

1. Inpatient Care

- **Coverage:** Medical expenses during hospitalization due to illness or injury, including:
 - Room rent and boarding charges.
 - Fees for medical practitioners (excluding standby services).
 - Diagnostic tests and procedures.
 - Medicines and drugs prescribed by a doctor.
 - Intravenous fluids, blood transfusions, and allowable consumables.
 - Operation theatre charges.
 - Cost of prosthetics and equipment implanted during surgery.
 - Intensive Care Unit (ICU) charges.
- **Conditions:**
 - Hospitalization must be medically necessary and advised by a doctor.
 - If room rent exceeds the policy limit, expenses will be prorated.
 - Visiting fees for medical practitioners will be covered only if included in the hospital's bill and specifically requested by the hospital.

2. Pre-Hospitalization Medical Expenses

- **Coverage:** Medical expenses incurred up to 60 days before hospitalization.
- **Conditions:**
 - The claim must be related to the same condition as covered under inpatient care or other specified sections.
 - Expenses must be incurred after the policy inception.
 - Physiotherapy expenses are covered if prescribed by a doctor and related to the hospitalization condition.

3. Post-Hospitalization Medical Expenses

- **Coverage:** Medical expenses incurred up to 90 days after discharge from hospitalization.
- **Conditions:**
 - The claim must be related to the same condition as covered under inpatient care or other specified sections.
 - Expenses must be advised by the treating doctor.
 - Physiotherapy expenses are covered if prescribed and related to the hospitalization condition.

4. Day Care Treatment

- **Coverage:** Medical expenses for treatments that do not require 24-hour hospitalization but are necessary due to illness or injury.
- **Conditions:**
 - Treatment must be advised by a doctor as medically necessary.
 - Only treatments listed in Annexure III are covered.
 - Includes coverage for pre-hospitalization and post-hospitalization expenses related to the day care treatment.

Additional Information

- **Sum Insured Impact:** Claims under most benefits will reduce the sum insured for the policy year. Specific benefits listed in the policy will not reduce the sum insured.
- **Claim Process:** All claims must follow the procedures outlined in Section 6.2.16 of the policy document.

1. Domiciliary Hospitalization

- **Coverage:** Medical expenses for domiciliary hospitalization (treatment at home) when hospitalization is not feasible.
- **Conditions:**
 - The treatment must last at least 3 consecutive days.
 - A doctor must confirm that hospitalization was not possible or a hospital bed was unavailable.
 - Pre-hospitalization and post-hospitalization expenses will be covered as per Sections 3.2 and 3.3.

2. Alternative Treatments

- **Coverage:** Medical expenses for treatments under Ayurveda, Unani, Siddha, and Homeopathy at AYUSH hospitals.
- **Conditions:**
 - Pre-hospitalization and post-hospitalization expenses related to these treatments are covered, subject to Sections 3.2 and 3.3.
 - Exclusions from permanent exclusions apply except for Yoga.

3. Living Organ Donor Transplant

- **Coverage:** Medical expenses for a living organ donor's treatment to harvest the organ.
- **Conditions:**
 - The transplant must conform to legal regulations and be certified as necessary by a doctor.
 - The recipient's claim must be accepted under Section 3.1.
- **Exclusions:**
 - Expenses for stem cell donations (except bone marrow transplant), donor's pre- and post-hospitalization expenses, screening, and transportation of organs.

4. Emergency Ambulance

- **Coverage:** Costs for ambulance transportation to or between hospitals for emergencies.
- **Conditions:**
 - The ambulance must be required for immediate transport to a hospital or between hospitals.
 - Coverage is limited to one transfer per hospitalization.
 - The ambulance service must be provided by a recognized provider.
- **Exclusions:** Transfers for non-emergency evaluations are not covered.

5. Maternity Benefit

- **Coverage:** Expenses related to maternity, including delivery and medically necessary termination of pregnancy.
- **Conditions:**
 - Available under Family First or Family Floater policies, not individual policies.
 - The insured person must have continuous coverage for 24 months.
 - Maternity expenses are covered up to two pregnancies or terminations.
- **Exclusions:**
 - Stem cell harvesting, ectopic pregnancy, complications within 24 months of policy inception, prenatal and postnatal expenses.

6. New Born Baby

- **Coverage:** Medical expenses for the newborn's treatment and vaccinations up to one year of age.
- **Conditions:**
 - The newborn should be added as an endorsement within 90 days of delivery.
 - Coverage includes vaccinations as specified until the baby is one year old.
 - If the policy expires before one year, renewal with the newborn is required for coverage.
- **Post-expiry:** The newborn can be covered under the policy with additional premium payment upon request.

7. Health Check-up

- **Coverage:** Health check-ups for diagnostic tests up to a specified sub-limit.
- **Conditions:**
 - Available only through cashless facilities arranged by the insurer.
- **Exclusions:** Unutilized tests or amounts cannot be carried forward to the next policy year.

1. Re-fill Benefit

- **Coverage:** Up to 100% of the Base Sum Insured if the Base and increased Sum Insured are exhausted due to claims within the policy year.
- **Conditions:**
 - Re-fill applies only to specific sections (In-patient Care, Day Care Treatment, Domiciliary Hospitalization, Alternative Treatments, Living Organ Donor Transplant, Modern Treatments).
 - Only one re-fill is allowed per policy year.
 - Available on a floater basis for Family Floater Policies.
- **Exclusions:**
 - Unutilized re-fill amounts cannot be carried forward.
 - Not applicable under Family First Policy.

2. Pharmacy and Diagnostic Services

- **Coverage:** You can buy medicines or diagnostic services through the provider's website or app.
- **Conditions:**
 - Costs are borne by you.
 - Purchase is at your discretion.

3. Loyalty Additions

- **Coverage:** Increase in Sum Insured by 10% of the Base Sum Insured for continuous renewals or the 2nd policy year.
- **Conditions:**
 - Various rules apply for transferring Cumulative Bonus between Individual, Family Floater, and Family First Policies.
 - Adjustments to accumulated Cumulative Bonus based on policy changes.
- **Exclusions:** Not applicable for Health Check-up, Pharmacy & diagnostic services, Emergency assistance services, Second Medical Opinion, Child care benefits, and optional benefits.

4. HIV / AIDS

- **Coverage:** Indemnifies expenses for hospitalization related to HIV/AIDS.
- **Conditions:**
 - Includes opportunistic infections and requires a 48-month waiting period.
 - Pre and post-hospitalization expenses covered within specified limits.
- **Exclusions:**
 - Chronic conditions unrelated to immunity status or lifestyle diseases.

5. Emergency Assistance Services

- **Coverage:**
 - Medical referrals, emergency medical evacuation, medical repatriation, compassionate visits, care/transportation of minor children, return of mortal remains.
- **Conditions:**
 - Services provided within India, with travel over 150 km from residence and less than 90 days.
- **Exclusions:**
 - Services for planned medical treatments, outside India, war or criminal activities, self-inflicted injuries, certain conditions.

6. Mental Disorders Treatment

- **Coverage:** Inpatient treatment for Mental Illness up to the specified limit.
- **Conditions:**
 - Must be diagnosed by qualified professionals and treatment must be medically necessary.
 - Requires 36 months of continuous coverage.
- **Exclusions:**

- Conditions not clinically significant, self-inflicted injuries, and mental retardation.
- **Sub-limit: Coverage limited for specific disorders (e.g., severe depression, schizophrenia, bipolar disorder, etc.).**

Second Medical Opinion

Covered:

- For specified illnesses or planned surgeries.
- One second medical opinion per policy year.
- Arranged through the Service Provider.
- Not a prohibition against consulting other practitioners.

Not Covered:

- Liability for opinions or advice given by the Medical Practitioner.

Child Care Benefits

Covered:

- Vaccinations for children under 12 years.
- One consultation for nutrition and growth during vaccination visits.

Conditions:

- Specific vaccinations are covered based on age.

Specified Illness Cover (Outside India)

Covered:

- Medical expenses for specified illnesses if treatment occurs outside India, following a diagnosis within India.

Not Covered:

- Reimbursement for unapproved treatments or expenses related to travel or stay.

OPD Treatment and Diagnostic Services

Covered:

- OPD treatments, diagnostic services, and prescribed medicines.

Conditions:

- Treatments must be medically necessary and follow a practitioner's advice.
- Unused amounts under this benefit can be carried forward.

Emergency Medical Evacuation (Outside India)

Covered:

- Evacuation costs if local facilities are inadequate.
- Transportation of an attending Medical Practitioner if necessary.

Not Covered:

- Costs for accompanying persons or expenses already included in a scheduled trip.

Emergency Hospitalization (Outside India)

Covered:

- Medical expenses for hospitalization in an emergency condition.

Conditions:

- Hospitalization must be medically necessary and within specified regions.

Modern Treatments

Covered:

- Various advanced treatments and procedures, including robotic surgeries and stem cell therapy.

Special Condition:

- Limit on robotic surgeries, with specific exceptions.

Optional Benefits

Personal Accident Cover

Covered:

- Benefits for accidental death, permanent total disability, and permanent partial disability.

Conditions:

- Claims for permanent total disability and permanent partial disability have specific conditions and limits.
- Coverage ceases if a claim is made.

Critical Illness Cover

Covered:

- A range of critical illnesses including cancer, myocardial infarction, stroke, major organ transplants, and more.

Conditions:

- The illness must be diagnosed for the first time during the policy period and survive a 30-day survival period.

Critical Illnesses Covered

- 1. Fulminant Viral Hepatitis:**
 - Requires sub-massive to massive liver necrosis, rapid decrease in liver size, necrosis involving entire lobules, deteriorating liver function tests, deepening jaundice, and hepatic encephalopathy.
- 2. Aplastic Anemia:**
 - Diagnosed by a certified hematologist with bone marrow cellularity of less than 25% and at least two of the following: Absolute neutrophil count < 500/mm³, Platelets count < 20,000/mm³, Reticulocyte count < 20,000/mm³.
 - Must involve treatment for more than 3 consecutive months or a bone marrow/cord blood stem cell transplant.
- 3. Muscular Dystrophy:**
 - Requires diagnosis by a consultant neurologist and confirmation through laboratory, biochemical, histological, and electromyography evidence.
 - Results in the permanent inability to perform at least three of six Activities of Daily Living (washing, dressing, feeding, toileting, mobility, transferring).
- 4. Bacterial Meningitis:**
 - Must be diagnosed unequivocally by a consultant physician with cerebrospinal fluid analysis and culture.
 - Permanent objective neurological deficit must be present at least 3 months after diagnosis.

Coverage Conditions

- 1. Critical Illness Cover:**
 - Limited to one claim per lifetime for any and all policy periods.
 - Diagnosis must be verified by a medical practitioner.
 - Waiting periods apply, and claims for enhanced sums are subject to fresh waiting periods.
- 2. e-Consultation:**
 - Available for diagnosis or planned surgery during the policy period.
 - Must be requested through the insurance's call center or website.
 - Not a substitute for medical advice from a treating physician.
- 3. Premium Waiver:**
 - Extends policy coverage by 1 year if the policyholder dies or is diagnosed with a specified illness during the policy period.
 - Only available once in the lifetime of the policy.
- 4. Hospital Cash:**

- Paid for up to 30 days of hospitalization per policy year, for each continuous 24-hour period of hospitalization.
- 5. **Enhanced Geographical Scope for International Coverage:**
 - Extends coverage to include the USA & Canada, subject to additional waiting periods.

Exclusions

1. **Pre-existing Diseases:**
 - Excluded until the expiry of 48 months of continuous coverage after the inception of the first policy with the insurer.
2. **30-day and Specified Disease Waiting Periods:**
 - Exclude expenses related to certain illnesses or procedures within specified periods unless covered by accident or continuous coverage.
3. **Permanent Exclusions:**
 - Includes investigation & evaluation, rest cure, obesity/weight control treatments, change-of-gender treatments, cosmetic surgery, hazardous sports, breach of law, excluded providers, alcohol/substance abuse, dietary supplements, refractive error, unproven treatments, sterility and infertility, and maternity expenses.

These exclusions outline specific conditions under which the insurance policy will not provide coverage. Here's a summary of each exclusion:

1. **Ancillary Hospital Charges:** Costs for admission, discharge, administration, and other miscellaneous hospital fees not explicitly covered.
2. **Circumcision:** Not covered unless required for treating a disease or resulting from an accident.
3. **Conflict & Disaster:** Excludes treatment for injuries or illnesses related to nuclear, radiological emissions, war, terrorism, or similar situations.
4. **External Congenital Anomaly:** Excludes screening, counseling, or treatment related to external congenital anomalies.
5. **Dental/Oral Treatment:** Excludes treatment related to natural teeth and gingiva, except in case of an accident during hospitalization.
6. **Hormone Replacement Therapy:** Excludes treatment requiring hormone replacement therapy.
7. **Sexually Transmitted Infections & Diseases (other than HIV/AIDS):** Excludes treatment for sexually transmitted infections or diseases other than HIV/AIDS.
8. **Sleep Disorders:** Excludes treatment for conditions related to abnormal sleep patterns or behaviors.
9. **Medical Services Outside India:** Excludes treatment received outside of India.
10. **Unrecognized Physician or Hospital:** Excludes treatment by unrecognized medical practitioners or hospitals, or those not recognized by relevant

Indian authorities.

- 11. Artificial Life Maintenance:** Excludes maintenance of artificial life for individuals declared brain dead or in a vegetative state.
- 12. AYUSH Treatment:** Excludes any form of AYUSH treatments unless specifically mentioned elsewhere in the policy.
- 13. Permanent Exclusions for Personal Accident Cover:**
 - Suicide or self-inflicted injuries.
 - Treatment related to nuclear, radiological emissions, war, terrorism, etc.
 - Service in armed forces or police organizations.
 - Change of profession increasing risk.
 - Criminal activities or breaches of law.
 - Intoxicant abuse unless prescribed.
 - Participation in certain hazardous activities or adventure sports.
- 14. Permanent Exclusions for Critical Illness Cover:**
 - AYUSH treatments for covered critical illnesses.
 - Treatment related to nuclear, radiological emissions, war, etc.
 - Cosmetic or plastic surgery unless medically necessary.
 - Unproven treatments.
 - Hazardous or adventure sports.
 - Sterility and infertility treatments.
 - Maternity-related expenses.
 - Sexually transmitted infections & diseases (other than HIV/AIDS).
 - Treatment for substance abuse.
 - Breach of law.
 - Treatments in spas or similar establishments.
 - Unrecognized physician or hospital.
- 15. Personal Waiting Periods:** Conditions specified in the policy schedule will be subject to a 24-month waiting period, with coverage starting from the third policy year, provided continuous coverage is maintained.