that comprises cosmetic surgery, scaling and polishing, dentures, dental prosthesis, dental implants, orthodontics, teeth alignment, orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jawbone surgery and surgery related to the temporomandibular (jaw) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sittings, per sitting limit and other terms, conditions, deductible,

	limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
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Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **dentist(s)** at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.
- If **You** have opted for this Section, point no. 7 “Cosmetic or plastic Surgery: Code- Excl08” and point no. 31 “Dental Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 7 – Ophthalmic Treatment Expenses

If **You** have opted for this section, **We** will indemnify **You** for the expenses incurred for **Out-Patient Ophthalmic Treatment** as prescribed by **Ophthalmologist(s)** for the following sub sections, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance**.

Subsection 7.1 Eye Examination and Diagnostics	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness , We will indemnify for the expenses incurred on Eye examinations/ consultation and diagnostics upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of examinations/diagnostics, per examination/diagnostic limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 7.2 Pharmacy	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness , We will indemnify for the Pharmacy related to Ophthalmic treatment upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 7.3 Eyewear Expenses	Any expenses related to eyewear including but not limited to contact lenses/spectacles/sunglasses upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of eyewear, Per eyewear limit, and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Ophthalmologist(s)** at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.
- If **You** have opted for this Section, point no. 25 “Spectacles, Hearing aids & other Expenses” and 29 “Ear, Eyesight & Optical Services” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 8 - Physiotherapy

If **You** have opted for this section, **We** will indemnify **You** for physiotherapy expenses incurred for the following subsections as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

Subsection 8.1 Physical Physiotherapy	Out-Patient physical Physiotherapy sessions and/or consultations in case you suffer from any deformity arising out of the following, as opted by you and mentioned in Policy Schedule/Certificate of Insurance :
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	<p>8.1.1. Accidental injury and/or 8.1.2 Illness</p> <p>from a qualified physiotherapist as prescribed by Specialist Medical Practitioner(s) / Medical Practitioner during the Policy Period by physical methods including but not limited to massage, heat treatment, ultrasound, Laser and exercises, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sessions, per session limit, number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</p>
Subsection 8.2 Telephonic / Virtual Physiotherapy	<p>Out-patient Telephonic/Virtual Physiotherapy sessions and/or consultations in case you suffer from any deformity arising out of the following, as opted by you and mentioned in Policy Schedule/Certificate of Insurance:</p> <p>8.2.1. Accidental injury and/or 8.2.2 Illness</p> <p>from a qualified physiotherapist as prescribed by a Medical Practitioner(s) during the Policy Period upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sessions, per session limit, number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.</p>

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of physiotherapist(s) at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.
- If **You** have opted for this Section, point no. 33 “Physiotherapy” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 9 – Preventive Health check-ups

If **You** have opted for this section, **We** will indemnify **You** for the preventive health check-up expenses incurred as per following option as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**. You can opt for either of the following options:

- 9.1 Health Check-up from Day 1 of Policy:** **We** will pay the expenses incurred towards cost of preventive health check-up from Day 1 of the Policy and during the policy period up to the **Sum Insured** limit as mentioned in **Policy Schedule/Certificate of Insurance** subject to terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.
- 9.2 Health Check-up at the end of each block of continuous years:** If **You** have continued **Your Policy** with **Us** without any break, then at the end of each block of continuous years as mentioned in **Policy Schedule/Certificate of Insurance**, **We** will pay the expenses incurred towards cost of health check-up up to the **Sum Insured** limit as mentioned in **Policy Schedule/Certificate of Insurance** subject to terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- This benefit will not be carried forward if not utilized.
- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- These services should be provided subject to the availability of lab / diagnostic centre at the time of appointment.
- In case of **Family Floater** policy, Health Check-up **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** is the maximum total cost which is available for all insured persons put together.

- e. If **You** have opted for this Section, point no. 4 “Investigation and Evaluation Code- Excl04” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 10 - Maternity Care

If **You** have opted for this section, **We** will indemnify **You** for the expenses incurred for the following subsections as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

Subsection 10.1 Consultations	Expenses incurred for Out-Patient physical maternity consultations from Gynaecologist(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per limit consultation and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 10.2 Pharmacy	Expenses incurred for Pharmacy as per prescription of the Gynaecologist(s) related to Maternity Care upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 10.3 Diagnostic Tests	Expenses incurred for Out-Patient maternity diagnostic tests as prescribed by the Gynaecologist(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of diagnostic tests, per diagnostic tests limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Gynaecologist(s)** (as applicable) at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/ Certificate of Insurance**.
- Waiting period as applicable for this section will be mentioned in the **Policy Schedule / Certificate of Insurance**.
- If **You** have opted for this Section, point no. 16 “Maternity: Code Excl18” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.
- New-born baby expenses will not be covered.

Section 11 - AYUSH Treatment Expenses

If **You** have opted for this section and suffer from an **Accidental Injury or Illness**, **We** will indemnify **You** for the **expenses** incurred for **Out-Patient** physical consultations under Ayurveda, Unani, Siddha and Homeopathy system of medicine from a **AYUSH Medical Practitioner(s)**, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **AYUSH Medical Practitioner(s)** at the time of appointment.
- If **You** have opted for this Section, point no. 32 “Non-Allopathic Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 12 – Vaccination/Inoculation Expenses

If **You** have opted for this section, **We** will indemnify **You** for the cost and administration of Vaccination/Inoculation forming the part of treatment prescribed by the treating **Medical Practitioner(s)**, upto

the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to terms, conditions, deductible, limitations, and exclusions, mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of vaccine at the time of appointment.
- If **You** have opted for this Section, point no. 24 “Preventive Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 13 – Reproductive/Sexual Disorders

If **You** have opted for this section, **We** will indemnify **You** for the expenses incurred for the following subsections as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

Subsection 13.1 Consultation	Out-Patient physical consultations related to reproductive/sexual disorder including but not limited to impotence (irrespective of the cause) and anything related to sterility, fertility or sterilisation from a Medical Practitioner(s) or sexologist or gynaecologist , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 13.2 Diagnostic Tests	Expenses incurred for Out-patient diagnostic tests related to reproductive/sexual disorder including but not limited to impotence (irrespective of the cause) and anything related to sterility, fertility or sterilisation as prescribed by Medical Practitioner(s) or sexologist or gynaecologist , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of diagnostics tests, per diagnostic tests limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 13.3 Pharmacy	Pharmacy as prescribed by Medical Practitioner(s) or sexologist or gynaecologist , related to reproductive/sexual disorder including but not limited to impotence (irrespective of the cause) and anything related to sterility, fertility or sterilisation upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Medical Practitioner(s)** or sexologist or **gynaecologist** (as applicable) at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.
- If **You** have opted for this Section, point no. 15 “Sterility and Infertility: Code- Excl17 “ and Point no 34 “Treatment related to Reproductive/Sexual Disorder” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 14 - Sexually Transmitted Infections & Diseases

If **You** have opted for this section, **We** will indemnify **You** for the expenses incurred for the following subsections as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

Subsection 14.1 Consultations	Out-Patient physical consultations related to Sexually Transmitted Infections & Diseases from a Medical Practitioner(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit, and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
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Subsection 14.2 Pharmacy	Pharmacy related to Sexually Transmitted Infections & Diseases upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 14.3 Diagnostic Tests	Expenses incurred for Out-patient diagnostic tests related to Sexually Transmitted Infections and Disease as prescribed by Medical Practitioner(s) , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of diagnostic tests, per tests limit terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Medical Practitioner(s)** at the time of appointment.
- Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/Certificate of Insurance**.
- If You have opted for this Section, point no. 35 "Sexually Transmitted Infections and Disease" as provided under "D – Exclusions" shall be deleted to the extent of coverage provided under this section.

Section 15- Occupational Therapy

If **You** have opted for this section, **We** will indemnify **You** for the **expenses** incurred for the **Out-patient** occupational therapy as prescribed by **Medical Practitioner(s)** for persons with either traumatic injury and illnesses to help them perform daily living activities including but not limited to as eating, bathing using the bathroom upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to the number of therapies, per therapy limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of Occupational Therapy professional at the time of appointment.
- If You have opted for this Section, point no. 5 "Rest Cure, rehabilitation and respite care- Code- Excl05" as provided under "D – Exclusions" shall be deleted to the extent of coverage provided under this section.

Section 16- Prosthetics and Devices

If **You** have opted for this section and suffer from an **Accidental** injury leading to loss of a part of body, **We** will indemnify **You** for the **expenses** incurred for Prosthetics device (to replace the missing part of the body) and/ or other similar devices (which are not implanted internally via surgery including but not limited to walking aid, hearing aid) upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to other terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of required Prosthetics and Devices.
- If **You** have opted for this Section, point no. 25 "Spectacles, Hearing aids & other Expenses" and point no. 30 "Prosthetics and Other Devices" as provided under "D – Exclusions" shall be deleted to the extent of coverage provided under this section.

Section 17 – Sleep Disorders And Sleep Problems

If **You** have opted for this section and suffering from Sleep Disorders and Sleep Problems arising from Illness or accident, **We** will indemnify **You** for **expenses** incurred for **Out-patient** physical consultations from a **Medical Practitioner(s)** related to sleep disorders and sleep problems, including but not limited to snoring, insomnia or sleep apnoea, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to the number of consultation, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Medical Practitioner** at the time of appointment.
- If **You** have opted for this Section, point no. 38 **Sleep Disorder & Sleep Problems** as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 18 – Hazardous or Adventure Sports

If **You** have opted for this section, **We** will indemnify **You** for **expenses** incurred for **Out-patient** physical consultations from a **Medical Practitioner(s)** related to injuries sustained due to participation as a professional in hazardous or adventure sports as defined in the Policy upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** subject to the number of consultations, per consultations limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Medical Practitioner(s)** at the time of appointment.
- If **You** have opted for this Section, point no. 21 “**Hazardous or Adventure sports**” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Section 19 – Diet and Nutrition consultation

If **You** have opted for this section, **We** will indemnify **You** for the expenses incurred for the following subsections as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

Subsection 19.1 Physical Consultation	Out-Patient physical consultations related to diet and Nutrition from Dietitian / Nutritionist , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance .
Subsection 19.2 Telephonic/Virtual consultations	Out-patient Telephonic/Virtual consultations related to diet and Nutrition from Dietitian / Nutritionist , upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance .

Specific Conditions Applicable to this section:

- Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- Benefit under this section will be provided subject to the availability of **Dietitian / Nutritionist** at the time of appointment.

- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/ Certificate of Insurance**.
- d. Any expenses on dietary supplements and substances will not be covered under this section.
- e. If **You** have opted for this Section, point no. 37 “Diet and Nutrition Consultation” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

D. EXCLUSIONS

We shall not be liable to make any claim payment under this **Policy** caused by, based on, arising out of or howsoever attributable to any of the following:

I. STANDARD EXCLUSIONS

1. Pre-Existing Diseases - Code- Excl01

- a. Expenses related to the treatment of a **Pre-Existing Disease** (PED) and its direct complications shall be excluded until the expiry of number of months, as opted by You and specified in the **Policy Schedule/Certificate of Insurance /Certificate of Insurance**, 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/Certificate of Insurance /Certificate of Insurance**, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as opted by **You** and specified in the **Policy Schedule/Certificate of Insurance /Certificate of Insurance**, of continuous coverage after the date of inception of the first policy with **Us**. This exclusion shall not be applicable for claims arising due to an **Accident**.
- b. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures
 - i. 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)
 - ii. Pancreatitis, calculus disease of gall bladder/biliary tract and urogenital system, Gastric & Duodenal erosions/ulcers, Varices of GI tract, Cirrhosis of Liver, Rectal prolapse.
 - iii. Cataract, Glaucoma and Disorder of retina
 - iv. Hyperplasia of Prostate, Urethral strictures, Hydrocele/Varicocele and spermatocele
 - v. All Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, Ovarian Cyst, Pelvic Inflammatory disease
 - vi. Haemorrhoids, Fissure, Fistula and pilonidal sinus/cyst and fistula.
 - vii. Hernia of all sites,
 - viii. Varicose veins of lower extremities,
 - ix. 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,
 - 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.

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

xv. 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/Certificate of Insurance** as long as the Insured Person has been insured continuously under the Policy without any break, unless due to an accident.

xvi. Chronic Kidney disease and failure,

xvii. Ischemic heart disease and Valvular heart disease.

3. Initial Waiting Period- Code- Excl03

- Expenses related to the treatment of any illness within number of days as opted and from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the **Insured Person** has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Investigation & Evaluation- Code- Excl04

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

This exclusion stands deleted to the extent of the coverage provided under Section 9. Preventive Health Check Ups, if opted by You.

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

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs unless specifically agreed by **Us**.
 - We shall not pay any expenses related to Occupational Therapy.

This exclusion stands deleted to the extent of the coverage provided under Section 15. Occupational Therapy, if opted by You.

6. Change-of-Gender treatments: Code- Excl07

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

7. Cosmetic or plastic Surgery: Code- Excl08

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

This exclusion stands deleted to the extent of the coverage provided under Section 6. Outpatient Dental Treatment, if opted by You.

8. Breach of law: Code- Excl10

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

9. Excluded Providers: Code- Excl11

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

10.Substance Abuse – Code- Excl12-

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

11.Domestic Treatment- Code- Excl13-

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

12.Non-prescribed Medicine – Code- Excl14

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.

13.Refractive Error: Code- Excl15

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

14.Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15.Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

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

This exclusion stands deleted to the extent of the coverage provided under Section 13. Reproductive/ Sexual Disorders, if opted by You.

16.Maternity: Code Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- iii. Any consultation, treatment, procedures and **Pharmacy** related to Maternity.

This exclusion stands deleted to the extent of the coverage provided under Section 10. Maternity Care, if opted by You.

II. SPECIFIC EXCLUSIONS**17.Artificial Life Maintenance**

Artificial Life Maintenance, including life support machine used, where such treatment is used to maintain the Insured/Patient in a vegetative state. However, expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the Policy.

18.Suicide and Self-Injury

We do not cover treatment arising from or contributed or aggravated or accelerated by any of the following:

- a. Suicide or attempted suicide, while sane or insane, or due to use, misuse or abuse of narcotic or intoxicating drugs or alcohol or solvent
- b. Intentional self-injury
- c. Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)

19.Circumcision, Aesthetic reasons

- a. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;
- b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.

20.External Congenital Anomaly

Screening, Counselling or treatment related to external Congenital Anomaly.

21.Hazardous or Adventure sports

Expenses related to any treatment necessitated due to participation in hazardous or adventure sports.

This exclusion stands deleted to the extent of the coverage provided under Section 18. Hazardous or Adventure Sports, if opted by You.

22.Defence Operation

We will not pay any claim under this Policy, whilst You are Involved in naval, military, air force operation.

23.Non-Medical Expenses

Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please refer Annexure A provided in the policy document or visit our website for complete list of non-medical items)

24.Preventive Treatment

We do not cover inoculations, vaccinations, or other treatment, for example drugs or Surgery, which aims to prevent a disease or Illness except:

- a. For an active vaccination for dog or animal bite;

This exclusion stands deleted to the extent of the coverage provided under Section 12. Vaccination/ Inoculation Expenses, if opted by You.

25.Spectacles, Hearing aids & other Expenses

Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

This exclusion stands deleted to the extent of the coverage provided under Section 7. Ophthalmic Treatment Expenses and / or Section 16. Prosthetics and Devices, if opted by You.

26.War and hazardous substances

We do not cover treatment directly or indirectly arising from or required as a consequence of:

War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government or any acts of terrorism.

Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

27. Legal Liability

Any Legal Liability due to any errors or omission or representation or consequences of any action taken on the part of any Hospital or Medical Practitioner.

28. Substance abuse and Addictions by the Insured

- a. Expenses incurred for the treatment of any Illness or accidental Injury caused due to:
 - (i) Use/misuse/abuse of Alcohol, opioids or nicotine or drugs (whether prescribed or not) by the Insured unless associated with Psychiatric Illness.
 - (ii) Withdrawal and de-addiction treatment taken by the Insured.
- b. Any claim in respect of Cancer of Oral, Oropharynx and respiratory system is specifically excluded in cases where Insured is a tobacco user.

29. Ear, Eyesight & Optical Services

- a) We do not cover treatment for Correction of refractive errors of the eye including but not limited to short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction Surgery.
 - b) We do not cover Femto Laser Procedure and multifocal lenses.
- This exclusion stands deleted to the extent of the coverage provided under Section 7. Ophthalmic Treatment Expenses, if opted by You.

30. Prosthetics and other devices

Prosthetics and other devices NOT implanted internally by surgery.
This exclusion stands deleted to the extent of the coverage provided under Section 17. Prosthetics and Devices, if opted by You.

31. Dental Treatment

Any consultations, **Pharmacy**, Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva.
This exclusion stands deleted to the extent of the coverage provided under Section 6. Outpatient Dental Treatment, if opted by You.

32. Non-Allopathic Treatment

We shall not pay for any expenses incurred for non-allopathic treatment.
This exclusion stands deleted to the extent of the coverage provided under Section 11. AYUSH Treatment Expenses, if opted by You.

33. Physiotherapy

We shall not pay for any expense related to Physiotherapy.
This exclusion stands deleted to the extent of the coverage provided under Section 8. Physiotherapy, if opted by You.

34. Treatment related to Reproductive/Sexual Disorder

Any Consultation, diagnostic procedure or treatment related to Reproductive/Sexual Disorder.
This exclusion stands deleted to the extent of the coverage provided under Section 13. Reproductive/ Sexual Disorders, if opted by You.

35. Sexually Transmitted Infections and Disease

We shall not pay for any expense related to Sexually Transmitted Infections and Disease.
This exclusion stands deleted to the extent of the coverage provided under Section 14. Sexually Transmitted Infections and Diseases, if opted by You.

36. Genetic Testing

We shall not pay for any expense related to Genetic Testing.

37. Diet and Nutrition Consultation

We shall not pay for any expenses related to Diet and Nutrition Consultation.

This exclusion stands deleted to the extent of the coverage provided under Section 19. Diet and Nutrition Consultation, if opted by You.

38.Sleep Disorder and Sleep Problems

We shall not pay for any expense related to Sleep Disorder and Sleep Problems.

This exclusion stands deleted to the extent of the coverage provided under Section 17. Sleep Disorders and Sleep Problems, if opted by You.

39.Any Inpatient Treatment requiring Hospitalization and/ or Day Care Procedures.

40.Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.

41.We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/Network Facilitator.

42.No claim will be payable if benefit under any of the section as opted and mentioned in Your Policy Schedule/Certificate of Insurance is taken from any other Network Facilitator (other than as mentioned in Your Policy Schedule/Certificate of Insurance), unless specifically agreed otherwise by Us and mentioned in the Policy Schedule/ Certificate of Insurance.

43.No claim will be payable for any facilities or services availed for rejuvenation, pleasure, detoxification, purification, panchakarma.

44.Any treatment taken outside the Geographical Scope as mentioned in the Policy Schedule / Certificate of Insurance.

E. GENERAL TERMS AND CLAUSES

I. STANDARD GENERAL TERMS AND CLAUSES

1. Disclosure of Information

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

“Material facts” for the purpose of this policy shall mean all relevant information sought by the **Company** in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

2. Condition Precedent to admission of Liability

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

3. Nomination in case of death

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

4. Special Conditions Applicable for Policies issued with premium Payment on Instalment basis

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

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. During such Grace Period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by company.
- iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the Grace Period the Policy will get Cancelled
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

5. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

6. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the Policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

7. Moratorium Period - After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy.

Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

8. Cancellation

A. Cancellation by You

You may cancel your policy at any time during the term, by giving 7 days' notice to us in writing. We shall

1. Refund proportionate premium for unexpired policy period, if the term of policy is upto one year and there is no claim (s) made during the policy period.
2. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

B. Cancellation by Company

The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

C. In case of Death of Insured Person

i. Individual Policy

In case, no claim has been made, and termination takes place on account of death of the insured person, We shall refund proportionate premium for unexpired policy period, subject to the terms and conditions of the Policy. There will be no change in premium for other family members covered under the policy for the remaining duration of the policy.

ii. Family Floater Policy.

In case of death of Insured Family Member, cover shall continue for the remaining family members till the end of Policy Period. Provided no claim has been made, revised premium would be calculated basis new family composition and revised premium would be calculated on proportionate premium for unexpired policy period, subject to the terms and conditions of the Policy. Difference between proportionate premium for unexpired policy period premium of new family composition with old family composition shall be considered for refund.

Note: Please note KYC documents (Photo ID card) shall be required if the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund.

9. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Indemnity based Insurance Sections:
A policyholder can file for claim settlement as per his/her choice under any policy. The Insurer of that chosen policy shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder.

10.Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, or devices are used by the insured person or anyone

acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

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

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

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

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

11.Claim Settlement (provision for Penal Interest)

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
"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.

12.Complete Discharge

Any payment to the Policyholder, insured person or his/ her nominee or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

13.Renewal

- i. The policy shall ordinarily be renewable provided the product is not withdrawn except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.
- ii. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- vi. No loading shall apply on renewals based on individual claims experience.
- vii. No fresh underwriting unless there is an increase in sum insured.
- viii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected and shall be applicable for both Indemnity based and Benefit based sections.

14.Portability

In case of Indemnity based Insurance sections:

- a. A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred.
- b. The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) <https://iib.gov.in/> portal.

- c. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
- d. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.

15. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

16. Customer Grievance Redressal Policy:

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

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com

For updated details of grievance officer, kindly refer the link:

<https://www.godigit.com/claim/grievance-redressal-procedure>

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

Grievance may also be lodged at IRDAI Integrated Grievance Management System- <https://irdai.gov.in/igms1>

The contact details of the Insurance Ombudsman Centres are mentioned in Annexure C.

II. SPECIFIC TERMS AND CLAUSES

17. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or edited by anyone (including an insurance agent or intermediary) except Us (subject to necessary approval from the Insurance Regulatory and Development Authority of India), and any change We make will be through a written endorsement signed and stamped by Us, only on the request from Proposer/Insured Member.

18. Non-Disclosure or Misrepresentation:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form either physically or electronically or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- a) cancelled ab initio i.e. from the inception date or the renewal date (as the case may be),
- b) or the Policy may be modified by Us, at Our sole discretion, upon 30 days' notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- c) the claim under such Policy if any, shall be rejected/repudiated forthwith.

19. Insured Person

- a. Only those persons named as an Insured Person in the Policy Schedule/Certificate of Insurance shall be covered under this Policy.

- b. You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an endorsement confirming the addition of such person as an Insured Person.

20. Arbitration

If we have any differences with respect to the claim amount to be paid under this policy, it will be referred to arbitration in accordance with the Indian Arbitration and conciliation act 1996, as amended. The making of an award under such arbitration proceedings shall be a condition precedent for the Company to be liable to make any payment under this policy.

21. Claims Notification and Procedure

Claim process under this policy will be on cashless basis/reimbursement/both cashless and reimbursement basis as per mentioned in **Policy Schedule/Certificate of Insurance**. 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:

A. Cashless Claim Process:

- i. Cashless Facility can be availed only from the **Network Facilitator** or from Us, as may be specifically mentioned in the **Policy Schedule/Certificate of Insurance**.
- ii. **We** reserve the right to modify, add or restrict any **Network Facilitator** for Cashless facility at Our sole discretion.
- iii. Before availing Cashless Facility, please check the applicable claims process as mentioned in **Policy Schedule/Certificate of Insurance**.
- iv. For any assistance call 1-800-258- 4242 or email at healthclaims@godigit.com

B. Reimbursement Claim Process:

- i. In case of reimbursement claims, the **Insured Person** shall provide **Us** with any documentation and information **We** may request to establish the circumstances of the claim within 15 days of **Our** request.
- ii. Documents required for processing claims.
 - a. **Our** claim form duly completed and signed for on behalf of the Insured Person.
 - b. Prescription of treating **Medical Practitioner**.
 - c. Certificate from the attending **Medical Practitioner/Physiotherapy**.
 - d. Original Receipt for Consultation Charges/ Pharmacy/Chemist.
 - e. Consultation Papers and Investigation Reports
 - f. Digital Images/CDs of the Investigation Procedures (if required)
 - g. Receipts and reports for tests conducted.
 - h. Bank details with personalized Cancelled Cheque.
 - i. *KYC (Photo ID card) (If applicable)
 - j. Any other documents required by the **Company** on case-to-case basis.

Note:

1. 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 22.B.1 may be considered where the reason for delay is proved to our satisfaction.
2. Any additional details related to claims procedure will be mentioned in your Policy Schedule/Certificate of Insurance. Kindly go through the same before making any claim.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim.

22. Sum Insured Enhancement

- a. Sum Insured enhancement can be done only at the time of renewal. **You** need to submit fresh proposal for Sum Insured Enhancement.
- b. The acceptance of enhancement of **Sum Insured** would be at **Our** discretion, based on the health condition of the insured members & claim history of the **Policy**.

- c. All waiting periods as defined in the Policy shall apply for this enhanced **Sum Insured** from the effective date of enhancement of such **Sum Insured** considering such **Policy Period** as the first Policy with the **Company**.

23. Continuity Benefits

We will grant continuity of benefits which were available to the Insured Members under a health insurance policy which provides same coverage in the immediately preceding Cover Year provided that:

- i. **We** shall be liable to provide continuity of only those benefits (for e.g.: Initial wait period, wait period of Specific Diseases pre-existing disease etc) which are applicable under this **Policy**;
- ii. Any other waiting period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.

24. Geographical Scope

Geographical Scope of this Policy will be as mentioned in the **Policy Schedule/Certificate of Insurance**.

25. Law and Jurisdiction

It is hereby declared and agreed that this contract of insurance and all claims thereunder shall be governed by Indian Law and any legal proceeding in respect thereof shall be raised a competent court of India. All claims shall be paid in Indian Rupees only.

26. Policy Dispute

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

Annexure-A**List I – Optional Items**

SI No	Item
1.	BABY FOOD <i>(Not Payable)</i>
2.	BABY UTILITIES CHARGES <i>(Not Payable)</i>
3.	BEAUTY SERVICES <i>(Not Payable)</i>
4.	BELTS/BRACES <i>(Payable in cases where insured has undergone Surgery of thoracic or lumbar spine)</i>
5.	BUDS <i>(Not Payable)</i>
6.	COLD PACK/HOT PACK <i>(Not Payable)</i>
7.	CARRY BAGS <i>(Not Payable)</i>
8.	EMAIL/ INTERNET CHARGES <i>(Not Payable)</i>
9.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) <i>(Not Payable)</i>
10.	LEGGINGS <i>(Payable in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable)</i>
11.	LAUNDRY CHARGES <i>(Not Payable)</i>
12.	MINERAL WATER <i>(Not Payable)</i>
13.	SANITARY PAD <i>(Not Payable)</i>
14.	TELEPHONE CHARGES <i>(Not Payable)</i>
15.	GUEST SERVICES <i>(Not Payable)</i>
16.	CREPE BANDAGE <i>(Not Payable)</i>
17.	DIAPER OF ANY TYPE <i>(Not Payable)</i>
18.	EYELET COLLAR <i>(Not Payable)</i>
19.	SLINGS <i>(Reasonable costs for one sling in case of upper arm fractures should be considered)</i>
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES <i>(Part Of Cost Of Blood, Not Payable)</i>
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22.	Television Charges <i>(Payable Under Room Charges Not if separately levied)</i>
23.	SURCHARGES <i>(Part of Room Charge Not Payable Separately)</i>
24.	ATTENDANT CHARGES <i>(Part of Room Charge Not Payable Separately)</i>
25.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) <i>(Patient Diet provided by hospital is Payable)</i>
26.	BIRTH CERTIFICATE <i>(Not Payable)</i>
27.	CERTIFICATE CHARGES <i>(Not Payable)</i>
28.	COURIER CHARGES <i>(Not Payable)</i>
29.	CONVEYANCE CHARGES <i>(Not Payable)</i>
30.	MEDICAL CERTIFICATE <i>(Not Payable)</i>
31.	MEDICAL RECORDS <i>(Not Payable)</i>
32.	PHOTOCOPIES CHARGES <i>(Not Payable)</i>
33.	MORTUARY CHARGES <i>(Payable upto 24 Hours. Shifting charges not Payable)</i>
34.	WALKING AIDS CHARGES <i>(Not Payable)</i>
35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) <i>(Not Payable)</i>
36.	SPACER <i>(Not Payable)</i>
37.	SPIROMETRE <i>(Device Not Payable)</i>
38.	NEBULIZER KIT <i>(Not Payable)</i>
39.	STEAM INHALER <i>(Not Payable)</i>
40.	ARMSLING <i>(Not Payable)</i>
41.	THERMOMETER <i>(Not Payable)</i>
42.	CERVICAL COLLAR <i>(Not Payable)</i>
43.	SPLINT <i>(Not Payable)</i>
44.	DIABETIC FOOTWEAR <i>(Not Payable)</i>
45.	KNEE BRACES (LONG/ SHORT/ HINGED) <i>(Not Payable)</i>
46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER <i>(Not Payable)</i>
47.	LUMBO SACRAL BELT <i>(Payable only where Insured has undergone Surgery of Lumbar Spine)</i>

48.	NIMBUS BED OR WATER OR AIR BED CHARGES <i>(Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200 / day)</i>
49.	AMBULANCE COLLAR <i>(Not Payable)</i>
50.	AMBULANCE EQUIPMENT <i>(Not Payable)</i>
51.	ABDOMINAL BINDER <i>(Not Payable)</i>
52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES <i>(Post hospitalization nursing charges not Payable)</i>
53.	SUGAR FREE Tablets <i>(Payable. Sugar free variants of admissible medicines are Not excluded)</i>
54.	CREAMS POWDERS LOTIONS <i>(Toiletries are not payable, only prescribed medical pharmaceuticals payable)</i>
55.	ECG ELECTRODES <i>(Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be Payable)</i>
56.	GLOVES <i>(Sterilized Gloves Payable / Unsterilized Gloves not payable)</i>
57.	NEBULISATION KIT <i>(Payable Reasonably only if used during Hospitalization)</i>
58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, etc.]
59.	KIDNEY TRAY <i>(Not Payable)</i>
60.	MASK <i>(Not Payable)</i>
61.	OUNCE GLASS <i>(Not Payable)</i>
62.	OXYGEN MASK <i>(Not Payable)</i>
63.	PELVIC TRACTION BELT <i>(Not Payable)</i>
64.	PAN CAN <i>(Not Payable)</i>
65.	TROLLY COVER <i>(Not Payable)</i>
66.	UROMETER, URINE JUG <i>(Not Payable)</i>
67.	AMBULANCE <i>(Payable Reasonably only if used during Hospitalization upto sub-limit mentioned in the Policy Schedule/Certificate of Insurance)</i>
68.	VASOFIX SAFETY <i>(Not Payable)</i>

List II - Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED) <i>(Not Payable)</i>
2	HAND WASH <i>(Not Payable)</i>
3	SHOE COVER <i>(Not Payable)</i>
4	CAPS <i>(Not Payable)</i>
5	CRADLE CHARGES <i>(Not Payable)</i>
6	COMB <i>(Not Payable)</i>
7	EAU-DE-COLOGNE/ ROOM FRESHNERS <i>(Not Payable)</i>
8	FOOT COVER <i>(Not Payable)</i>
9	GOWN <i>(Not Payable)</i>
10	SLIPPERS <i>(Not Payable)</i>
11	TISSUE PAPER <i>(Not Payable)</i>
12	TOOTHPASTE <i>(Not Payable)</i>
13	TOOTHBRUSH <i>(Not Payable)</i>
14	BED PAN <i>(Not Payable)</i>
15	FACE MASK <i>(Not Payable)</i>
16	FLEXI MASK <i>(Not Payable)</i>
17	HAND HOLDER <i>(Not Payable)</i>
18	SPUTUM CUP <i>(Payable Under Investigation Charges, Not as Consumable)</i>
19	DISINFECTANT LOTIONS <i>(Not Payable-Part of Dressing Charges)</i>
20	LUXURY TAX <i>(Only Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits)</i>
21	HVAC <i>(Part of Room Charge Not Payable Separately)</i>
22	HOUSE KEEPING CHARGES <i>(Part of Room Charge Not Payable Separately)</i>
23	AIR CONDITIONER CHARGES <i>(Payable Under Room Charges Not if separately levied)</i>
24	IM IV INJECTION CHARGES <i>(Part of Nursing Charges, Not Payable)</i>
25	CLEAN SHEET <i>(Part of Laundry/housekeeping Not Payable Separately)</i>
26	BLANKET/WARMER BLANKET <i>(Not Payable- Part of Room Charges)</i>

27	ADMISSION KIT (Not Payable)
28	DIABETIC CHART CHARGES (Not Payable)
29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES (Not Payable)
30	DISCHARGE PROCEDURE CHARGES (Not Payable)
31	DAILY CHART CHARGES (Not Payable)
32	ENTRANCE PASS/ VISITORS PASS CHARGES (Not Payable)
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE (To be Claimed by Patient under Post - Hospitalization where admissible)
34	FILE OPENING CHARGES (Not Payable)
35	INCIDENTAL EXPENSES/ MISC. CHARGES (NOT EXPLAINED) (Not Payable)
36	PATIENT IDENTIFICATION BAND/ NAME TAG (Not Payable)
37	PULSEOXYMETER CHARGES (Not Payable)
38	Nursing, DMO/ RMO charges included in room rent under associated medical expenses (Not Payable)

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

SI No.	Item
1	HAIR REMOVAL CREAM (Not Payable)
2	DISPOSABLES RAZORS CHARGES (for site preparations) (Payable for site preparations)
3	EYE PAD (Not Payable)
4	EYE SHIELD (Not Payable)
5	CAMERA COVER (Not Payable)
6	DVD, CD CHARGES (Payable only if CD is specifically sought by Insurer/TPA)
7	GAUSE SOFT (Not Payable)
8	GAUZE (Not Payable)
9	WARD AND THEATRE BOOKING CHARGE (Payable Under OT Charges, Not Payable Separately)
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS (Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.)
11	MICROSCOPE COVER (Payable Under OT Charges, Not Payable Separately)
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER (Payable Under OT Charges, Not Payable Separately)
13	SURGICAL DRILL (Payable Under OT Charges, Not Payable Separately)
14	EYE KIT (Payable Under OT Charges, Not Payable Separately)
15	EYE DRAPE (Payable Under OT Charges, Not Payable Separately)
16	X-RAY FILM (Payable Under Radiology Charges, Not as Consumable)
17	BOYLES APPARATUS CHARGES (Part Of OT Charges, Not Separately)
18	COTTON (Not Payable-Part of Dressing Charges)
19	COTTON BANDAGE (Not Payable-Part of Dressing Charges)
20	SURGICAL TAPE (Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges)
21	APRON (Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ICU Charges)
22	TORNIQUET Not payable (service is charged by hospital, consumables cannot be separately charged.)
23	ORTHOBUNDLE, GYNAEC BUNDLE (Part of Dressing Charges)

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

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES (Not Payable)
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE Unless A Claim Is Accepted Under Section1 - A. Accidental Hospitalization Cover And/Or B. Accidental & Illness Hospitalization Cover
3	URINE CONTAINER (Not Payable)
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES (Not Payable)
5	BIPAP MACHINE (Not Payable)
6	CPAP/ CAPD EQUIPMENTS (Device Not Payable)
7	INFUSION PUMP- COST (Device Not Payable)

8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC (May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital)
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES (<i>Patient diet provided by hospital is payable</i>)
10	HIV KIT (<i>Payable Only as Pre-Operative Screening</i>)
11	ANTISEPTIC MOUTHWASH (<i>Payable when prescribed</i>)
12	LOZENGES (<i>Payable when prescribed</i>)
13	MOUTH PAINT (<i>Payable when prescribed</i>)
14	VACCINATION CHARGES (<i>Except to the extent covered under SECTION 4. MATERNITY BENEFIT WALLET & NEW BORN BABY COVER if opted & For dog or animal bite</i>)
15	ALCOHOL SWABES (<i>Not Payable. Part of hospital's own internal cost</i>)
16	SCRUB SOLUTION ISTERILLIUM (<i>Not Payable. Part of hospital's own internal cost</i>)
17	Glucometer& Strips (<i>Not Payable pre hospitalization or post hospitalization / Reports and Charts required/ Device not payable</i>)
18	URINE BAG (<i>Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs</i>)

List V – Additional Non-Payable Items

Sr. No	List of Expenses Generally Excluded ("Non-medical")
	Brush
	Cosy Towel
	Moisturiser Paste Brush
	Powder
	Barber Charges
	Oil Charges
	Bed Under Pad Charges
	Cost Of Spectacles/ Contact Lenses/ Hearing Aids, Etc.,
	Dental Treatment Expenses That Do Not Require Hospitalisation
	Home Visit Charges
	Donor Screening Charges
	Band Aids, Bandages, Sterile Injections, Needles, Syringes
	Blade
	Maintenance Charges
	Preparation Charges
	Washing Charges
	Medicine Box
	Commode
	Digestion Gels
	Novarapid
	Volini Gel/ Analgesic Gel
	Zytee Gel
	AHD (Ancillary And Hospital Disinfection (Eg., Biomedical Waste Disposal/Management, Sanitation, Sanitization/Fumigation Charges Etc.))
	Visco Belt Charges
	Examination Gloves
	Outstation Consultant's/ Surgeon's Fees
	Paper Gloves
	Referral Doctor's Fees
	Sofnet
	Softovac
	Stockings

Annexure B

List of Hazardous or Adventure sports cover :

All the below given Adventure Sports/Hazardous Sports are subject to special conditions and special exclusions given below:

Special conditions are applicable to Section 18- Hazardous or Adventure sports cover, if mentioned against individual covers in below list:

- a. You must be with a professional, qualified and licensed guide, instructor or operator.
- b. You must have the appropriate certification or license to participate in this sport, activity or experience at home. If operating a motor vehicle, the driver must hold the appropriate valid license in their country where such activity is being undertaken.]
- c. Within 60 miles of a safe haven (a protected body of water used by marine craft for refuge from storms or heavy seas).
- d. Conventional skiing/snowboarding only. It is not a condition of cover that you ski or snowboard with a guide, however, you must follow the International Ski Federation code or the resort regulations; you must not venture into back country areas without taking local advice and appropriate rescue equipment.
- e. Conventional scuba diving only. You are limited to your current qualification limit, unless accompanied by a qualified instructor, taking part in a recognized course requirement of your chosen Diving Association. You must only dive under the constant supervision of a properly licensed Diving Instructor and follow their rules and instructions at all times.

Specific Exclusion for section 18 – Hazardous or Adventure sports cover will be applicable, if mentioned against the individual covers in below list:

- a. Any competition, free-style skiing / snowboarding, ski/ snowboard jumping, ski-flying, ski / snowboard acrobatics, ski / snowboard stunting, or ski racing or national squad training, the use of skeletons.
- b. Any unaccompanied dive, any dive for gain or reward, any dive which takes you below your current qualification limits, or any dive below 50 metres under any circumstances.
- c. Free mountaineering, climbing in remote or inaccessible regions, exploratory expeditions and new routes, high altitude climbing over 6,000 metres, mountaineering expeditions or activities within Antarctica, the Arctic Circle or Greenland.

HAZARDOUS OR ADVENTURE SPORTS COVER	Level	SPECIAL CONDITIONS THAT APPLY	SPECIAL EXCLUSIONS THAT APPLY
Acrobatics	0		
Aerobics	0		
Air guitar	0		
Athletics	0		
Badminton	0		
Baseball	0		
Basketball	0		
Bowling (lawn, ten-pin, nine-pin, candlepin, duckpin and five-pin bowling, bowls, pétanque & boules)	0		
Canoeing (inland/coastal waters, grades 1-3 only)	0		
Cheerleading	0		
Cricket	0		
Croquet	0		
Curling	0		
Dance (ballet, ballroom, capoeira, salsa, interpretive dance)	0		
Darts	0		
Dodge ball	0		
Dragon boating (inland or coastal waters only)	0		
Fitness training	0		
Floorball	0		
Football (Soccer) including 5 a side	0		
Frisbee	0		
Golf	0		

Gym training (aerobics, spinning, Zumba, body pump, weight training, cross training, CrossFit) (See also Boxing and Martial arts)	0		Policy excludes Power lifting
Gymnastics	0		
Handball	0		
Hockey	0		
Kayaking (inland/coastal waters, grades 1-3 only)	0		
Kite buggy	0		-
Kite flying	0		
Kite surfing	0		
Korfball	0		
Lacrosse	0		
Martial arts training (non-contact)	0		
Netball	0		
Orienteering	0		
Outdoor endurance	0		
Outrigger canoeing (inland or coastal waters only)	0		
Racquetball	0		
Roller hockey	0		
Roller skating	0		Policy excludes stunting
Rollerblading	0		Policy excludes stunting
Rounders	0		
Running/jogging (up to marathon distance)	0		Policy excludes Running of the Bulls.
Sandboarding/sand skiing	0		
Skateboarding (ramp, half pipe, skate park, street)	0		
Snooker	0		
Snorkelling	0		
Soccer	0		
Softball	0		
Squash/racquetball	0		
Stand up paddle surfing/paddle boarding	0		
Stilt walking	0		
Stoolball	0		
Surf boat rowing	0		
Surfing	0		
Table tennis	0		
Tchoukball	0		
Tennis	0		
Ultimate Frisbee	0		
Volleyball	0		
Wake skating	0		
Wakeboarding (see Water skiing)	0		
Yoga (class, alone/home practice)	0		
Yoga (teaching)	0	Special Condition (b)	-
Swimming (man-made swimming pool)	0		
Aqua zorbing (man-made swimming pool)	0		
Land zorbing (200 FT)	0		
Underwater walk	0		
Artificial rock climbing	0		
Buggy Ride	0		
Swoop Swing (100 Ft)	0		
Dirt Biking	0		
Gyro	0		
Rodeo-Bull ride	0		
Bubble Soccer	0		
Rocket Ejector	0		
Hard ball Net cricket	0		
Foosball	0		
American football (Gridiron)	1		Special Exclusion (iv)

Australian Rules Football (AFL)	1		Special Exclusion (iv)
Backpacking (2,000 up to 4,500 meters)	1		Special Exclusion (iii)
Banana boat rides	1	Special Condition (a)	
Bungee/bungy jumping	1	Special Condition (a)	
Bushwalking (2,000 up to 4,500 meters)	1		Special Exclusion (iii)
Camping up to 4,500 metres (see also Hiking and Mountaineering)	1		Special Exclusion (iii)
Canyon swing	1	Special Condition (a)	
Caving (sightseeing/tourist attraction)	1	Recreational visit only	
Clay pigeon shooting	1	Special Exclusion (a) or (b)	
Cycling (2000 to 4,500 meters – all styles including touring and organised tours)	1		Policy excludes Yungas Road/Death Road.
Dirt boarding	1		-
Dogsledding (on recognised trails)	1	Special Condition (a)	Policy excludes remote areas, racing, time trials and endurance events
Fencing	1		-
Fly by wire	1	Special Condition (a)	
Flying (as a fare paying passenger in a licensed scheduled or chartered aircraft or helicopter)	1	Special Condition (a)	
Flying (as a passenger of a private light aircraft)	1		Policy excludes stunt flying/aerobatics and commercial flying. Special Exclusion (iv)
High diving up to 10 metres	1		Policy excludes cliff diving
Hiking 2,000 metres up to 4,500 metres (scrambling, hillwalking) on recognised routes	1		Policy excludes where ropes, picks or other specialist climbing equipment is required. Special Exclusion (iii)
Horse riding (leisure/social, non-competitive equestrian, dressage, show jumping, eventing)	1		Policy excludes racing. Special Exclusion (iv)
Hunting (excluding big game hunting and hunting in India)	1	Special Condition (a) or (b)	Policy excludes Big Game Hunting.
Ice hockey	1		Special Exclusion (iv)
Ice skating (indoor or outdoor) on a commercially managed rink	1	Special Condition (a)	
Land surfing	1		-
Moped riding/Scooter biking	1	Special Condition (b); and a helmet must be worn	-
Motor racing experience (passenger only)	1	Special Condition (a)	
Motor biking	1	Special Condition (b); and a helmet must be worn	-
Mountain biking (up to 4,500 meters – all styles including touring and organised tours)	1		Policy excludes Yungas Road/Death Road.
Outward Bound	1	Special Condition (a)	
Quad biking	1	Special Condition (a) or (b); and a helmet must be worn	Special Exclusion (iv)
Rock climbing (bouldering)	1		Special Exclusion (iv)
Rowing/sculling (inland/coastal waters)	1		-
Safari tours	1	Special Condition (a)	Policy excludes handling and/or work with dangerous animals including big cats, crocodiles, alligators, hippopotamuses, snakes, elephants or bears
Sailing	1	Special Condition (a) or (b); and Special Condition (c)	-
Segway tours	1	Special Condition (a); and a helmet must be worn	Special Exclusion (iv)
Sleigh rides	1	Special Condition (a)	Policy excludes remote areas.
Speed boating (inland/coastal waters only)	1	Special Condition (a) or (b)	Policy excludes speed boating on white water or outside coastal waters.

Swimming	1		Policy excludes swimming outside coastal waters.
Swimming with whales/whale sharks (inside or outside coastal waters)	1	Special Condition (a)	
Theme parks / fairgrounds	1	Special Condition (a)	
Water skiing/wakeboarding	1	Special Condition (a) or (b)	Policy excludes jumping.
Windsurfing (inland or coastal waters only)	1		-
Working - Non-manual work	1		-
Working - manual work	1		-
Zip line (Flying fox)	1	Special Condition (a)	
Abseiling (rappelling, rapping, rap jumping, deepelling, abbing); see also Climbing, and Mountaineering	2	Special Condition (a)	
Aerial safari	2	Special Condition (a)	Special Exclusion (iv)
Backpacking (4,500 up to 6,000 meters)	2		Special Exclusion (iii)
Boxing (gym or outdoor training)	2		Policy excludes boxing competition or bouts.
Bushwalking (4,500 up to 6,000 meters)	2		Special Exclusion (iii)
Camel riding/trekking	2	Special Condition (a)	
Camping 4,500 up to 6,000 metres (see also Hiking and Mountaineering)	2		Special Exclusion (iii)
Canyoning	2		Special Exclusion (iv)
Cave diving / Cavern diving	2	Special Condition (e)	Policy excludes cliff diving.
Cycling (4,500 up to 6,000 meters – all styles including touring and organised tours)	2		Policy excludes Yungas Road/Death Road.
Dune buggy	2	Special Condition (a) or (b)	-
Elephant riding/trekking	2	Special Condition (a)	-
Fishing	2	Sports / leisure fishing only. Special Condition (a) or (b); and Special Condition (c)	Policy excludes commercial fishing and rock fishing.
Glacier walking/ice walking	2	Special Condition (a)	Special Exclusion (iii)
Gliding	2	Special Condition (a) or (b)	Special Exclusion (iv)
Go karting	2	Special Condition (a)	-
Hiking 4,500 up to 6,000 meters (scrambling) on recognised routes	2		Policy excludes where ropes, picks or other specialist climbing equipment is required. Special Exclusion (iii)
Hot air ballooning (ballooning)	2	Special Condition (a) or (b)	-
Jet boating (inland/coastal waters only)	2	Special Condition (a) or (b)	-
Jet skiing (inland/coastal waters, grades 1-2 only)	2	Special Condition (a) or (b)	-
Kite boarding (on land or water)	2		
Mountain biking (4,500 up to 6,000 meters – all styles including touring and organised tours)	2		Policy excludes Yungas Road/Death Road.
Paint balling/airsoft	2	Special Condition (a)	-
Parachuting	2	Special Condition (a) or (b)	Policy excludes parachuting from a hot air balloon.
Rifle range/sports shooting	2	Special Condition (a) or (b)	-
River boarding/hydro speeding (grades 1-3)	2	Special Condition (a)	
Rock climbing (indoor)	2	Special Condition (a)	Policy excludes soloing. Special Exclusion (iv)
Scuba diving (to 50 metres)	2	Special Condition (e)	Policy excludes cliff diving. Special Exclusion (ii) and (iv)
Skiing / snowboarding (on piste, off piste, heli-skiing, heliboarding)	2	Special Condition (d)	Special Exclusion (i)
Sledding/Tobogganing/Snow Sleds/Snow Sleighs (on snow)	2		Policy excludes remote areas, racing, time trials and endurance events.
Snowmobiling Tandem skydiving	2	Special Condition (a) Special Condition (a)	Policy excludes remote areas, racing, time trials and endurance events.

	2		Policy excludes skydiving from a hot air balloon.
Tubing on rivers (see also Black water rafting)	2	Special Condition (a)	Special Exclusion (iv)
Via Ferrata	2		
Zorbing	2	Special Condition (a)	Special Exclusion (iv)
Backpacking (Above 6,000 meters)	3		Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Black water rafting (cave tubing) (grades 1-5)	3	Special Condition (a)	Special Condition (iv)
Bobsled/Bobsleigh	3	Special Condition (a)	Special Exclusion (i) and (iv)
Bushwalking (Above 6,000 meters)	3		Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Camping above 6,000 metres (see also Hiking and Mountaineering)	3	-	Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Free diving (up to 50 meters)	3	Special Condition (a)	
Hang gliding	3		Policy excludes cliff diving.
	3		Special Exclusion (iv)
Hiking above 6,000 metres (scrambling) on recognised routes	3		Policy excludes where ropes, picks or other specialist climbing equipment is required. Special Exclusion (iii)
Martial arts training	3	Special Condition (a); noncompetitive only	Special Exclusion (iv). Policy excludes cage fighting, mixed martial arts, kickboxing, Muay Thai and competition or bouts.
Mountaineering up to 6,000 metres (with ropes, picks or specialist climbing equipment)	3	We recommend you do not venture into any area without taking local advice and appropriate rescue equipment.	Special Exclusion (iii) and (iv)
Mountaineering above 6,000 metres (with ropes, picks or specialist climbing equipment)	3	We recommend you do not venture into any area without taking local advice and appropriate rescue equipment.	Special Exclusion (iii) and (iv), except for high altitude climbing over 6,000 metres
Paragliding/parapenting	3	Special Condition (a) or (b)	Special Exclusion (iv)
Parasailing/Parascending	3	Special Condition (a) or (b)	Special Exclusion (iv)
Rap jumping	3	Special Condition (a)	Special Exclusion (iv)
Rock climbing (outdoor/traditional/sport climbing/bolted/aid climbing/free climbing); see also Mountaineering	3		Policy excludes soloing. Special Exclusion (iv)
Skydiving (solo)	3	Special Condition (a)	
Snow biking (on piste or off piste within resort boundaries)	3	Special Condition (a)	Policy excludes skydiving from a hot air balloon.
	3		Special Exclusion (i) and (iv)
	3	Special Condition (a)	Special Exclusion (iv)
Snow rafting	3	Special Condition (a)	Special Exclusion (iv)
Tubing on snow	3	Special Condition (a)	Special Exclusion (iv)
White water rafting (grades 1-5)	3	Special Condition (a)	Special Exclusion (iv)

Annexure C

Address and contact number of Council for Insurance Ombudsman

Office Location	Contact Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 – 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note: COUNCIL FOR INSURANCE OMBUDSMAN ,3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.Tel.: 022 – 69038801/03/04/05/06/07/08/09 Email: inscoun@cioins.co.in

For updated details of Ombudsman details, request to please check Council of Insurance Ombudsmen website available on <https://www.cioins.co.in/Ombudsman>