

Benefits Covered Under the Policy

1. General Conditions

- **Coverage:**
 - Covers reasonable and customary charges for medical treatment during the policy period for illness, injury, or condition as described.
 - Subject to terms, conditions, exclusions, and available sum insured and sub-limits.
 - Claims must follow the defined process (see Section 7.2(XII)).
 - Claims will reduce the sum insured for the policy year unless specified otherwise.

2. Inpatient Care

- **Coverage:**
 - Includes room rent, medical practitioners' fees, diagnostic tests, medicines, intravenous fluids, blood transfusion, operation theatre charges, prosthetics, and ICU charges.
- **Conditions:**
 - Treatment must be medically necessary and advised by a medical practitioner.
 - If room rent exceeds the specified limit, payment is pro-rated.
 - Visiting fees or consultation charges covered if included in the hospital's bill and sought by the hospital.

3. Pre-hospitalization Medical Expenses

- **Coverage:**
 - Reimbursement of expenses incurred before hospitalization.
- **Conditions:**
 - Covered if a claim is accepted under Inpatient Care, Day Care Treatment, Domiciliary Hospitalization, or Modern Treatments.
 - Expenses must be for the same condition as the accepted claim.
 - Covered up to 30 days before hospitalization.

4. Post-hospitalization Medical Expenses

- **Coverage:**
 - Reimbursement of expenses incurred after hospitalization.
- **Conditions:**
 - Covered if a claim is accepted under Inpatient Care, Day Care Treatment, Domiciliary Hospitalization, or Modern Treatments.
 - Expenses must be related to the same condition as the accepted claim.
 - Covered up to 60 days after discharge.

5. Day Care Treatment

- **Coverage:**
 - Medical expenses for treatments requiring less than 24 hours of hospitalization.
- **Conditions:**
 - Must be advised as medically necessary by a medical practitioner.

- Only treatments listed in Annexure IV are covered.
- Pre- and post-hospitalization expenses are covered as per Sections 3.2 and 3.3.

6. Domiciliary Hospitalization

- **Coverage:**
 - Reimbursement for medical expenses during home hospitalization.
- **Conditions:**
 - Must last at least 3 consecutive days.
 - Hospitalization must be confirmed necessary by a medical practitioner or due to lack of available hospital beds.
 - Pre- and post-hospitalization expenses covered as per Sections 3.2 and 3.3.

7. Alternative Treatments

- **Coverage:**
 - Medical expenses for treatments under Ayurveda, Unani, Siddha, and Homeopathy.
- **Conditions:**
 - Treatment must be in an AYUSH Hospital.
 - Pre- and post-hospitalization expenses related to alternative treatments are covered.

8. Living Organ Donor Transplant

- **Coverage:**
 - Medical expenses for living organ donor's treatment for organ harvesting.
- **Conditions:**
 - Must conform to the Transplantation of Human Organs Act 1994.
 - Coverage only for donor expenses incurred during the recipient's hospitalization.
- **Exclusions:**
 - Stem cell donation (except bone marrow transplant), donor's pre- and post-hospitalization expenses, and costs related to organ transportation.

9. Emergency Ambulance

- **Coverage:**
 - Costs for ambulance services to and from the hospital for emergency treatment.
- **Conditions:**
 - Ambulance needed for immediate transfer to a hospital or for advanced care.
 - Coverage for only one transfer per hospitalization.

10. Pharmacy and Diagnostic Services

- **Coverage:**
 - Purchase of medicines or diagnostic services through the insurer's service provider.
- **Conditions:**
 - Costs borne by the insured, with choices at their discretion.

11. No Claim Bonus

- **Coverage:**
 - Increase in sum insured by 10% of the base sum insured for each claim-free policy year, up to 100% of the base sum insured.
- **Conditions:**
 - Accumulated No Claim Bonus can be carried over to new policy formats or adjusted based on policy changes.

12. Re-fill Benefit

- **Coverage:**
 - Re-fill amount up to 100% of the base sum insured if exhausted due to claims.
- **Conditions:**
 - Re-fill applies to subsequent claims in the policy year but not for the same illness/injury.
 - Available on a floater basis for family policies.

13. Health Check-up

- **Coverage:**
 - Health check-up facility available in the 2nd and 3rd policy years, if no claims were made.
- **Conditions:**
 - Health check-ups arranged only with empanelled service providers and not available in the first policy year.
 - Tests covered include Complete Blood Count, Urine Routine, ESR, HBA1C, Cholesterol levels, and Kidney Function Test.

14. Mental Disorders Treatment

- **Coverage:**
 - Expenses for inpatient treatment of mental illness.
- **Conditions:**
 - Diagnosis and treatment by a qualified psychiatrist or clinical psychologist.
 - Treatment must be in registered hospitals meeting specified criteria.
 - Pre- and post-hospitalization expenses covered as per Sections 3.2 and 3.3.
- **Exclusions:**
 - Conditions not clinically significant or related to anxiety, relationship issues, or work pressure.

Coverage Details

1. **Disorders of Intoxication, Dependence, Abuse, and Withdrawal:**
 - **Conditions Covered:** Severe Depression, Schizophrenia, Bipolar Disorder, PTSD, Eating Disorders, Generalized Anxiety Disorder, Obsessive-Compulsive Disorders, Panic Disorders, Personality Disorders, Conversion Disorders, Dissociative Disorders.
 - **Sub-Limit:** Up to 10% of the Base Sum Insured or Rs. 50,000, whichever is lower. This sub-limit applies on a cumulative basis across all listed conditions.
 - **Includes:** Pre-hospitalization and Post-hospitalization Medical Expenses.

2. HIV / AIDS:

- **Conditions Covered:** Hospitalization due to conditions related to HIV/AIDS, including opportunistic infections.
- **Sub-Limit:** Up to 10% of Base Sum Insured or Rs. 50,000, whichever is lower.
- **Waiting Period:** 48 months from inception of the cover.
- **Includes:** Pre-hospitalization (30 days) and Post-hospitalization (60 days) expenses.

3. Modern Treatments:

- **Procedures Covered:** Uterine Artery Embolization, Balloon Sinuplasty, Deep Brain Stimulation, Oral Chemotherapy, Immunotherapy, Intra-vitreal Injections, Robotic Surgeries, Stereotactic Radio Surgeries, Bronchial Thermoplasty, Prostate Vaporization, Intra-Operative Neuro Monitoring, Stem Cell Therapy.
- **Special Condition:** Maximum INR 1 Lac limit applies to all robotic surgeries except specified ones.

Optional Benefits

1. Personal Accident Cover:

- **Accident Death:** Payment of Personal Accident Cover Sum Insured if the insured dies within 365 days of an accident.
- **Accident Permanent Total Disability:** Payment of 125% of the Personal Accident Cover Sum Insured for permanent total disability resulting from an accident.
 - **Conditions:**
 1. Disability proof via a Medical Board certificate.
 2. Disability must persist for at least 6 months unless irreversible.
 3. Coverage for Permanent Total Disability is limited to one claim per lifetime.

1. Accident Permanent Partial Disability (APPD)

- **Coverage:** Provides benefits if an accident results in permanent partial disability as per the provided grid within 365 days.
- **Conditions:**
 - Disability must be certified by a government medical board.
 - The disability must persist for at least 6 continuous months, unless irreversible.
 - If the insured dies before claim admission, no APPD payment is made, but death claims are considered under another section.
 - Claims are limited to the Personal Accident Sum Insured, which is a lifetime limit.

Disability Grid:

- Full benefit (100%) for severe disabilities like loss of both hands or feet, or combined loss of hand and foot.
- Partial benefits (50% or less) for less severe conditions like loss of one hand or foot, or partial loss of sight or hearing.

2. Critical Illness Cover

- **Coverage:** Provides a lump sum payment if diagnosed with one of the specified critical illnesses during the policy period.

- **Conditions:**
 - Diagnosis must be confirmed by a medical practitioner.
 - A 30-day survival period post-diagnosis is required.
 - Claims are lifetime limits; once a claim is admitted, no further claims for the same condition are allowed.
 - Pre-existing conditions and certain waiting periods apply.

Critical Illnesses Covered:

- Cancer, Myocardial Infarction, Open Heart Surgery, Coma, Kidney Failure, Stroke, Major Organ Transplant, Permanent Paralysis, Motor Neuron Disease, Multiple Sclerosis, Deafness, End Stage Lung Failure, End Stage Liver Failure, Loss of Speech, Third Degree Burns, Fulminant Viral Hepatitis, Aplastic Anemia, Muscular Dystrophy, Bacterial Meningitis.

3. e-Consultation

- **Coverage:** Provides an option for e-Consultation during the policy period.
- **Conditions:**
 - e-Consultation is not a substitute for in-person medical advice.
 - No liability for correctness of advice provided.

4. Hospital Cash

- **Coverage:** Provides cash for hospitalization if an inpatient care claim is accepted.
- **Conditions:**
 - Minimum 48 hours of hospitalization required.
 - Up to 30 days of coverage per policy year.

5. Enhanced No Claim Bonus

- **Coverage:** Increases No Claim Bonus to 20% of the Base Sum Insured for each claim-free year, up to 200% of the Base Sum Insured.
- **Conditions:**
 - Once opted, cannot be opted out at renewal.

6. Enhanced Re-fill Benefit

- **Coverage:** Increases Re-fill benefit to 150% of the Base Sum Insured.
- **Conditions:**
 - Once opted, cannot be opted out at renewal.

Claim Cost Sharing

- **Co-payment:** A 20% co-payment applies for certain treatments in specified locations. Co-payment does not apply to certain sections like Emergency Ambulance and Personal Accident Cover.

Standard Exclusions

1. Pre-existing Diseases (PED):

- Expenses related to PEDs and their direct complications are excluded until 48 months of continuous coverage.
- If the Sum Insured is increased, the exclusion applies afresh to the increased amount.
- Continuous coverage can reduce the waiting period for PEDs.
- Coverage after 48 months is subject to declaration and acceptance of PEDs.

2. Specified Disease/Procedure Waiting Period:

- Treatment for specified diseases/procedures is excluded until 24 months of continuous coverage.
- Enhancing the Sum Insured renews the exclusion for the increased amount.
- Includes diseases such as pancreatitis, cataract, hernia, osteoarthritis, and others.
- Waiting period applies to conditions declared and accepted or contracted after the policy.

3. 30-day Waiting Period:

- Expenses related to any illness within the first 30 days of policy commencement are excluded, except for accidents.
- This waiting period applies to any Sum Insured increase.

4. Investigation & Evaluation:

- Expenses for admissions primarily for diagnostics or evaluations are excluded.
- Diagnostic expenses not related to the current treatment are excluded.

5. Rest Cure, Rehabilitation, and Respite Care:

- Excludes expenses for admissions primarily for enforced bed rest, custodial care, and terminal illness services.

6. Obesity/Weight Control:

- Surgical treatment for obesity is excluded unless specific conditions are met, such as BMI thresholds and severe co-morbidities.

7. Change-of-Gender Treatments:

- Excludes expenses for treatments related to changing characteristics to those of the opposite sex.

8. Cosmetic or Plastic Surgery:

- Excludes cosmetic or plastic surgery unless it's reconstruction following an accident, burn, or cancer.

9. Hazardous or Adventure Sports:

- Excludes expenses for treatments resulting from participation in hazardous or adventure sports.

10. Breach of Law:

- Excludes expenses for treatment arising from or consequent to committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers:

- Expenses from providers specifically excluded are not admissible, except for life-threatening situations or accidents up to stabilization.

12. Substance Abuse, Private Health Facilities, Dietary Supplements, Refractive Errors, Unproven Treatments, Sterility and Infertility, and Maternity:

- Excludes treatments for substance abuse, certain private health facilities, dietary supplements, minor refractive errors, unproven treatments, infertility, and maternity (except ectopic pregnancy).

Specific Exclusions

1. **Personal Waiting Periods:**

- Conditions specified under personal waiting periods have a 48-month waiting period and are covered from the fifth policy year.

2. **Ancillary Hospital Charges:**

- Excludes charges not expressly covered, like RMO charges and surcharges.

3. **Circumcision:**

- Excludes circumcision unless necessary for treatment or due to an accident.

4. **Conflict & Disaster:**

- Excludes treatment for injuries or illnesses from nuclear, radiological emissions, war, rebellion, or terrorism.

5. **External Congenital Anomaly:**

- Excludes screening, counseling, or treatment for external congenital anomalies.

6. **Dental/Oral Treatment:**

- Excludes dental treatments, procedures, and preventive services, except for accidents.

7. **Hormone Replacement Therapy:**

- Excludes treatment requiring hormone replacement therapy.

8. **Medical Equipment and Ambulatory Devices:**

- Excludes costs for devices such as walkers, crutches, and splints.

9. **Sexually Transmitted Infections (Other than HIV/AIDS):**

- Excludes treatment for sexually transmitted infections other than HIV/AIDS.

10. **Sleep Disorders:**

- Excludes treatment for sleep disorders.

11. **Treatment Outside India:**

- Excludes treatment or medical services received outside India.

12. **Unrecognized Physicians or Hospitals:**

- Excludes treatment from unrecognized practitioners or facilities.

13. **Artificial Life Maintenance:**

- Excludes maintenance for patients declared brain dead or in a vegetative state.

14. **AYUSH Treatment:**

- Excludes AYUSH treatments, except as specifically mentioned.

15. **Permanent Exclusions for Personal Accident and Critical Illness Cover:**

- Lists exclusions under Personal Accident and Critical Illness Cover, including suicide, criminal activity, and hazardous sports.

These exclusions are designed to define the boundaries of coverage and clarify what will not be paid for under the policy.

Permanent Exclusions for Critical Illness Cover

Under the Critical Illness Cover section (Section 4.2), the policy will not cover the following:

1. **AYUSH Treatment:**

- Expenses related to Critical Illnesses diagnosed or treated by practitioners of AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) are excluded.

2. Conflict & Disaster:

- Treatment for injuries or illnesses resulting from nuclear, radiological emissions, war, rebellion, or terrorism is excluded.

3. External Congenital Anomaly:

- Screening, counseling, or treatment related to external congenital anomalies is excluded.

4. Cosmetic or Plastic Surgery (Code-Excl08):

- Expenses for cosmetic or plastic surgery, or any treatment to change appearance, are excluded unless it is for reconstruction following an accident, burns, or cancer, or part of necessary treatment to remove an immediate health risk, with certification from a medical practitioner.

5. Unproven Treatments (Code-Excl16):

- Expenses for unproven treatments, services, or supplies lacking significant medical documentation are excluded.

6. Hazardous or Adventure Sports (Code-Excl09):

- Expenses related to treatments from participation in hazardous or adventure sports (e.g., para-jumping, rock climbing, scuba diving) are excluded.

7. Sterility and Infertility (Code-Excl17):

- Expenses related to sterility and infertility, including contraception, sterilization, assisted reproduction services (like IVF), gestational surrogacy, and reversal of sterilization are excluded.

8. Maternity (Code-Excl18):

- Expenses for childbirth, including complicated deliveries and caesarean sections, are excluded except for ectopic pregnancies. Expenses related to miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period are also excluded.

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

- Screening, prevention, and treatment for sexually transmitted infections or diseases, except for HIV/AIDS, are excluded.

10. Treatment for Alcoholism, Drug or Substance Abuse:

- Expenses related to the treatment of alcoholism, drug or substance abuse, or any related addictive conditions are excluded.

11. Breach of Law (Code-Excl10):

- Expenses for treatment arising from committing or attempting to commit a breach of law with criminal intent are excluded.

12. Treatments in Health Hydros, Nature Cure Clinics, Spas:

- Expenses for treatments in health hydros, nature cure clinics, spas, or similar establishments, including private beds registered as a nursing home at such establishments, are excluded if admission is arranged wholly or partly for domestic reasons.

13. Unrecognized Physician or Hospital:

- Treatment or medical advice from practitioners not recognized by the Medical Council of India, Central Council of Indian Medicine, or Central Council of Homeopathy, or from anyone with the same residence or immediate family member, or from unrecognized hospitals or health facilities, is excluded.

