

SCHEDULE TO BE ATTACHED TO AND FORMING PART OF POLICY NO. DRB/HIP/11/22/23/00043

A/C. COTIVITI NEPAL PVT. LTD.

UPTO RS. 616,500 COVERAGE

	Benefits	Limit (RS.)
In Hospitalization /In-Patient (IP) Covid -19	IP Max Limit/ Annual Max	4,00,000.00
	A. Room & Board Total Limit	160,000.00
	Room & Board Daily Limit	6,650.00
	ICU No. of Days Limit	14 days
	B. Other Hospitalization Expenses (Surgery / Anesthesia/ Medicine/ Consultation etc. excluding Room & Board and ICU Expenses	240,000.00
Maternity	Caesarian Section Limit	112,500.00
	Normal Delivery	75,000.00
	Legal Abortion /Miscarriage	56,250.00
Out-Patient (OP)	Fees of Medical Practitioners per illness	2,000.00
	Per illness Limit	40,000.00
	OP Max Limit/ Annual	80,000.00
	Child Vaccination Limit	6,000.00
Dental	Dental Max Limit/ Annual	12,000.00
	Coverage Limited to: Scaling, Filling; Consultation; Imaging/ X-ray; Routine Extraction;	4,800.00
	RCT	3,600.00
	Capping for RCT	3,600.00
	Note: Aesthetics and Dentures are NOT Covered	
Optical	Optical Max Limit/Annual	12,000.00
	Coverage Limited to: Consultation / Tests for Errors of Refraction; Medicine for Errors of Refraction	4,800.00
	Cost of Prescribed Frames	4,800.00
	Cost of Prescribed Glass Lenses	2,400.00
	Cost of contact lenses is NOT covered	
Deductible	10% on each and every claim.	