

## **General Conditions Applicable To All Benefits And Optional Benefits**

### **1. Total Sum Insured Limitations**

- The maximum, total, and cumulative liability of the Company for any and all Claims in a Policy Year shall not exceed the Total Sum Insured for that Insured Person.
- On Floater Basis, the Company's maximum, total, and cumulative liability for any and all Claims in a Policy Year for all Insured Persons shall not exceed the Total Sum Insured.
- For any single Claim in a Policy Year, the maximum Claim amount payable shall include Sum Insured, No Claims Bonus, Automatic Recharge, OPD Care (Optional Benefit), and Home Care (Optional Benefit).

### **2. Claims Payable Conditions**

- All Claims shall be subject to the terms, conditions, exclusions, sub-limits, and wait periods of the Policy and the availability of the Total Sum Insured.
- The Company's liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.

### **3. Co-payment and Deductibles**

- Co-payment proportion specified in the Policy Schedule shall be borne by the Policyholder/Insured Person on each Claim applicable to:
  - Benefit 1 (Hospitalization Expenses)
  - Benefit 2 (Pre and Post Hospitalization Medical Expenses)
  - Benefit 3 (Alternative Treatments)
  - Benefit 4 (Ambulance Cover)
  - Benefit 5 (Domiciliary Hospitalization)
- Deductible if opted is applicable on the above-mentioned Benefits.
- Any Claim paid under these Benefits shall reduce the Sum Insured for the Policy Year and only the balance shall be available for future claims for that Policy Year.

### **4. Pre-conditions for Specific Benefits**

- Admissibility of a Claim under Benefit "Hospitalization Expenses" is a pre-condition to the admission of Claims under Pre and Post Hospitalization Medical Expenses, Alternative Treatment, Ambulance Cover, Automatic Recharge, and Home Care.
- If the Insured Person suffers a relapse within 45 days from the date of last discharge/consultation from the Hospital, such relapse shall be deemed to be part of the same Claim.

### **5. Mid-term Inclusion of a Person**

- Option of mid-term inclusion of a Person in the Policy will be only upon marriage, with additional differential premium calculated on a pro-rata basis.

### **6. Coverage Limits for Optional Benefits**

- Coverage amount limits for Benefits 'OPD Care' and 'Home Care' are covered over and above the 'Sum Insured'.
- Optional covers opted are available for all members in a floater policy. If Insured persons belonging to the same family are covered on an Individual basis, each can opt for different Sum Insured and different Optional Benefits.

### **7. No Claims Bonus Accrual**

- Claims made under Benefits such as Cardiac Health Check-up, OPD Care (Optional Benefit), International Second Opinion (Optional Benefit), Active Health Check-up

(Optional Benefit), and Home Care (Optional Benefit), will not affect the no claims bonus accrual under Benefit: No Claims Bonus.

**8. In-patient Care**

- The Company will indemnify the Insured Person for Medical Expenses incurred towards Hospitalization through Cashless or Reimbursement Facility, maximum up to the Sum Insured, provided the Hospitalization is for a minimum period of 24 consecutive hours, prescribed in writing by a Medical Practitioner, and the Medical Expenses are Reasonable and Customary Charges that were Medically Necessary.

**9. Day Care Treatment**

- The Company will indemnify the Insured Person for Medical Expenses incurred on Day Care Treatment through Cashless or Reimbursement Facility, maximum up to the Sum Insured, provided the Day Care Treatment is listed as per Annexure-I to Policy Terms & Conditions, does not exceed 24 hours, and was prescribed in writing by a Medical Practitioner.

## **Specific Conditions**

**1. Hospitalization Expenses**

- Room/Boarding and nursing expenses as charged by the Hospital.
- ICU Charges as specified in the Policy Schedule.
- Expenses incurred for specific treatments like Cataract, Knee Replacement, Hernia, Hysterectomy, Prostate Surgery, Renal Stones, etc.

**2. Pre and Post Hospitalization Medical Expenses**

- Medical Expenses incurred up to 30 days prior to hospitalization and up to 60 days post-discharge.

**3. Alternative Treatments**

- Expenses incurred for treatments at AYUSH Hospitals for Ayurveda, Sidha, Unani, and Homeopathy, related to the Illness accepted under In-patient Care.

**4. Ambulance Cover**

- Expenses incurred for necessary transportation by ambulance service from place of medical emergency to the nearest Hospital or from one Hospital to another for better medical aid.

**5. Domiciliary Hospitalization**

- Coverage for treatment at home exceeding 3 consecutive days, excluding specific diseases like Asthma, Bronchitis, Diabetes, Epilepsy, Hypertension, etc.

**6. Automatic Recharge**

- Reinstatement of up to the Sum Insured once in a policy year after exhaustion of Sum Insured and No Claims Bonus.

**7. No Claims Bonus**

- Enhancement of Sum Insured by 10% flat on a cumulative basis for each completed and continuous Policy Year without a Claim, up to a maximum of 50%.

**8. Cardiac Health Check-up**

- Arrangement for a Cardiac Health Check-up once a year on a Cashless basis for specified medical tests as per Sum Insured.

## **Conditions for Utilization**

- Claims must be admissible under Benefit 1 (Hospitalization Expenses).
- Specific conditions apply for co-payments, pre-hospitalization, post-hospitalization, and alternative treatments.
- Recharge and No Claims Bonus calculations are subject to specific rules and conditions as outlined in the policy.

This format should help you organize and reference the policy details effectively.

## Exclusions in Health Insurance Policy

### a. Pre-Existing Diseases

1. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with the insurer.
2. In case of enhancement of the sum insured, the exclusion shall apply afresh to the extent of the sum insured increase.
3. If the insured person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, the waiting period for the same would be reduced to the extent of prior coverage.
4. Coverage for pre-existing diseases is subject to declaration at the time of application and acceptance by the insurer.

### b. Specific Waiting Period

1. Expenses related to the treatment of listed surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage from the date of inception of the first policy with the company.
2. This exclusion does not apply to claims arising due to an accident.
3. In case of enhancement of the sum insured, the exclusion shall apply afresh to the extent of the sum insured increase.
4. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
5. If the insured person is continuously covered without any break as defined under the applicable norms on portability IRDAI, the waiting period for the same would be reduced to the extent of prior coverage.

#### List of Specific Diseases/Procedures:

- Arthritis (if non-infective), Osteoarthritis, Osteoporosis, Gout, Rheumatism, Spinal Disorders, Joint Replacement Surgery
- Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including Adenoidectomy, Mastoidectomy, Tonsillectomy, Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
- Benign Prostatic Hypertrophy
- Cataract
- Dilatation and Curettage

- Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Ulcers of Gastrointestinal tract
- Surgery of Genito urinary systems
- All types of Hernia, Hydrocele
- Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus
- Internal tumors, skin tumors, cysts, including breast lumps
- Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
- Myomectomy for fibroids
- Varicose veins and varicose ulcers
- Pancreatitis
- End-stage liver disease
- Procedures for Retinal disorders
- Cerebrovascular accident
- Renal Failure / End Stage Renal Disease
- Cardiomyopathies
- Myocardial Infarction
- Heart Failure, Arrhythmia / Heart blocks, ASD/VSD/PDA
- All types of Cancer

### **c. 30-Day Waiting Period**

1. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
2. This exclusion shall not apply if the insured person has continuous coverage for more than twelve months.
3. The waiting period is applicable to the enhanced sum insured in case of subsequent granting of higher sum insured.

### **d. Permanent Exclusions**

1. Any claim in respect of any insured person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the policy terms and conditions.

#### **Examples of Permanent Exclusions:**

- Investigation & Evaluation
- Rest Cure, Rehabilitation, and Respite Care
- Obesity/Weight Control
- Change-of-Gender Treatments
- Cosmetic or Plastic Surgery
- Hazardous or Adventure Sports
- Breach of Law
- Excluded Providers
- Treatment for Alcoholism, Drug or Substance Abuse
- Unproven Treatments
- Sterility and Infertility

- **Maternity (except for certain specified conditions)**
- **Non-Allopathic Treatment**
- **Any item or condition or treatment specified in the List of Non-Medical Items**

## **Other Exclusions**

- 1. Alopecia wigs and/or toupees and all hair or hair fall treatment and products.**
- 2. Expenses related to participation in naval, military, air force operations or aviation in a professional or semi-professional nature.**
- 3. Remicade, Avastin or similar injectable treatment not requiring 24-hour hospitalization.**
- 4. Expenses related to any kind of Advance Technology Methods not mentioned in the policy.**
- 5. Treatment sought for any medical condition not covered under the Benefit but arising during the hospitalization for the condition covered under the Benefit.**

## **Additional Notes**

- **The exclusions apply individually for each insured person.**
- **Waiting periods and exclusions may vary depending on the specific terms and conditions of the policy.**
- **Any loss, claim, or expense arising out of or contributed to by the excluded conditions is not covered under the policy.**