

# **Medical Tests Covered in Annual Health Check-up and Related Benefits**

## **Annual Health Check-Up Tests**

**For Insured Persons Below 18 Years:**

- 1. Care 1:**
  - **Complete Blood Count (CBC)**
  - **ESR**
  - **ABO Group & Rh Type**
  - **Urine Routine**
  - **Stool Routine**
- 2. Care 2, Care 3, Care 8:**
  - **Complete Blood Count with ESR**
  - **Urine Routine**
  - **Blood Group**
  - **Fasting Blood Sugar**
  - **Serum Cholesterol**
  - **SGPT**
  - **Serum Creatinine**
  - **ECG**
- 3. Care 4, Care 5, Care 9:**
  - **Complete Blood Count with ESR**
  - **Urine Routine**
  - **Blood Group**
  - **Fasting Blood Sugar**
  - **Lipid Profile**
  - **Kidney Function Test**
  - **ECG**
- 4. Care 6:**
  - **Complete Blood Count with ESR**
  - **Urine Routine**
  - **Blood Group**
  - **Fasting Blood Sugar**
  - **Lipid Profile**
  - **Treadmill Test (TMT)**
  - **Kidney Function Test**
- 5. Care 7:**
  - **Lung Function Test**
  - **Cardiac Markers**
  - **Treadmill Test (TMT)**
  - **ECG**
  - **Complete Blood Count (CBC)**
  - **ESR**
  - **ABO Group & Rh Type**
  - **Urine Routine**
  - **Stool Routine**

- Liver Function Test (S Bilirubin, SGPT, SGOT, GGT, Alkaline Phosphatase, Total Protein, Albumin, Globulin)
- Lung Function Markers
- HbA1c
- Imaging Tests (X-Ray – Chest, Ultrasound Abdomen)
- Cholesterol (LDL, HDL, Triglycerides, VLDL)
- Kidney Function Test (Creatinine, Blood Urea Nitrogen, Uric Acid)
- Physical Examination (Height, Weight, BMI), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)

#### **Benefit 13: Vaccination Cover**

- **Eligible Vaccinations for Insured Persons Up to 18 Years:**
  - DPT (Diphtheria, Pertussis, Tetanus Toxoid)
  - BCG (Bacillus Calmette Guerin)
  - OPV (Oral Polio Vaccine)
  - Hepatitis B
  - Measles
  - TT (Tetanus Toxoid)
  - JE (Japanese Encephalitis)
  - Hib (Hib Pentavalent)
  - Pneumonia and Hib

#### **Benefit 14: Care Anywhere**

- **Coverage for Major Illness/Injury Treatment Outside India:**
  - **Covered Conditions:**
    1. Benign Brain Tumor
    2. Cancer
    3. Coma
    4. Coronary Artery Bypass Graft
    5. End Stage Lung Disease
    6. End Stage Renal Failure
    7. Heart Valve Replacement
    8. Major Burns
    9. Major Organ Transplant
    10. Myocardial Infarction
    11. Stroke
    12. Total Blindness
  - **Conditions:**
    - Covers only 'In-patient Care' or 'Day Care Treatment.'
    - Pre-Hospitalization and Post-Hospitalization expenses are not covered.
    - The rate of exchange published by the Reserve Bank of India (RBI) will be used for conversion.
    - Prior written notice of at least 7 days is required.

## **Benefit 15: Maternity Cover**

- **Coverage:**
  - **Hospitalization for Delivery:** Up to the amount specified in the Policy Schedule.
  - **Conditions:**
    - Claims for maternity expenses are only admissible after 24 months from the inception of the first policy.
    - Voluntary medical termination of pregnancy during the first 12 weeks is not covered.
    - Ectopic pregnancy expenses are not covered but are covered under Benefit 1 (Hospitalization Expenses).
    - Involuntary medical termination of pregnancy as per MTP Act, 1971, is covered.

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  - ECG
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- Blood Group
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- **Optional Covers for Travel Insurance**
- **3.1 Optional Cover 1: Global Coverage – Total**
- This cover extends the geographical scope of Benefit 11 (Global Coverage) to include the United States of America. It includes the following features:
  1. **Coverage Duration:**
    - Single Trip: Up to 45 continuous days from the date of travel.
    - Cumulative Basis: Up to 90 days in a Policy Year.
  2. **Benefits Under Optional Cover 1:**
    - **Worldwide In-Patient Cover (for Emergency):**
      - Covers medical expenses for in-patient treatment required due to an injury or illness, including a 'Single Private Room' during hospitalization.
      - Coverage up to the Sum Insured or Rs. 20 Lakhs (whichever is lesser).
      - Deductible: Rs. 5,000 per claim.
      - Exclusions: Day Care Treatment, Pre-Hospitalization, and Post-Hospitalization expenses.
    - **Worldwide OPD Cover (for Emergency):**
      - Covers out-patient treatment expenses up to the Sum Insured or Rs. 20 Lakhs (whichever is lesser).
      - Deductible: Rs. 5,000 per claim.
    - **Loss of Passport:**

- Covers up to 1% of the Sum Insured or Rs. 20,000 (whichever is lesser) for obtaining a duplicate or new passport.
- Deductible: Rs. 2,500 per claim.
- Additional Documents Required:
  - Copy of the police report.
  - Details of attempts to trace the passport.
  - Statement of claim for expenses incurred.
  - Original receipt for charges for a new or duplicate passport.
- Loss of Checked-in Baggage:
  - Covers replacement of lost baggage and its contents up to 1% of the Sum Insured or Rs. 20,000 (whichever is lesser).
  - Conditions:
    - Coverage starts after baggage is entrusted to the Common Carrier and ends at the destination.
    - If more than one piece of baggage is lost, the liability is limited to 0.5% of the Sum Insured or Rs. 10,000 (whichever is lesser).
    - If the baggage is subsequently found, the amount paid must be refunded.
  - Additional Documents Required:
    - Property irregularity report.
    - Voucher of the Common Carrier for compensation.
    - Copies of correspondence with the Common Carrier.
- Repatriation of Mortal Remains:
  - Covers costs for repatriation of mortal remains or local burial/cremation up to the Sum Insured or Rs. 20 Lakhs (whichever is lesser).
  - Additional Documents Required:
    - Documentation related to death and repatriation.
- Medical Evacuation:
  - Covers emergency medical evacuation expenses.
- 3.2 Optional Cover 2: Travel Plus
- Coverage Details:
- 3. Loss of Passport:
  - Covers up to 1% of the Sum Insured or Rs. 20,000 (whichever is lesser) for obtaining a duplicate or new passport.
  - Deductible: Rs. 2,500 per claim.
  - Additional Documents Required:
    - Copy of the police report.
    - Details of attempts to trace the passport.
    - Statement of claim for expenses incurred.
    - Original receipt for obtaining a new or duplicate passport.
- 4. Loss of Checked-in Baggage:
  - Covers up to 1% of the Sum Insured or Rs. 20,000 (whichever is lesser) for loss of baggage and its contents.
  - Conditions and Additional Documents Required:
    - Similar to Optional Cover 1.
- 5. Repatriation of Mortal Remains:
  - Similar to Optional Cover 1.

- **Exclusions Applicable:**
- Partial loss or damage to items in baggage.
- Loss due to delay, detention, or customs confiscation.
- Loss of baggage sent in advance or shipped separately.
- Valuables such as electronic equipment, jewelry, and antiques.

## **Medical Evacuation Coverage**

- **Indemnity Limit:** Up to the Sum Insured or Rs. 20 Lakhs, whichever is lesser.
- **Coverage:** Includes reasonable costs for medical evacuation in an emergency via ambulance, air ambulance, or other transportation to the nearest hospital, including necessary medical care en-route.
- **Conditions:**
  - Medical Practitioner must certify that emergency evacuation is warranted.
  - Covers transportation to the nearest appropriate hospital, not between hospitals.
  - Cashless facility is preferred and must be pre-approved. If not cashless and the Insured Person arranges evacuation themselves due to a life-threatening condition, costs will be reimbursed as per policy terms.
  - Claim under this benefit must be related to a claim under Worldwide In-Patient Cover.

## **Required Documentation for Claims**

- **For Death:**
  - Death certificate, postmortem certificate (if conducted), proof of expenses for disposal of mortal remains, and receipts for preparation, packing, and transportation.
- **For Medical Evacuation:**
  - Medical reports, transportation details from the evacuation agency, prescriptions, medical reports from the attending Medical Practitioner, and proof of evacuation expenses.

## **Additional Clauses**

- **Deductibles:** Deductibles apply as specified in the Policy Schedule and will be deducted from the claim amount.
- **No Claims Bonus:** Provides a flat 50% increase in Sum Insured for every completed Policy Year without a claim. This bonus can be reduced by 50% of the Sum Insured in the next Policy Year if a claim is made.
- **Exclusions:**
  - Medical treatment outside the Country of Residence if it's the sole reason for travel.
  - Non-medically necessary treatments, orthopedic diseases (except fractures), degenerative or oncological diseases, spa treatments, prosthetics, traveling against medical advice, or participation in certain activities like wars or peacekeeping operations.

## **Optional Covers**

- **No Claims Bonus Super:** Provides additional coverage based on the absence of claims in previous years.
- **Unlimited Automatic Recharge:** Extends the coverage limit without affecting the total Sum Insured.
- **Everyday Care:** Covers out-patient consultations, diagnostic examinations, and pharmacy expenses up to a specified amount with co-payment.
- **Personal Accident:** Covers accidental death and permanent total disablement with specified payouts.
- **International Second Opinion:** Provides a second medical opinion for conditions diagnosed outside India.
- **Additional Sum Insured for Accidental Hospitalization:** Offers extra coverage in case of accidental hospitalization after the initial Sum Insured is exhausted.
- **Air Ambulance Cover:** Reimburses costs for air ambulance services within India if certified necessary by a Medical Practitioner.

## **Waiting Periods and Exclusions Summary**

### **Waiting Periods**

#### **1. First 30-Day Waiting Period (Code: Excl03)**

- a) Expenses related to treatment of any illness within 30 days from the first policy commencement date are excluded, except for accidents if covered. This period applies to the enhanced sum insured if the sum insured is increased subsequently.
- b) Does not apply if the Insured Person has Continuous Coverage for more than 12 months.

#### **2. Specific Waiting Period (Code: Excl02)**

- a) Expenses related to the listed conditions, surgeries/treatments are excluded until the expiry of 24 months of continuous coverage after the policy's inception. This does not apply to accident-related claims. Exclusions apply afresh to the enhanced sum insured. The longer of waiting periods for specific diseases or pre-existing diseases applies.
- b) Waiting period for listed conditions applies even if contracted after the policy or declared without a specific exclusion.
- c) Continuous coverage without breaks under portability norms reduces the waiting period to the extent of prior coverage.

#### **3. Pre-existing Disease (Code: Excl01)**

- a) Expenses related to pre-existing diseases (PED) and their direct complications are excluded for 48 months of continuous coverage from the policy inception. The waiting period is reduced if continuous coverage is maintained under portability norms.
- b) Coverage after 48 months is subject to declaration and acceptance by the Insurer.

### **Exclusions**

#### **1. Permanent Exclusions**



- a) Expenses for treatments or conditions listed in the Non-Medical Items (Annexure – II).
- b) Expenses for admissions primarily for diagnostics, evaluation, or rest cure, including:
  - Custodial care
  - Services for terminally ill
- c) Obesity/Weight Control, Change-of-Gender treatments, Cosmetic/Plastic Surgery, Hazardous/Adventure sports, Breach of Law, and other specific exclusions.
- d) Treatments for alcoholism, drug or substance abuse, and similar conditions.
- e) Dietary supplements, unproven treatments, infertility treatments, maternity-related expenses, and more.
- f) Certain preventive care, external prosthetics, mental health conditions, and others.

## 2. Portability and Migration

- a) The waiting periods are reduced based on prior continuous coverage with a previous insurer, but apply afresh to any sum insured increase.
- b) If coverage is on a Floater basis with the expiring policy, sum insured credit is applied on a Floater basis. If not, it's applied on an individual basis.
- c) If a claim is reported during an extended policy period (if portability outcome is awaited), the policyholder must pay the additional premium for the extension.

## Claims Process Summary

### 1. Cashless Facility:

- **Health Card:** Insured Person must present their health card and valid photo ID at the network provider.
- **Pre-Authorization:** A pre-authorization form must be filled and signed by the insured person and the treating medical practitioner. It must be submitted electronically by the network provider to the company.
- **Company's Approval:** The company will confirm authorization or rejection. If approved, payment for covered medical expenses will be made directly to the network provider. If the cost exceeds the approved limit, a request for enhancement of the authorization limit can be made.

### 2. Reimbursement Facility:

- **Documents:** The insured must submit various documents, including a duly filled claim form, medical reports, hospital bills, and more within 15 days of discharge.
- **Reimbursement Request:** Claims should be filed promptly. The company may examine delayed submissions based on merits.

### 3. Duties of the Claimant:

- Notify the company within 48 hours of an illness or injury.
- Provide all necessary documentation and information.
- Comply with the company's requests for medical examinations or inspections.
- Ensure all policy terms, including waiting periods and exclusions, are met.

### 4. Claim Settlement:

- For cashless claims, payment will be made directly to the network provider. For reimbursement, payment will be made to the policyholder or nominee.

- Claims incurred outside India require specific procedures and are subject to additional cover details.

5. **Claim Rejection:**

- If the company does not authorize cashless treatment, the insured must pay the network provider and can then file for reimbursement.

6. **Additional Notes:**

- The company may modify the list of network providers or the extent of cashless facilities available.
- The company will accept only bills in the insured person's name and may waive certain documents depending on the case.