

# Benefits Covered Under the Policy

## 1. Expenses to Reach Hospital (Ambulance)

- **Coverage:**
  - By road: Up to ₹2,000
  - By air: Up to ₹2,50,000 per hospitalization
- **Conditions:**
  - Applicable only when hospital admission claim is paid.
  - Use a registered ambulance or air ambulance provider. Air ambulance is available only for emergency care.

## 2. Expenses During Hospitalization (Hospital Admission)

- **Coverage:**
  - Expenses related to treatment if admitted for 2 hours or more.
  - Includes Angiography, Dialysis, Radiotherapy, Chemotherapy for cancer.
- **Exclusions:**
  - No coverage if admission was only for investigations (e.g., MRI, CT Scan).
  - Automation machine for peritoneal dialysis is not covered.
- **Important Terms:**
  - **Emergency Care:** Management for sudden and unexpected symptoms requiring immediate care.
  - **AYUSH Treatment:** Medical and hospitalization treatments under Ayurveda, Yoga, Naturopathy, Unani, Siddha, Homeopathy.

## 3. Modern Treatments Covered:

- Includes Uterine Artery Embolization, Immunotherapy, Balloon Sinuplasty, Stem Cell Therapy, Robotic Surgeries, etc.
- **Limit:** Maximum ₹1,00,000 per claim for robotic surgeries, except for specific surgeries.

## 4. Expenses Before and After Hospitalization (Pre & Post Hospitalization)

- **Coverage:**
  - Consultations, medicines, diagnostic tests 60 days before and 180 days after hospitalization.
  - Must be related to the condition for which hospitalization claim is paid.

## 5. Treatment at Home (Domiciliary Hospitalization)

- **Coverage:**
  - Treatment at home if:
    - No room available at the hospital or the insured cannot reach the hospital.
    - Minimum of 3 consecutive days of treatment received.
- **Important Terms:**
  - **Day Care Treatment:** Treatment under General or Local Anaesthesia in less than 24 hours due to technological advancement.

## **6. Organ Donor**

- **Coverage:**
  - Hospitalization expenses of the donor for harvesting the organ, only if the hospital admission claim is paid.

## **7. No Claim Bonus (NCB)**

- **Coverage:**
  - 10% of expiring policy base sum insured for every claim-free year, up to a maximum of 100%.
- **Conditions:**
  - Applies to the same policy type (individual or floater).
  - NCB can be carried over with policy changes as specified.

## **8. ReAssure**

- **Coverage:**
  - Unlimited sum insured after the first paid claim.
  - Maximum amount for any single claim is up to the base sum insured.

## **9. Health Checkup**

- **Coverage:**
  - Available once every policy year up to the amount specified in the policy schedule.
  - Tests must be taken within 7 days.

## **Claim Cost Sharing**

### **1. Co-payment**

- **Definition:** The percentage of the admissible claim amount that the policyholder bears.
- **Conditions:**
  - Does not apply to Ambulance and Health Check-up benefits.
  - Additional 10% co-payment if treated in a higher room category than eligible.

### **2. Annual Aggregate Deductible (Optional Benefit)**

- **Definition:** An aggregate amount incurred on hospital admission which the policyholder bears before the insurer starts paying.
- **Conditions:**
  - Deductible amount should be payable as per policy terms.
  - Deductible does not apply to Health Check-up benefits.
  - If opted, co-payment will not apply, except for higher room category admissions.

## **Exclusions Under the Policy**

### **1. Pre-existing Diseases (Code-Excl01)**

- **Exclusions:**
  - Expenses related to treatment of pre-existing diseases (PED) and direct complications excluded for 24 months from the first policy date.
  - Exclusion applies afresh if sum insured is increased.
  - Waiting period reduced if continuously covered as per IRDAI norms.
  - Coverage after 24 months subject to declaration and acceptance of PED.

## **2. Specified Disease/Procedure Waiting Period (Code–Excl02)**

- **Exclusions:**
  - Expenses related to specified conditions/surgeries excluded for 24 months from the first policy date.
  - Exclusion applies afresh if sum insured is increased.
  - Longer of PED or specified condition waiting periods apply.
  - Applies even if condition occurs post-policy or declared without specific exclusion.
  - Waiting period reduced if continuously covered as per IRDAI norms.
- **List of Specific Diseases/Procedures:**
  - Pancreatitis, cataract, glaucoma, hyperplasia of prostate, hemorrhoids, hernia, osteoarthritis, varicose veins, benign tumors, etc.

## **3. 30-day Waiting Period (Code–Excl03)**

- **Exclusions:**
  - Expenses related to any illness within 30 days from policy commencement, except accidents.
  - Exclusion does not apply if covered continuously for more than 12 months.
  - Applies to enhanced sum insured if applicable.

## **4. Investigation & Evaluation (Code–Excl04)**

- **Exclusions:**
  - Expenses for admission primarily for diagnostic or evaluation purposes.
  - Diagnostic expenses not related or incidental to current diagnosis and treatment.

## **5. Rest Cure, Rehabilitation, and Respite Care (Code–Excl05)**

- **Exclusions:**
  - Expenses for enforced bed rest and non-treatment admissions.
  - Custodial care and services for terminally ill individuals are excluded.

## **6. Obesity/Weight Control (Code–Excl06)**

- **Exclusions:**
  - Expenses for obesity surgery not meeting specific conditions:
    - Surgery on doctor's advice.
    - Supported by clinical protocols.
    - Member is 18+ years with BMI  $\geq 40$  or  $\geq 35$  with severe co-morbidities (e.g., obesity-related cardiomyopathy).

## **7. Change-of-Gender Treatments (Code–Excl07)**

- **Exclusions:**
  - Expenses related to treatments or surgeries for changing characteristics to those of the opposite sex.

## **8. Cosmetic or Plastic Surgery (Code–Excl08)**

- **Exclusions:**
  - Cosmetic/plastic surgery unless for reconstruction post-accident, burn, cancer, or medically necessary to remove immediate health risks.

## **9. Hazardous or Adventure Sports (Code–Excl09)**

- **Exclusions:**
  - Expenses for treatments due to participation in hazardous/adventure sports (e.g., sky diving, rock climbing).

## **10. Breach of Law (Code–Excl10)**

- **Exclusions:**
  - Expenses for treatment arising from committing or attempting to commit a criminal act.

## **11. Excluded Providers (Code–Excl11)**

- **Exclusions:**
  - Treatment expenses at excluded hospitals or providers, except up to the stage of stabilization in life-threatening situations.

## **12. Alcoholism, Drug or Substance Abuse (Code–Excl12)**

- **Exclusions:**
  - Treatments for alcoholism, drug abuse, or addictive conditions.

## **13. Treatments in Health Hydros, Spas, or Similar Establishments (Code–Excl13)**

- **Exclusions:**
  - Treatments at health hydros, spas, or similar establishments, including private beds at nursing homes.

## **14. Dietary Supplements and Non-Prescription Substances (Code–Excl14)**

- **Exclusions:**
  - Expenses for dietary supplements or non-prescription substances unless prescribed as part of hospitalization or day care procedure.

## **15. Refractive Error (Code–Excl15)**

- **Exclusions:**

- Expenses for treatment of refractive errors less than 7.5 diopters.

## **16. Unproven Treatments (Code–Excl16)**

- Exclusions:
  - Expenses for unproven treatments or procedures lacking significant medical documentation.

## **17. Sterility and Infertility (Code–Excl17)**

- Exclusions:
  - Expenses related to sterility, infertility, contraception, assisted reproduction services, gestational surrogacy, and reversal of sterilization.

## **18. Maternity Expenses (Code–Excl18)**

- Exclusions:
  - Medical treatment expenses related to childbirth (except ectopic pregnancy).
  - Expenses for miscarriage (unless due to an accident) and lawful termination of pregnancy.

## **Specific Exclusions Under the Policy**

### **1. Personal Waiting Periods**

- Exclusions:
  - Conditions specified in the Policy Schedule for an Insured Person will have a waiting period of 24 months from the inception of the first policy.

### **2. Uncovered Charges**

- Exclusions:
  - Charges related to hospital stays not expressly mentioned as covered, including RMO charges, surcharges, and service charges.

### **3. Circumcision**

- Exclusions:
  - Circumcision unless necessary for treating a disease or required due to an accident.

### **4. Conflict & Disaster**

- Exclusions:
  - Treatment for injuries or illnesses resulting from nuclear or radiological emissions, war or war-like situations, rebellion, or acts of terrorism.

### **5. External Congenital Anomaly**

- Exclusions:
  - Screening, counseling, or treatment related to external congenital anomalies.

## **6. Dental/Oral Treatment**

- **Exclusions:**
  - Treatment, procedures, and services related to natural teeth and gums, except for injuries sustained in an accident.

## **7. Hormone Replacement Therapy**

- **Exclusions:**
  - Treatment requiring hormone replacement therapy.

## **8. Multifocal Lens and Ambulatory Devices**

- **Exclusions:**
  - Costs related to multifocal lenses and ambulatory devices like walkers, crutches, splints, and stockings, as well as medical equipment used at home.

## **9. Sexually Transmitted Infections & Diseases (Other than HIV/AIDS)**

- **Exclusions:**
  - Screening, prevention, and treatment for sexually transmitted infections or diseases (excluding HIV/AIDS).

## **10. Sleep Disorders**

- **Exclusions:**
  - Treatment for conditions related to disturbances in normal sleep patterns or behaviors.

## **11. Treatment Outside India**

- **Exclusions:**
  - Any treatment or medical services received outside the geographical limits of India.

## **12. OPD Treatment**

- **Exclusions:**
  - Expenses incurred for outpatient treatment.

## **13. Unrecognized Physician or Hospital**

- **Exclusions:**
  - Treatment or medical advice from:
    - Unrecognized practitioners (not recognized by Medical Council of India or other relevant councils).
    - Individuals residing with the insured or who are immediate family members.
    - Hospitals or facilities not recognized by relevant authorities in India.

## **14. Intentional Self-inflicted Injury or Suicide**

- **Exclusions:**
  - **Costs related to intentional self-inflicted injuries or attempted suicide.**

## **15. Costs Not Reasonable and Customary**

- **Exclusions:**
  - **Costs deemed unreasonable or customary and treatments not considered medically necessary.**

## **16. Artificial Life Maintenance**

- **Exclusions:**
  - **Artificial life maintenance for individuals declared brain dead or in a vegetative state, demonstrated by:**
    - **Deep coma and unresponsiveness to all stimulation.**
    - **Absent pupillary light reaction.**
    - **Absent oculovestibular and corneal reflexes.**
    - **Complete apnea.**