

# Policy Benefits Overview

## General Information

- **Product Name:** GoActive™
- **Product UIN:** MAXHLIP21173V022021

## 3. Benefits Covered Under the Policy

a. **Coverage Description:** Benefits available under this policy are detailed below. Coverage includes Reasonable and Customary Charges for medical treatment or consultation incurred by the Insured Person during the Policy Period for Illness, Injury, or conditions contracted or sustained during the Policy Period. Benefits are subject to policy terms, conditions, exclusions, and any sub-limits as specified in the Policy Schedule.

b. **Benefits Summary:** A summary of benefits including optional benefits and respective limits is in the Product Benefit Table (Annexure IV). Exclusions and non-covered expenses are listed in Annexure II.

c. **Claims Process:** Claims must follow the process defined in Section 7.2 (XIII) (Claim Process & Requirements).

d. **Sum Insured Reduction:** Claims under most benefits, except for specific sections (3.8, 3.10, 3.11, 3.12, 4.3), will reduce the Sum Insured for that Policy Year. Remaining Sum Insured will be available for future claims in the same Policy Year.

e. **Sub-limits and Reductions:** Benefits under sections 3.8, 3.10, 3.11,

3.12, and 4.3 will have sub-limits or reductions in consultation/services after claims or utilization.

### 3.1. Inpatient Care

- **Coverage:** Medical expenses for hospitalization due to Illness or Injury during the Policy Period.
- **Conditions:**
  - Hospitalization must be Medically Necessary and advised by a Medical Practitioner.
  - Coverage includes Room Rent, Nursing Charges, Medical Practitioner's Fees, Physiotherapy, Diagnostics, Medicines, Intravenous Fluids, Operation Theatre Charges, Prosthetics, and ICU Charges.
  - If Room Rent exceeds the eligibility, only a pro-rated portion of expenses will be covered.
  - Visiting fees are only covered if included in the Hospital's bill.

### 3.2. Pre-hospitalization Medical Expenses

- **Coverage:** Medical expenses incurred up to 90 days before hospitalization, for the same condition as Inpatient Care, Day Care Treatment, or Domiciliary Hospitalization.
- **Conditions:**
  - Expenses are covered on a Reimbursement basis.

- Pre-hospitalization Physiotherapy is covered if advised by a Medical Practitioner and related to the current event leading to hospitalization.
- The Sum Insured for the Policy Year will be reduced.

### 3.3. Post-hospitalization Medical Expenses

- **Coverage:** Medical expenses incurred up to 180 days after hospitalization, for the same condition as Inpatient Care, Day Care Treatment, or Domiciliary Hospitalization.
- **Conditions:**
  - Expenses are covered on a Reimbursement basis.
  - Post-hospitalization Physiotherapy is covered if advised by a Medical Practitioner and related to the current event leading to hospitalization.
  - The Sum Insured for the Policy Year will be reduced.

### 3.4. Day Care Treatment

- **Coverage:** Medical expenses for Day Care Treatment, where treatment is Medically Necessary and advised by a Medical Practitioner.
- **Conditions:**
  - OPD Treatment and Diagnostic Services are not covered.
  - Covered Day Care Treatments are listed in Annexure VI.

### 3.5. Home Health Care Services and Domiciliary Hospitalization

- **Coverage:** Reimbursement for Medical Expenses incurred for Domiciliary Hospitalization or Home Health Care Services.
- **Conditions:**
  - Domiciliary Hospitalization must last at least 3 consecutive days and be confirmed as necessary by a Medical Practitioner or due to unavailability of a hospital bed.
  - Home Health Care Services must be agreed upon with the Medical Practitioner and provided through empanelled Service Providers.
  - Home Health Care Services are available in selected cities only. Contact or check the website for updates.

### 3.6. Living Organ Donor Transplant

- **Coverage:** Medical expenses for a living organ donor's Inpatient treatment for organ harvesting.
- **Conditions:**
  - The donation must comply with The Transplantation of Human Organs Act 1994 and amendments.
  - The recipient must have a claim accepted under Inpatient Care.
  - Excludes expenses related to stem cell donation (except Bone Marrow Transplant), donor's pre and

post-hospitalization expenses, and non-medical treatments.

### 3.7. Emergency Ambulance

- **Coverage:** Reimbursement for ambulance expenses due to an emergency.
- **Conditions:**
  - Must be required for immediate transport to or between hospitals for necessary treatment.
  - One transfer per hospitalization.
  - Service must be from a healthcare or ambulance provider.
  - Coverage limited to the amount specified in the Policy Schedule.
  - Not covered for transfers for evaluation purposes.

### 3.8. Health Checkup / Diagnostic Tests

- **Coverage:** Health checkups or diagnostic tests through empanelled providers.
- **Conditions:**
  - Must be requested through the mobile app or website.
  - Available if the Insured Person is over 18.
  - Unused benefits cannot be carried over to the next year.

- Diagnostic tests can be done at any center if specified in the Policy Schedule.

### 3.9. Re-fill Benefit

- **Coverage:** Refill up to 100% of the Base Sum Insured if exhausted by claims.
- **Conditions:**
  - Only for subsequent claims, not for the same illness or injury for which a claim has been paid.
  - Available on a floater basis for Family Floater Policies.
  - Unused refill amounts cannot be carried over.
  - Maximum liability for a single claim after applying this benefit is limited to the Base Sum Insured.

### 3.10. Second Medical Opinion

- **Coverage:** Obtain a second opinion for specified illnesses or planned surgeries.
- **Conditions:**
  - Requested through the mobile app or website.
  - Available once per Policy Year for the same illness or surgery.
  - The Insured Person is free to consult other practitioners and act on the opinion received.
  - Not valid for medicolegal purposes.

### 3.11. OPD Consultation

- **Coverage:** OPD consultations as specified in the Policy Schedule.
- **Conditions:**
  - Available through cashless or reimbursement basis.
  - Maximum limit per consultation and cumulative number of consultations apply.
  - Unused consultations cannot be carried over to the next year.

### 3.12. Behavioral Assistance Program

- **Coverage:** Counseling sessions via telephone for various concerns.
- **Conditions:**
  - Number of consultations as specified in the Policy Schedule.
  - Available only through empanelled providers.
  - Unused consultations cannot be carried over to the next year.

### 3.13. Pharmacy and Diagnostic Services

- **Coverage:** Purchase of medicines and diagnostic services from empanelled providers.
- **Conditions:**
  - Costs are borne by the Insured Person.
  - Purchase is at the Insured Person's discretion.

### 3.14. AdvantAGE

- **Coverage:** 10% discount on premiums if the eldest Insured Person is 35 years or younger at the inception of the first policy.
- **Conditions:**
  - Discount applies if the policy is converted to a Family Floater with certain conditions on age.

### 3.15. Alternative Treatments

- **Coverage:** Medical expenses for alternative treatments (Ayurveda, Unani, Sidha, Homeopathy).
- **Conditions:**
  - Must be in an AYUSH hospital.
  - Pre- and post-hospitalization expenses for alternative treatments are covered.
  - Certain permanent exclusions do not apply.

### 3.16. Modern Treatments

- **Coverage:** Various modern treatments and procedures.
- **Conditions:**
  - Includes procedures like robotic surgeries, stem cell therapy, and more.
  - Pre- and post-hospitalization expenses covered under sub-limits.
  - Specific limits for robotic surgeries.

### Optional Benefits



## 4.1. I-Protect

- **Coverage:** Increase in Sum Insured by 10% each Policy Year.
- **Conditions:**
  - Option available at inception, not at renewal.
  - Accumulated increases apply if policy is renewed without a break.

## 4.2. Health Coach

- **Coverage:** Personalized health coaching.
- **Conditions:**
  - Unlimited coaching sessions through a mobile app.
  - Insured Person must register and use the app for coaching.

## 1. Health Score

- **Calculation:** Points are awarded for completing tasks and performance metrics, such as signing up, taking health assessments, tele-consultations, and more.
- **Discounts:** Based on the annual Health Score, renewal premium discounts range from 0% to 20%.

## 2. Personal Accident Cover

- **Accident Death:** Provides benefits if the insured dies within 365 days of an accident.

- **Permanent Total Disability (PTD):** Covers severe disabilities that impair daily living or result in loss of limbs or sight.
- **Permanent Partial Disability (PPD):** Provides benefits for partial disabilities based on a set percentage of the cover amount.

### 3. Claim Cost Sharing Options

- **Annual Aggregate Deductible:** The insured must cover an amount specified in the policy before the insurer starts paying.
- **Co-payment:** A percentage of the claim amount is shared by the insured, with certain exclusions for specific benefits.

### 4. Exclusions

- **Pre-existing Diseases:** Treatment for pre-existing conditions is excluded for 36 months.
- **Specified Diseases/Procedures:** Certain conditions and treatments are excluded for 24 months.
- **30-day Waiting Period:** Expenses related to illness within 30 days of policy commencement are excluded, except for accidents.
- **Other Exclusions:** Include investigations for evaluation, rest cure, obesity/weight control, gender change treatments, and cosmetic surgery.

## General Exclusions

- 1. Hazardous or Adventure Sports (Code-Excl09):** Costs related to injuries from participating in professional hazardous or adventure sports like para-jumping, rock climbing, or scuba diving are not covered.
- 2. Breach of Law (Code-Excl10):** Expenses arising from committing or attempting to commit a criminal act are excluded.
- 3. Excluded Providers (Code-Excl11):** Treatment from providers specifically excluded by the insurer, except in life-threatening situations up to stabilization, is not covered.
- 4. Addiction Treatments (Code-Excl12):** Treatments for alcoholism, drug abuse, or any addictive condition are not covered.
- 5. Nature Cure Clinics (Code-Excl13):** Treatments in health hydros, nature cure clinics, or similar establishments are excluded.
- 6. Dietary Supplements (Code-Excl14):** Costs for dietary supplements that can be bought without a prescription are not covered unless prescribed as part of hospitalization.
- 7. Refractive Error (Code-Excl15):** Treatment for refractive error of less than 7.5 dioptries is excluded.

8. **Unproven Treatments (Code-Excl16):** Costs for treatments without significant medical documentation to support effectiveness are not covered.
9. **Sterility and Infertility (Code-Excl17):** Treatments related to sterility, infertility, contraception, and reproductive technologies are excluded.
10. **Maternity (Code-Excl18):** Expenses related to childbirth, miscarriage (unless due to an accident), and lawful medical termination of pregnancy are excluded.

### Specific Exclusions

1. **Personal Waiting Periods:** Some conditions require a 24-month waiting period from the first policy for coverage.
2. **Ancillary Hospital Charges:** Charges not explicitly covered, such as RMO or service charges, are excluded.
3. **Circumcision:** Excluded unless necessary for treating a disease or due to an accident.
4. **Conflict & Disaster:** Injuries or illnesses resulting from nuclear, radiological emissions, war, rebellion, or terrorism are not covered.
5. **External Congenital Anomaly:** Screening or treatment related to external congenital anomalies is excluded.

6. **Dental/Oral Treatment:** Excludes most dental treatments unless related to an accident.
7. **Hormone Replacement Therapy:** Treatment requiring hormone replacement therapy is not covered.
8. **Multifocal Lens and Ambulatory Devices:** Costs for such devices and home medical equipment are excluded.
9. **Sexually Transmitted Infections (other than HIV/AIDS):** Excludes screening, prevention, and treatment for sexually transmitted infections other than HIV/AIDS.
10. **Sleep Disorders:** Treatment for sleep disorders is not covered.
11. **Geographical Limitations:** Treatment outside India is excluded.
12. **Unrecognized Providers:** Treatment by unrecognized or unauthorized medical practitioners or facilities is excluded.
13. **Artificial Life Maintenance:** Costs for maintaining artificial life in cases of brain death or vegetative state are excluded.
14. **AYUSH Treatment:** Excludes AYUSH treatments except as specified.
15. **Personal Accident Cover:** Excludes claims related to suicide, war, military service, criminal activities, intoxication, and hazardous activities.

