

#### 4. Care management Plus Program

In consideration of payment of additional premium, Insured Person can avail the benefits associated with care management Plus Program as detailed below

##### 1. Health Care Professional

All insured persons shall be assigned a dedicated Health Care Professional who will act as a first point of contact for any service need. The Health Care professional will be a certified nutritionist who will assist the Insured person(s) with a personalised diet depending on their health concerns. The Health Care Professional shall encourage and promote optimal health and assist on matters pertaining to fitness, diet and nutrition and wellbeing concerns faced by the insured persons. He/She will encourage two way communication, provide reminders on healthy habits and reassure the insured person in times of need.

The health care professional will also play a significant role in being the primary point of contact to the Insured Person. The Health Care professional will

- On-board the Insured Person on to our mobile application
- Educate the Insured Person on the pertinent features of our mobile application such as but not limited to availing Tele-consultations, utilising the preventive health check-up, conducting the mid-term assessment, educating about health assistance services, redemption of wellness points etc.
- Give care calls to the Insured Person to understand insured person's issues surrounding fitness, diet & nutrition and wellbeing issues if any and propose solutions for the same

##### 2. Update to family members-

As a part of the enhanced wellness features, your family members will be regularly updated about your health and adherence to prescribed diet(as prescribed under the diet and nutrition e-consultation benefit under Care management program) via messaging platform(s) so that they can motivate and encourage and participate in your efforts to achieve your healthcare goals.

The above update shall be provided only on Your consent and after You provide us with contact details of family member who wishes to receive timely updates about your health and diet regime.

##### 3. Out-patient consultations

We shall cover the Medical Expenses incurred during the Policy period for out-patient consultations from a General Medical Practitioner or Specialist Medical Practitioner or Super Specialist Medical practitioner or AYUSH medical practitioner in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy period subject to the overall maximum number of 4 consultations in a Policy Year.

These services shall be provided through our Empanelled Health Service Provider subject to availability at the time of appointment.

This benefit shall also include e-consultation given by a General Medical Practitioner or Specialist or Super Specialist Medical Practitioner or AYUSH medical practitioner through a virtual mode of communication such as but not limited to chat, email, video, online portal, or mobile application.

Physiotherapy sessions shall be excluded from the scope of this benefit.

Counselling availed for psychiatric ailments or mental health issues shall be excluded from the scope of this benefit but it shall be covered in E-Counseling (section d. Base Cover. 18.4) as per the section d. Benefits covered under the policy.

#### 4. Routine Diagnostics and Minor Procedure cover

We shall cover medical expenses incurred for outpatient diagnostic tests recommended by Medical Practitioner under our cashless network available in the mobile application in relation to any Illness contracted or Injury suffered by the Insured Person during the Policy Period and for listed minor procedures undergone at a general practitioner or specialist / super-specialist medical practitioner by the Insured Person during the Policy period maximum up ₹ 2,000.

These services shall be provided through our Empanelled Health Service Provider subject to availability at the time of appointment. The diagnostic tests shall include but will not be limited to histopathology, biochemistry, hematology, immunology, microbiology, serology, pathology, radiology, ultrasound and TMT. Genetic studies shall be excluded from the scope of this cover.

We may even arrange for diagnostic tests to be carried out at the location of the Insured Person provided such location is within the geographical reach of the Health Service Provider on the date of the request. This service shall be subject to availability of Our empanelled Health Service provider.

##### List of Minor Procedures covered under this benefit #

Sr. No.	Procedure
1	Drainage of abscess
2	Injection including Intramuscular (Per Injection cost)
3	Intravenous injection(IV)
4	Sprain Management (Joint movement/ exercise)
5	Otoscope examination (Magnifying otoscopy)
6	Nasal packing for control of haemorrhage
7	Nebulizer therapy
8	Removal of foreign body

## List of Minor Procedures covered under this benefit #

Sr. No.	Procedure
9	Suturing (Staple under LA)
10	Removal of suture
11	Stabilization of joint
12	Syringing ear to remove wax
13	Application or removal of plaster cast
14	Laryngoscopy
15	Minor wound management

#this includes only the cost of administration. The actual cost of consumables shall be covered under the pharmacy cover. However, the said cost will have to be borne by the insured person in case the annual sum insured under the pharmacy cover has been exhausted or is out of scope of the Pharmacy cover or in case the consumable is a non-payable item.

#### 5. Pharmacy cover

We shall cover medical expenses incurred on purchase of medicines, drugs, and medical consumables, as prescribed by a Medical Practitioner under our cashless network available in the mobile application for any Illness contracted or Injury suffered by the Insured Person during the Policy Period, maximum up to ₹ 2,000 through our Empanelled Health Service Provider subject to availability on the date of the request.

Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, vitamins, tonics or other related products are excluded from the scope of this cover.

#### 6. Nursing at Home

We shall cover the expenses incurred by You, up to ₹ 2,000 for each day up to a maximum of 15 days post Hospitalization for the medical services of a Qualified Nurse at Your residence, provided that the nurse is employed in a Hospital and the engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner and related directly to any Illness or Injury, covered under the Policy. The payment under this cover is subject to admissibility of Your In-patient treatment Claim under the Policy.

#### d. Exclusions

We will not be liable for any Voluntary Deductible amount, if applicable and as specifically defined in the Policy Schedule under the Policy.

We will not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred in connection with or in respect of:

#### i. Standard exclusions (Exclusions for which standard wordings are specified by IRDAI)

##### 1. Code- Excl01: Pre-Existing Diseases

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

##### 2. Code- Excl02: Specified disease/procedure waiting period

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific Illness and Surgical Procedures as mention below:

Sr. No.	Organ /Organ System	Illness/ diagnosis (irrespective of treatments medical or surgical)	Surgeries/ Procedures (irrespective of any illness or diagnosis other than cancers)
1	ENT	Deviated Nasal Septum	Septoplasty
		CSOM-Chronic Suppurative Otitis Media	Mastoidectomy
			Tympanoplasty, Myringotomy & Myringoplasty
			Any treatment for conditions related to tonsils, adenoids, sinuses, Turbinates/ concha
2	Gynaecological	Fibroids (fibromyoma)	Dilatation and curettage (D&C)
		Endometriosis, Cervicitis	Myomectomy
		Uterine Prolapse	Hysterectomy (unless due to malignancy)
		Dysfunctional uterine bleeding	
		Polycystic Ovarian Syndrome (PCOS)	
3	Orthopaedic	Arthritis	Surgeries for joint replacements
		Gout and Rheumatism	Repairs/ reconstruction of ligaments/ meniscus/ tendons
		Spinal and Vertebral Disorders including diagnosis as low back ache	Spinal & Vertebral Surgeries
		Arthroscopy	
4	Gastrointestinal	Stones in gall bladder & Biliary System, cholecystitis, acalculous cholecystitis	Cholecystectomy, Procedures for biliary stones
		Fissure/fistula in anus, hemorrhoids, pilonidal sinus	Endoscopy
		Esophageal Varices & Gastric Varices	Procedures for Esophageal Varices & Gastric Varices
		All types Hernia	Endoscopy
		Gastrointestinal ulcers including Gastritis & Duodenitis/ Erosions of gastrointestinal tract	
		All forms of Liver cirrhosis	
5	Uro-genital	Stones in Urinary system	Surgeries and procedures related to Stones in Urinary system
		Benign Hyperplasia of prostate	Prostatic Surgeries
		Chronic Renal Failure or end stage Renal Failure or chronic kidney disease including dialysis	Dialysis but not limited to haemodialysis & peritoneal dialysis
		Hydrocele, varicocele/ rectocele/ Spermatocele	
6	Eye	Cataract	
		Retinal detachment	
		Glaucoma	
		Usage of intra vitreal injections including but not limited to avastin & lucentis	

f. List of specific Illness and Surgical Procedures as mention below: (Contd.)

Sr. No.	Organ /Organ System	Illness/ diagnosis (irrespective of treatments medical or surgical)	Surgeries/ Procedures (irrespective of any illness or diagnosis other than cancers)
7	Other General conditions (Applicable to all organ systems/ organs/ disciplines whether or not described above)	All internal/ external tumors, cysts, nodules, polyps, sinus, fistula	
		Varicose veins & Varicose ulcers	
		Parkinson's disease/Alzheimer's disease	

3. a. Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting
  - i. Hypertension
  - ii. Diabetes
  - iii. Cardiac Conditions
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Code- Excl03: 30-day waiting period

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

Unless covered by way of an appropriate extensions / optional covers, We shall not be liable to make any payment under this Policy in connection with or in respect of

5. Permanent Exclusions

- i. Code- Excl04: Investigation & Evaluation
  - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ii. Code - Excl05: Exclusion Name: Rest Cure, rehabilitation and respite care-

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

iii. Code- Excl06: Obesity/ Weight Control

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
  - a. greater than or equal to 40 **or**
  - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

iv. Code- Excl07: Change of Gender treatments

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v. Code- Excl08: Cosmetic or plastic Surgery

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or

Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

vi. Code- Excl09: Hazardous or Adventure sports

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

vii. Code- Excl10: Breach of law

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

viii. Code- Excl11: Excluded Providers

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim

ix. Code- Excl12: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

x. Code- Excl13: Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

xi. Code- Excl14: Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.

xii. Code- Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries

xiii. Code- Excl16: Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

xiv. Code- Excl17: Sterility and Infertility: Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

xv. Code- Excl18: Maternity: Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

ii. **Specific exclusions (Exclusions other than those mentioned under e.i. above)**

6. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions
7. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
8. Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.
9. Expenses incurred on dental treatment unless necessitated due to an Accident
10. Personal comfort, cosmetics, convenience and hygiene related items and services
11. Acupressure, acupuncture, magnetic and other therapies
12. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.
13. Expenses for venereal disease or any sexually transmitted disease (except HIV/AIDS)
14. Any Treatment or medical services taken outside the geographical boundaries of India.
15. Any expenses incurred on out-patient (OPD) treatment. (This exclusion shall not be applicable in case care management plus program has been opted for by payment of additional premium)
16. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)
17. Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority
18. Any Illness or Injury caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel