

Sr. No.	Treatment/Procedure
1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2	Immunotherapy- Monoclonal Antibody to be given as injection
3	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
4	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5	Balloon Sinuplasty
6	Oral Chemotherapy
7	Robotic surgeries*
8	Stereotactic radio Surgeries
9	Deep Brain stimulation
10	Intra vitreal injections
11	Bronchial Thermoplasty
12	IONM - (Intra Operative Neuro Monitoring)

Robotic surgeries shall be subject to sub-limits as mentioned under d. benefits covered under the policy Base cover 15 Sub-limits applicable

4. Pre Hospitalisation expenses

We will cover the Pre-hospitalization Medical Expenses incurred in respect of the Insured Person for up to 60 days immediately before the Insured Person's Admission to Hospital provided that:

- The Pre-hospitalization Medical Expenses incurred are Reasonable and Customary Charges.
- We have accepted the claim under "d. Benefits covered under the policy Base cover 1. Inpatient Treatment" in respect of the Insured Person.
- We shall not be liable to make any payment in respect of any Pre-hospitalization Medical Expenses incurred prior to the Policy Period Start Date of the first policy with Us in respect of the Insured Person.
- Expenses incurred on nursing care at home are excluded from the scope of pre hospitalization expenses.
- This Benefit will be provided on a reimbursement basis only.
- Any Pre-hospitalization Medical Expenses payable shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit

5. Post Hospitalisation expenses

We will cover the Post-hospitalization Medical Expenses incurred in respect of the Insured Person for up to 180 days immediately following the Insured Person's discharge from Hospital provided that:

- The Post-hospitalization Medical Expenses incurred are Reasonable and Customary Charges.

- We have accepted the claim under "Inpatient Treatment" in respect of the Insured Person.
- We will also consider Post-hospitalization Medical Expenses incurred on Physiotherapy provided that such Physiotherapy is advised in writing by the treating Medical Practitioner and is Medically Necessary Treatment. This service will be provided on a reimbursement and/ or cashless basis where ever applicable.
- Expenses incurred on nursing care at home are excluded from the scope of post hospitalization expenses.
- Any Post-hospitalization Medical Expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.

6. Donor Expenses

We will cover the Medical Expenses incurred in respect of an organ donor's Hospitalization during the Policy Period for the harvesting of the organ donated to the Insured Person provided that:

- The organ donation conforms to the Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- We will cover only those Medical Expenses incurred in respect of an organ donor as an in-patient in the Hospital.
- The Medical Expenses incurred are Reasonable and Customary Charges.
- Any Medical Expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit subject to an overall limit of ₹ 10,00,000 only
- We have accepted a claim under Section "Inpatient treatment" in respect of the Insured Person.

We shall not be liable to pay for any claim under this Benefit which arises directly or indirectly for or in connection with any of the following:

- Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
- Screening expenses of the organ donor.
- Any other Medical Expenses as a result of the harvesting from the organ donor.
- Costs directly or indirectly associated with the acquisition of the donor's organ (other than hospitalisation costs involved).
- Transplant of any organ/tissue where the transplant is experimental or investigational.
- Expenses related to organ transportation or preservation.
- Expenses incurred by an Insured Person as a donor.

- viii. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

7. Domiciliary Hospitalization

We will cover the Medical Expenses incurred in respect of the Domiciliary Hospitalization of the Insured Person during the Policy Period provided that:

- i. The Domiciliary Hospitalization is for Medically Necessary Treatment.
- ii. The Domiciliary Hospitalization commences and continues on the written advice of a Medical Practitioner.
- iii. The Medical Expenses incurred are Reasonable and Customary Charges.
- iv. The Domiciliary Hospitalization continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalization.
- v. Any Medical Expenses payable shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.

We shall not be liable to pay for any claim under this Benefit which arises directly or indirectly from or in connection with any of the following:

- a) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
- b) Arthritis, gout and rheumatism;
- c) Ailments of spine/disc
- d) Chronic nephritis and nephritic syndrome;
- e) Any liver disease;
- f) Peptic ulcer
- g) Diarrhea and all type of dysenteries, including gastroenteritis;
- h) Diabetes mellitus and insipidus;
- i) Epilepsy;
- j) Hypertension;
- k) Pyrexia of any origin

8. Home Care Treatment

We will cover the medical expenses incurred by the Insured person on home care treatment maximum up to 5% of Annual Sum Insured provided that:

- a. The Medical Practitioner advises the Insured Person to undergo treatment at home
- b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c. Daily monitoring chart including records of the treatment duly signed by the treating doctor is maintained.

- d. The condition of the Insured Person is expected to improve in a reasonable and foreseeable period of time.
 - e. Prior approval from Us has been taken. The Home care treatment is availed only on a cashless basis, subject to availability of our empanelled service provider(s). Kindly visit our website for cities/locations where such services are available.
 - f. Treatment availed is not categorized under "AYUSH" or any form of non- allopathic treatment
 - g. Such treatment cannot be provided on outpatient basis
- However in case of unavailability of our empanelled service provider in the insured person's location, in case the insured person intends to avail the services of non-network provider and claims for reimbursement, a prior approval from Us needs to be taken before availing such services.

In case the insured person breaches the conditions of approval or fails to take the prior written approval from Us, we are not liable to settle any claim under this section.

For the purpose of this benefit, Home care treatment shall include:

- a. Diagnostic tests underwent at home as advised by medical practitioner
- b. Medicines prescribed in writing by a medical practitioner
- c. Consultation charges of the medical practitioner
- d. Nursing charges if advised by the medical practitioner

Any expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the.

9. In Patient AYUSH Hospitalization

We will cover the Medical Expenses incurred in respect of the Insured Person's AYUSH Treatment during the Policy Period up to the Annual Sum Insured specified in the Policy Schedule provided that:

- i. The Medical Expenses incurred are Reasonable and Customary Charges.
- ii. The Insured Person is Hospitalized for AYUSH Treatment at a AYUSH hospital or an AYUSH Day-care centre.
- iii. The Insured Person's Hospitalization commences and continues on the written advice of the treating Medical Practitioner.
- iv. Any Medical Expenses payable during the Policy period shall not in aggregate exceed the Annual Sum Insured and additional sum insured /cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.
- v. This Benefit will be provided on a reimbursement and/ or on cashless basis where ever applicable.

We shall not be liable to pay for any claim under this Benefit which arises directly or indirectly for or in connection with any of the following:

- i. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses.
- ii. Any expenses incurred for the purpose of evaluation or investigation.

10. Domestic road ambulance cover

We will cover the expenses incurred on road ambulance services which are offered by a healthcare or ambulance service provider and which have been used during the Policy Period to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care, provided that:

- Our maximum liability under this Benefit for every claim arising during the Policy Year will be restricted to 1% of the Annual Sum insured maximum up to ₹10,000;
- We have accepted a claim under "Inpatient treatment" in respect of the Insured Person for the same Accident/Illness for which road ambulance services were availed.
- This Benefit includes and is limited to the cost of the transportation of the Insured Person:
 - a) From the place of injury/illness to the nearest hospital
 - b) To the nearest Hospital with higher medical facilities which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, and only if that transportation has been prescribed in writing by a Medical Practitioner and is for Medically Necessary Treatment.
 - c) From a Hospital to the nearest diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital.
- The ambulance / service provider providing the services be a registered provider with road traffic authority.

Any expenses in relation to transportation of the Insured Person from Hospital to the Insured Person's residence while transferring an Insured Person after he/she has been discharged from the Hospital are not payable under this Benefit.

11. Air Ambulance

We will cover the expenses up to the Annual sum insured incurred on air ambulance services in respect of an Insured Person which are offered by a healthcare or an air ambulance service provider and which have been used during the Policy Period to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care, provided that:

- a. It is for a life threatening emergency health condition/s of the Insured Person which requires immediate and

rapid ambulance transportation from the place where the Insured Person is situated at the time of requiring Emergency Care to a hospital provided that the transportation is for Medically Necessary Treatment, is certified in writing by a Medical Practitioner, and road ambulance services cannot be provided.

- b. Such air ambulance providing the services, should be duly licensed to operate as such by a competent government Authority.
- c. This cover is limited to transportation from the area of emergency to the nearest Hospital only;
- d. We will not cover:
 - a. Any transportation from one Hospital to another;
 - b. Any transportation of the Insured Person from Hospital to the Insured Person's residence after he/she has been discharged from the Hospital
 - c. Any transportation or air ambulance expenses incurred outside the geographical scope of India.
- e. We have accepted a claim under Inpatient treatment in respect of the Insured Person for the same Accident/Illness for which air ambulance services were availed.
- f. We shall not be liable if Medically Necessary Treatment can be provided at the Hospital where the Insured Person is situated at the time of requiring Emergency Care.

12. Base Co-payment

This policy will be subject to 50% base co-payment and He/She shall be liable to pay 50% of admissible claim amount of each and every claim. Base Co-payment once chosen cannot be changed mid-term. Modification of co-payment may happen only during renewal subject to underwriting. In case, base co-payment is reduced during renewal, fresh waiting periods shall be applicable on the modified portion of base co-payment.

- i. Base Co-payment shall be applicable to all benefits under the policy except any benefits availed under Care management program, Care management plus program, preventive health check-up,.
- ii. Base Co-payment shall not be applicable in case voluntary deductible has been opted for.

13. Cumulative Bonus/ Additional Sum Insured

We will provide a Cumulative Bonus of 10% of the Annual Sum insured at the end of each Policy Year if the expiring Policy has been claim free and is continuously renewed with Us. The Cumulative Bonus will not be accumulated for more than 100% of the Annual Sum insured under any circumstances.

- i. In case where the policy is on a floater basis the cumulative bonus will be on floater basis and for individual policy the same will be on an individual basis.
- ii. In case where the policy is on a floater basis, the cumulative bonus will be accrued only if no claims have

been made in respect of all Insured Person(s) in the expiring policy period.

- iii. In a floater policy as specified in the Policy Schedule, the Cumulative Bonus so accrued during the previous Policy Year(s) will only be available to those Insured Person(s) who were insured in previous Policy Year(s) and continue to be insured with Us in the subsequent Policy Year(s).
- iv. Cumulative Bonus will not be added if the Policy is not renewed with Us by the end of the Grace Period.
- v. Cumulative bonus can be utilised only when the Annual Sum Insured is completely exhausted.
- vi. If the Policy Period is two or three years, any Cumulative Bonus that has accrued for the first/second Policy Year will be credited at the end of the first/second Policy Year as the case may be and will be available for any claims made in the subsequent Policy Year.
- vii. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated Cumulative Bonus for each Insured Person under the expiring policy, and such expiring policy has been Renewed with Us on a floater policy basis as specified in the Policy Schedule then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the lowest among all the Insured Persons.
- viii. In case of floater policies where Insured Persons Renew their expiring policy with Us by splitting the Annual Sum Insured in to individual policies the Cumulative Bonus of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Annual Sum Insured of each Renewed Policy as detailed in table below.

Annual Floater Sum Insured	Accumulated Cumulative bonus/ Additional Sum Insured (after 5 claim free years)	Floater policy split to individual policies with Annual Sum Insured of 10 Lacs each	Revised Annual Sum Insured of each individual policy	Revised Accumulated Cumulative bonus/ Additional Sum Insured of each individual policy
20 Lac	10 Lac		10 Lac	5 Lac

- ix. If the Annual Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be reduced in the same proportion to the Annual Sum Insured as detailed in table below

Annual Sum Insured	Accumulated Cumulative bonus/ Additional Sum Insured (after 5 claim free years)	Annual Sum Insured reduced to ₹ 10 Lacs	Revised Annual Sum Insured	Revised Accumulated Cumulative bonus/ Additional Sum Insured
20 Lac	10 Lac		10 Lac	5 Lac

- x. If the Annual Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Annual Sum Insured of the last completed Policy Year.
- xi. In the event of a Claim under the Policy during any subsequent Policy Year, the accrued cumulative bonus shall not be reduced.

14. Reset Benefit

We will reset the Annual Sum insured up to 100% of the Annual Sum insured unlimited times, for all future claims within the same policy not related to the illness / disease / injury for which a claim has been paid for the same insured person in a Policy Year as stated in the Policy Schedule, provided that:

- i. The Annual Sum insured including additional sum insured /Cumulative Bonus (if any) in respect of the Insured Person is insufficient as a result of previous claims paid in that Policy Year.
- ii. The total amount of reset will not exceed the Annual Sum Insured for that policy year.
- iii. The Reset Benefit will be applied only if the claim is made and admissible under "Inpatient Treatment" or "Daycare Procedure".
- iv. The Reset Benefit will not be triggered for the first claim made during the Policy Year.
- v. The Reset benefit will be triggered only once and not unlimited times for all future claims within the same policy which are related to the illness/disease/injury for which a claim has already been paid/registered for the same insured person.
- vi. For individual policies, reset Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis.
- vii. For any single claim during a Policy Year, the maximum claim amount payable shall not exceed the sum of
 - The Annual Sum insured;
 - additional sum insured /Cumulative Bonus;
- viii. The Reset Benefit will not be available for an Illness / Injury or related complications including but not limited to any relapse within 45 days in respect of which a claim has been paid in that Policy Year for the same Insured Person.
- ix. Any unutilized Reset Benefit will not be carried forward to any subsequent Policy Years.
- x. During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of:
 - The Annual Sum Insured
 - additional sum insured /Cumulative Bonus
 - Reset Sum Insured

15. Sub-limits applicable

The expenses payable during the entire policy period for treatment of the following diseases/ conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) shall be maximum up to the amount mentioned in the table below;

Procedures/Medical Conditions/Ailments/Diseases	Annual Sum Insured		
	3L/4L/5L	10L/15L/20L	>20L
Treatment of cataract	Up to ₹ 25,000/ eye	Up to ₹ 50,000/ eye	Up to ₹ 75,000/ eye
Treatment of each and every ailment/procedure mentioned below			
Treatment of cerebrovascular and cardiovascular disorders	₹ 2,00,000	₹ 3,50,000	₹ 5,00,000
Treatment/surgeries for cancer(including chemo/radio/oral)			
Treatment of other renal complications and disorders			
Treatment for breakage of long bones/joint replacements			
Robotic surgeries for any ailment/condition/disease	₹ 1,00,000	₹ 1,75,000	₹ 2,50,000

Sub-limits will include the expenses incurred on pre hospitalisation and post hospitalisation expenses

16. Enhanced Annual Sum insured for Road Traffic Accidents

If the insured person meets with a Road Traffic Accident resulting in in-patient hospitalization, then the Annual Sum Insured shall be doubled subject to the following:

- It is declared and proven that the insured person was taking due safety precautions such as use of seat-belt/ helmet/ following road traffic signals and was either riding as pillion rider in a two wheeler or travelling in a four wheeler at the time of accident as evidenced by Police record and Hospital record.
- The enhanced(doubled) Sum Insured shall be available only once during the policy period.
- The enhanced (double) Sum Insured shall be available only after exhaustion of the annual sum insured.
- The enhanced Sum Insured can be utilized only for that particular hospitalization following the Road Traffic Accident.
- Reset benefit shall not trigger for claims under this cover.
- This benefit shall not be applicable for day care treatment.
- The unutilized balance of enhanced (doubled) sum insured for road traffic accidents cannot be carried forward for the remaining policy period or for renewal.
- Claims under this benefit will reduce the Cumulative bonus/ additional sum insured

17. Preventive health check-up

Insured Persons can avail a preventive health check-up as per our pre- defined package only at our network providers or empanelled health service providers anytime during the Policy period subject to the below conditions :

- This benefit can be availed only on cashless basis and is limited to once a year per Insured Person.
- This benefit can be availed through our mobile application or via utilisation of health check-up coupons provided with the policy kit

- The Network Provider /Health Service Provider shall be assigned by Us post receiving Insured Person's request to avail a health check-up under this Benefit.
- Utilisation of this preventive health check-up will not impact the Annual Sum Insured or eligibility for additional sum insured /cumulative Bonus.
- Un-utilised health check-up package will not be carried forward to the next policy year and it will be the Insured Person's choice and responsibility to utilise the same within the designated policy period. We shall not be liable to provide any reminders or notifications for the same.
- In-case of long term policies (2 year or 3 years), the preventive health check-up package for all the policy years shall be provided together in the first policy year itself. It shall be the responsibility of the Insured Person to preserve the same and undergo the check-ups during the designated policy years.

Please Note:

- We shall not hold any responsibility towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Healthcare professional.
- Choosing the services under this Benefit is purely upon the customer's own discretion and at own risk.
- The Insured Person should seek assistance from a health care professional when interpreting and applying them to the Insured person's individual circumstances. If the Insured person has any concerns about His/ her health, He/ She may consult His/ her general practitioner.

18. Incentives associated with Vaccination against pneumococcal disease

We will provide an additional 2.5% discount on premium (fresh or renewal) for Insured Person(s) who have taken the Pneumococcal vaccine or its equivalent vaccine which