

Renewal Benefits

1. Wellness Programme for Diabetes and Hypertension

Variant 1: Silver Plan

a) Medical Check-ups

You may choose to undergo medical check-ups twice in a Policy Year at an approved diagnostic center. Costs for these tests will be borne by you. Submit reports within specified timelines for consideration of wellness benefits.

Medical Check-up Grid:

- **Half-Yearly Check-up:**
 - HbA1c, Blood Pressure Monitoring, BMI, Diabetologist/Cardiologist Consultation
- **Annual Check-up:**
 - HbA1c, SMA 12, Total Cholesterol: HDL Cholesterol, ECG, Blood Pressure Monitoring, BMI, Diabetologist/General Practitioner Consultation

SMA 12 includes: FBS, Total Cholesterol, Creatinine, HDL, LDL, Triglycerides, Total Protein, Serum Albumin, GGT, SGOT, SGPT, Bilirubin.

Timelines for Submission:

- Half-Yearly: 4th or 5th months of the policy year
- Annual: 8th or 9th months of the policy year

b) Incentive Points:

Examination Type	Reading Range	Points
HbA1c – Half-Yearly	Upto 5.99	5
	6.00 - 6.50	2
	6.51 – 8.00	1
HbA1c – Annual	Upto 5.99	5
	6.00 - 6.50	2
	6.51 - 8.00	1
Blood Pressure – Half-Yearly	110-120/70-80	5
	121-139/80-89	2
	140-150/90-100	1
Blood Pressure – Annual	110-120/70-80	5
	121-139/80-89	2

	140-150/90-100	1
BMI	18.00 – 23.00	5
	23.01 – 27.49	2
	27.50 – 34	1
Total Cholesterol: HDL Ratio	upto 4.0	2
	4.01 to 5.00	1
Diagnostic Tests	Both (Annual + Half-Yearly)	3
	Either (Annual or Half-Yearly)	1
Diabetologist Consultation/General Practitioner	One Visit	2

c) **Premium Reduction**

Based on results, you may receive:

- Published premium and loading (if applicable), or
- A reduced premium based on the Wellness Discount earned from incentive points.

Variant 2: Gold Plan

a) Medical Check-ups

We will conduct your medical check-ups twice a Policy Year. The cost will be covered by us if done at an empanelled medical center. If done at an approved diagnostic center, we will reimburse up to Rs.2000/- against actual bills.

Timelines for Submission:

- Half-Yearly: 4th or 5th months of the policy year
- Annual: 8th or 9th months of the policy year

b) Incentive Points

Points are calculated the same as in the Silver Plan.

c) Premium Reduction

Based on results, you may receive:

- Published premium and loading (if applicable), or
- A reduced premium based on the Wellness Discount earned from incentive points.

Wellness Benefit

Discount and Renewal Incentive Table:

Points Earned	Discount on Renewal Premium	Renewal Incentive
29-32	25%	Reimbursemen t up to 25% of renewal premium
25-28	20%	Reimbursemen t up to 20% of renewal premium
16-24	10%	Reimbursemen t up to 10% of renewal premium
8-15	5%	Reimbursemen t up to 5% of renewal premium
Less than 8	No discount	No Reward

Reimbursement Conditions:

- Can be claimed once during the Policy Period.
- Covers consultation charges, medicines, diagnostic expenses, dental expenses, and other miscellaneous medical expenses not covered by insurance.
- Unclaimed amounts will not carry forward.

2. Cumulative Bonus

a) Bonus Application

A 10% cumulative bonus is applied on the base Sum Insured for the next policy year after each CLAIM-FREE Policy Year, with a maximum limit of 100% of the Sum Insured.

b) Impact of Claims

If a claim is made, the cumulative bonus decreases by 10% in the subsequent Policy Year. The Inpatient Sum Insured remains unaffected.

Section C. Exclusions

1. Standard Waiting Period

- **Specified Disease/Procedure Waiting Period:**
Coverage for certain listed conditions and surgeries is excluded for the first 24 months of continuous coverage. This period applies to sum insured increases and pre-existing conditions,

with specific conditions listed under various organ systems.

- **Pre-Existing Diseases:** Coverage for pre-existing conditions and their complications is excluded for the first 24 months. If there's a continuous coverage without a break, this waiting period may be reduced.

2. Standard Exclusions

- **Medical Exclusions:**
 - **Investigation & Evaluation:** Expenses for diagnostic purposes only are excluded.
 - **Rest Cure & Rehabilitation:** Excludes costs for enforced bed rest, custodial care, and terminally ill services.
 - **Obesity/Weight Control:** Coverage for obesity treatment is limited to specific criteria.
 - **Change-of-Gender Treatments:** Excludes treatments for changing body characteristics to the opposite sex.
 - **Cosmetic/Plastic Surgery:** Excludes cosmetic procedures unless medically necessary.
 - **Breach of Law:** Excludes treatment arising from criminal acts.
 - **Excluded Providers:** Expenses incurred at excluded providers are not covered, except in life-threatening situations.

- **Alcoholism/Substance Abuse:** Excludes treatment for alcoholism, drug, or substance abuse.
- **Non-Medical Treatments:** Includes exclusions for treatments in non-medical settings, dietary supplements, and unproven treatments.
- **Sterility and Infertility:** Excludes expenses related to sterility, infertility, and assisted reproduction.
- **Maternity:** Excludes expenses related to childbirth, miscarriage, and termination of pregnancy (except ectopic pregnancy).
- **Non-Medical Exclusions:**
 - **Breach of Law:** Same as medical exclusions.
 - **Hazardous Sports:** Excludes treatment due to participation in hazardous or adventure sports.

3. **Specific Exclusions**

- **War, Self-Injury, and Certain Treatments:**
Excludes claims arising from war, self-injury, specific investigative treatments, and congenital anomalies.

Section D. General Terms & Clauses

1. **Condition Precedent to Admission of Liability:**
Policy terms must be met for claim payment.

2. **Premium Payment in Instalments:** Conditions for paying premiums in instalments and the impact of missed payments.
3. **Disclosure of Information:** Policy void if material facts are misrepresented or omitted.
4. **Complete Discharge:** Payment to any party for a claim discharges the insurer's liability for that claim.
5. **Moratorium Period:** After eight years of continuous coverage, the policy is no longer contestable except for fraud and specific exclusions.
6. **Fraud:** Policy benefits will be forfeited for fraudulent claims.
7. **Multiple Policies:** Rules for settling claims when multiple policies are held.
8. **Renewal of Policy:** Policy renewal terms and conditions.
9. **Redressal of Grievance:** Contact details for grievance redressal.
10. **Withdrawal of Policy:** Procedure if the policy is withdrawn.
11. **Revision of Terms:** Possibility of modifying policy terms with prior IRDAI approval.
12. **Portability:** Option to port the policy to another insurer.

13. **Migration:** Option to migrate to another health insurance product within the same company.
14. **Free Look Period:** Period to review and cancel the policy with a refund.
15. **Nomination:** Requirement for making a nomination.
16. This document outlines several key aspects of an insurance policy, including details on cashless services, documentation requirements, claims payment, and more. Here's a summary of each section:
17. **Cashless Service:**
- **For Planned Treatments:** Written notice must be given at least 48 hours prior to hospitalization.
 - **For Emergency Treatments:** Notice must be provided within 24 hours of hospitalization.
18. **Supporting Documentation & Examination:**
- **Required Documents:** Claim form, original bills, medical reports, diagnosis, detailed service list, prescriptions, pre and post-treatment records, and other specified documents.
 - **Medical Examination:** The insured may need to undergo a medical examination by an authorized practitioner if required.
19. **Claims Payment:**

- **Requirements:** All premiums must be paid, and required documentation must be provided.
- **Payment:** Made in Indian Rupees within India to the insured or nominee in case of death.
- **Cashless Service:** Direct payment to the network hospital for approved treatments.

20. **Non-Disclosure or Misrepresentation:**

- **Consequences:** Policy may be canceled or modified, and claims could be prejudiced.
- **Options for Continuation:** Exclude disease/condition, add waiting periods, or levy underwriting loading.

21. **Endorsements:**

- **Policy Changes:** Only the insurer can make changes, evidenced by a written endorsement.

22. **Change of Policyholder:**

- **Conditions:** Can only be changed at renewal and must be a family member; subject to acceptance by the insurer.

23. **Notices:**

- **Addresses:** Notices must be sent to specified addresses for insured persons and the insurer.

24. **Dispute Resolution Clause:**

- **Jurisdiction:** Disputes are to be resolved by Indian Courts and under Indian law.

25. **Co-Payment:**

- **Effective Co-Payment:** If applicable, the insured bears 20% of the claim amount, with the insurer covering the excess.