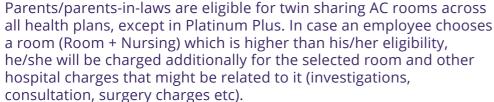
YOUR POLICY AT A GLANCE







Employees insured under the **Gold Plan** are eligible for twin sharing AC rooms and those insured under **Gold Plus**, **Platinum and Platinum Plus** are eligible for single occupancy AC rooms.





There is **no restriction on ICU room rent charges** and claim for it will be processed as per hospital tariff.



In case the employee chooses a room which is higher than his / her eligibility, the additional charges for the room and other related items will have to be borne by the employee. Example:

Room rent Cap	Opted Eligible Room for 4 days	Opted Higher Room for 4 days
Room rent + Nursing charges (per day)	₹ 5,000*4	₹ 8,000*4
Other hospital charges (excluding Medicine and consumables, NME)	₹ 30,000	₹ 40,000
Room rent and other charges covered by insurer	₹ 50,000	₹ 50,000
Out of Pocket Expenses *	₹0	₹ 22,000
*Note - Please note that this is for reference purposes and the costs / calculation may differ hospital to hospital and city to city .		



There will be a **10% deduction on admissible amounts** in the below conditions:

- In cases where no advance intimation 72 hours prior to hospitalisation.
- In cases where reimbursement claims are reported from network hospitals.

However both the above conditions are not applicable during emergency hospitalization.



Various diagnostic tests such as MRI, CT-scan, X-ray, blood tests, etc. are covered under the health insurance plans for the family. The said diagnostic tests must be prescribed by a specialist medical practitioner and shall be related to the identification and treatment of the ailment for which the claim has been filed.



Admission in a hospital/nursing home for a minimum period of **24 consecutive hours** for any inpatient care or treatment is necessary, except specific procedures and treatments listed under the day care treatment. Treatment taken normally on an outpatient basis is not included under the scope of inpatient/day-care procedure.



Major dental/maxillofacial surgeries arising due to any accident (but not for cosmetic reasons) are covered under the hospitalisation benefits. Other dental treatments can also be claimed under **OPD** benefits.



Maternity coverage for upto 3 children with a limit of INR 75,000/- for normal delivery and INR 1,00,000/- for C- section.



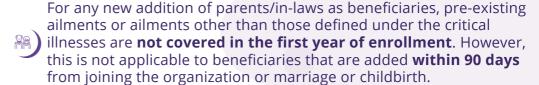
Newborn expenses may be considered only within the maternity limit of INR 75,000/- or INR 1,00,000/- depending on the mode of delivery. General check up, vaccinations and screen tests are excluded. Any other expenses of the newborn are covered if the child is suffering from any ailment which requires admission as an inpatient care subject to addition of child under HIS within the stipulated time.



The surgical intervention for the treatment of infertility or IVF, irrespective of gender is admissible to a maximum limit of tINR 1,00,000/- and only **two episodes** of treatments towards infertility may be claimed throughout the employee tenure.



Robotic surgery or cyber knife or laser surgeries are classified under the Advance Treatments category, hence either treatment expenses will be restricted to conventional methods of surgeries.





An upper limit on hospitalisation expenses has been defined at:

- a) INR 30,000/- per eye for cataract.
- b) Hysterectomy (laparoscopic or open) is capped at **INR 75,000/**inclusive of oophorectomy and other procedures related to the
 uterus. This excludes hysterectomy due to maternity complications.
- c) Joint replacement surgeries are capped at INR 2,50,000/- for single joint replacement and at INR 4,00,000/- for bilateral (both) joints replacement.
- d) Immunotherapy/Oral chemotherapy charges are capped to Non-floater Sum insured (Basic sum insured).
- e) AYUSH treatments are capped at 25% of Basic sum insured only at a Government recognized/registered hospital/institute.



Major IPD exclusions include:

- a) Eyesight correction and Lasik surgeries are not covered under the policy.
- b) Congenital external/genetic ailments are not covered.
- c) The surgeon's bill which is not a part of the main hospital bill is not payable.
- d) External equipment, AMRD/RFQMR/EECP treatments are not admissible. Advance treatments including laser/robotic/cyberknife which are also not payable unless there is no alternative treatment.
- e) Injections given on day care like- herceptin, remicade, avastin are also not admissible.
- f) Dietician charges and non-medical items are not payable.
- g) Admission for evaluation purpose or for diagnostic purpose is not admissible.

NOTE: This list is not exhaustive, for more information refer to policy documents.



Major OPD exclusions include:

- a) Vaccinations.
- b) Baby vaccinations.
- c) Health check up for Visa.
- d) Treatment related to menopause, general debility.
- e) Beauty treatment, skin, hair, cosmetic treatments, alopecia, pimples, weight gain, dry skin, skin tags, warts etc are not payable.
- f) Congenital illnesses.

- g) External aids (instruments) nebulizer, walking stick etc.
- h) Maternity treatment.
- i) Diagnostic procedures.
- j) Allopathic treatment done by AYUSH doctors.
- k) Naturopathy, acupuncture, panchakarma, herbal treatments and patanjali treatments.

NOTE: This is a document that will help you to understand the key features of your health insurance policy and is not the policy document. In case of any discrepancies between this document and your policy document, **the policy document will prevail over this document.**