

Coverage Details

1. In-Patient Hospitalization Expenses

- **Room Rent/Boarding & Nursing:** Costs associated with hospital room rent, boarding, and nursing care.
- **ICU Rent/Boarding & Nursing:** Charges for ICU room, boarding, and nursing.
- **Professional Fees:** Surgeon, anesthetist, nurses, and specialists' fees.
- **Medical Procedures:** Cost of operation theatre use, diagnostic tests, medicines, blood, oxygen, and prosthetic or other medical devices implanted during surgery.

2. Pre-Hospitalization Medical Expenses

- **Medical expenses incurred in the 30 days before hospitalization for the same condition, provided the claim is accepted under in-patient hospitalization.**

3. Post-Hospitalization Medical Expenses

- **Medical expenses incurred in the 60 days after discharge for the same condition, provided the claim is accepted under in-patient hospitalization.**

4. Day Care Treatment

- **Medical expenses for treatments that require hospitalization for less than 24 hours, including**

treatment in a day care center.

Waiting Period & Exclusions

1. Standard Waiting Period

- **Pre-existing Diseases (PED):** Excludes expenses for pre-existing conditions and their complications until 36 months of continuous coverage. For sum insured increases, the exclusion applies to the increased amount. Waiting periods are reduced if continuously covered as per IRDAI portability norms.
- **Specified Disease/Procedure:** Excludes certain treatments until 24 months of continuous coverage. Includes conditions such as cataract, hysterectomy, knee replacement, varicose veins, and others.
- **30-day Waiting Period:** Excludes treatment for any illness within 30 days of the policy commencement, except for accidents. Waiting periods apply to any enhanced sum insured.

2. Standard Exclusions

- **Investigation & Evaluation:** Expenses for diagnostic and evaluation purposes only.
- **Rest Cure, Rehabilitation, and Respite Care:** Costs related to bed rest, custodial care, and services for terminally ill individuals.

- **Obesity/Weight Control:** Excludes surgical treatment of obesity unless specific conditions are met.
- **Change-of-Gender Treatments:** Costs related to gender change treatments.
- **Cosmetic or Plastic Surgery:** Excludes cosmetic surgeries unless required for reconstruction due to accidents, burns, or cancer.
- **Hazardous or Adventure Sports:** Excludes expenses from professional participation in hazardous sports.
- **Breach of Law:** Excludes treatment resulting from criminal activity.
- **Excluded Providers:** Treatment from providers listed as excluded by the insurer, except for life-threatening situations up to stabilization.
- **Alcoholism, Drug Abuse:** Excludes treatment for substance abuse and related conditions.
- **Hydros/Nature Cure Clinics:** Excludes treatments at health hydros or spas.
- **Dietary Supplements:** Excludes non-prescription supplements unless prescribed during hospitalization or day care.
- **Refractive Error:** Excludes treatment for refractive errors less than 7.5 diopters.

- **Unproven Treatments:** Excludes treatments lacking significant medical documentation.
- **Sterility and Infertility:** Excludes costs related to sterility and infertility treatments.
- **Maternity:** Excludes expenses related to childbirth, miscarriage, and pregnancy termination (except ectopic pregnancy).

3. Specific Exclusions

- **Domiciliary Hospitalization:** Excludes home-based hospitalization expenses.
- **Co-payment:** Applies to those above 80 years with a 10% co-pay.
- **Aggregate Deductible:** Excludes claims within the deductible limit mentioned in the policy.
- **War and Related Events:** Excludes claims arising from war, nuclear, or chemical incidents.
- **Intentional Self-Injury:** Excludes claims from intentional self-injury or suicide.
- **Military or Air Force Operations:** Excludes claims related to military or air force activities.
- **Investigative Treatment for Certain Conditions:** Excludes treatments for conditions like sleep-apnea and spinal subluxation.
- **Congenital Diseases:** Excludes treatment for congenital external diseases.

- **Stem Cell Harvesting:** Excludes expenses for stem cell harvesting.
- **Circumcisions:** Excludes unless necessitated by illness or injury.
- **Convalescence, Sanatorium, Private Duty Nursing:** Excludes long-term care, private duty nursing, and sanatorium treatment.
- **Preventive Care:** Excludes preventive care and nutritional supplements unless required due to a covered claim.
- **Vaccinations:** Excludes vaccination expenses except post-bite treatment.
- **Non-Medical Expenses:** Excludes costs like food charges, laundry, and baby utilities.
- **Treatment by Unlicensed Practitioners:** Excludes treatment by practitioners outside their licensed discipline or family members.
- **Outpatient Treatment:** Excludes outpatient treatment.
- **Hearing Aids, Spectacles:** Excludes costs for hearing aids and vision correction lenses.
- **Alopecia and Hair Treatments:** Excludes treatment for hair loss and non-surgical hair replacement methods.
- **Reasonable and Customary Charges:** Excludes treatments not deemed reasonable, customary,

or medically necessary.

- **Artificial Limbs and External Equipment:** Excludes prosthetics and external durable medical equipment unless used intraoperatively.
 - **Non-Disclosure:** Excludes claims arising from non-disclosure of pre-existing conditions or material facts.
 - **Ambulance Charges:** Excludes ambulance charges.
 - **Donor Costs:** Excludes costs for donor screening and organs.
 - **Alternative Treatments:** Excludes alternative treatments.
 - **Aerial Activities:** Excludes expenses from activities while flying or participating in aerial activities, except as a passenger.
 - **These standard terms and clauses outline essential provisions in an insurance policy. Here's a summary of each section:**
- 4. Disclosure of Information:** The policy will be void, and all premiums paid will be forfeited if the policyholder misrepresents, misdescribes, or fails to disclose any material fact.
- 5. Condition Precedent to Admission of Liability:** The insurer will only pay claims if the insured

person has met all policy terms and conditions.

6. Complete Discharge: Payment to any party under the policy will discharge the insurer's liability to that extent for the particular claim.

7. Multiple Policies:

- **An insured person can choose which policy to use for a claim.**
- **Claims can be preferred under this policy for amounts disallowed by other policies.**
- **If the claim exceeds the sum insured under one policy, the insured person can claim the balance from another insurer.**
- **Indemnity for treatment costs will be according to the terms of the chosen policy.**

8. Fraud: All benefits and premiums will be forfeited for fraudulent claims. Any fraudulent claims already paid must be repaid. Fraud includes false statements or concealment of facts with intent to deceive.

9. Cancellation:

- **The policyholder can cancel the policy with 15 days' notice, with a partial refund based on the time of cancellation.**
- **The company can cancel the policy on grounds of misrepresentation, non-disclosure, or fraud without a refund.**

10. Premium Payment in Installments:

- **Grace periods are provided for late payments.**
- **Coverage is suspended during the grace period.**
- **Outstanding premiums may be deducted from claim amounts.**
- **No refunds are available if a claim is made or has been lodged.**

11. Free Look Period: New policies have a 15-day period during which they can be reviewed and returned for a refund, minus certain costs.

12. Renewal of Policy:

- **The policy is renewable except in cases of fraud or misrepresentation.**
- **Renewal notices are not mandatory, but the policy can be renewed within a 30-day grace period.**

13. Portability: Insured persons can port their policy to another insurer, maintaining continuity benefits, provided they apply within specified times.

14. Migration: Policyholders can migrate to other products/plans offered by the same insurer, retaining continuity benefits if they apply 30 days before renewal.

15. Moratorium Period: After 8 continuous years under the policy, no health insurance claims will

be contestable except for fraud or permanent exclusions.

16. Claim Settlement:

- **Claims will be settled or rejected within 30 days of receiving all documents.**
- **Interest is payable for delays beyond stipulated times.**

17. Withdrawal of Policy:

- **If the policy is withdrawn, notice will be given 90 days prior.**
- **Insured persons can migrate to similar products with accrued benefits.**

18. Revision of Terms: The insurer may revise policy terms and premiums with IRDAI approval, notifying insured persons three months in advance.

19. Nomination: Policyholders must nominate a person for claim payment, and changes must be communicated to the insurer.

20. Grievance Redressal: Provides contact details and procedures for addressing grievances, including escalation levels and the option to approach the Insurance Ombudsman or IRDAI.

