



[Dashboard](#)

[Online Enrolment](#)

[Beneficiary Details &
E-card](#)

[Claim Submission](#)

[Track your claim](#)

[Hospital Network](#)

[Policy Benefits & FAQ's](#)

Claim Procedure

[Cashless](#)

[Reimbursement](#)

Why Cashless?

Helpdesk & Query

[Raise a Query](#)

[Virtual Helpdesk](#)

[Contact Us](#)

Useful links

[Claim Form](#)

[Manual To Navigate
Portal](#)

[User Manual](#)

[Checklist](#)

[TPA Offices](#)

[Dashboard](#) > [Policy Benefit & FAQ](#)

[Base Policy Benefits](#)

[ESC Top Up Policy Benefits](#)

[Parental Top Up Policy Benefits](#)

[FAQ](#)

Base Covers

Family Scope

Gipsa

Parental Restriction

Day Care

Ailment Capping

Room Rent Restriction

Pre Existing Disease

30 Days Exclusion

1st,2nd ,3rd & 4th Year Exclusion

Pre Hospitalization

Post Hospitalization Covered

Opd Treatment

Domiciliary Hospitalization

Intimation Clause

Submission Clause

Maternity

Maternity Limit

Pre/Post Natal Coverage

Infertility Treatment Including Ivf And Iui (No Restriction On
Number Of Cases)

New Born Baby Coverage

Baby'S Expenses Under Maternity Limit

Claim Settlement In Employee Death Cases

Psychiatric Ailments And Psychosomatic Disorders

Oral/Subcutaneous Chemotherapy (Even If There Is No
Hospitalization)

Continuous Ambulatory Peritoneal Dialysis (Capd):

Administration Of Injection Avastin / Lucentis Towards
Treatment Of Age Related Macular Degeneration Of The Eye

Treatments Such As Rotational Field Quantum Magnetic
Resonance (Rfqmr), External Counter Pulsation (Ecp),
Enhanced External Counter Pulsation (Eecp), Hyperbaric
Oxygen Therapy

Co-Payment Clause

Ambulance Cost

Ayurvedic Treatment Yes 25 % Of Sum Insured Remark-
Ayurvedic Treatment : Payable In Government Recognized
Hospital Upto 25% Of The Sum Insured Provided The Treatment
Is Justified

Coverage

Employee, Spouse/Partner All Children, 2 Parents (Upto 99 Yrs)

Not Applicable

Per Parent- 1,00,000 Sublimit Within The Above Family Sum Insured.

Covered

Applicable

Single Standard AC

Covered

Covered

Covered

Covered Max Days : 60

Covered Max Days : 90

Not Covered

Not Covered

Not Applicable

Not Applicable

Covered

75000 for both Ceasarian & Normal

Covered (Pre And Post Natal Expenses (Opd Cover Upto 5000/- Within
Maternity Limit).

Within Maternity

Covered

Covered

100%

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered

Covered