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immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9) Hazardous or Adventure sports: (Code-Excl09)

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.

10) Breach of law (Code-Excl10)

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

11) Excluded Providers (Code-Excl11)

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.

12) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)**13) Treatments received in health spas, 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. (Code-Excl13)****14) 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. (Code-Excl14)****15) Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16) Unproven Treatments (Code-Excl16)

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.

17) Sterility and Infertility (Code-Excl17)

- a. Expenses related to sterility and infertility. This includes:
- b. Any type of contraception, sterilization
- c. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- d. Gestational Surrogacy
- e. Reversal of sterilization

18) Maternity (Code-Excl18):

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

SECTION D) EXCLUSIONS- SPECIFIC EXCLUSIONS APPLICABLE TO INTERNATIONAL COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

B. Applicable to Part B-I, B-II, B-III

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement

- 1) Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified .
- 2) Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock

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- 3) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
- 5) Treatment for any other system other than modern medicine (allopathy)
- 6) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 7) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 8) Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 9) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
- 10) All non-medical Items as per Annexure II
- 11) Circumcision unless required for the treatment of Illness or Accidental bodily Injury,
- 12) Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
- 13) Alternate/Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
- 14) Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
- 15) Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
- 16) Dental veneers and related procedures, unless medically necessary.
- 17) Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
- 18) Doctor's fees for the completion of a Claim Form or other administration charges.
- 19) Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
- 20) Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
- 21) Treatment required as a result of medical error.
- 22) Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
- 23) Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
- 24) Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
- 25) Treatment in the USA if We believe that cover was taken out with the purpose of travelling to the USA to get treatment for a condition or symptoms You were aware of:
 - before being Insured with Us
 - before having the USA in Your region of cover.

If We paid any claims in these circumstances, We reserve the right to seek reimbursement from You.
- 26) Treatment outside the geographical area of cover unless for emergencies or authorised by Us.
- 27) Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
- 28) Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
- 29) Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.
- 30) The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:
 - Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial surgical procedures, which are covered within the overall limit of Your In-patient Plan
 - Dietician fees
 - Expenses for one person accompanying an evacuated/repatriated person
 - Home delivery
 - Infertility treatment
 - Laser eye treatment.
 - Out-patient treatment
 - Prescribed glasses and contact lenses including eye examination
 - Prescribed medical aids

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- Preventive treatment
 - Routine maternity, Routine Delivery and newborn care and Complications of childbirth
 - Travel costs of Insured family members in the event of an evacuation/repatriation
 - Travel costs of Insured family members in the event of the repatriation of mortal remains
 - Travel costs of Insured members to be with a family member who is at peril of death or who has died
 - Vaccinations
- 31) Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only)
- a. costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person
 - b. travel costs for accompanying person
 - c. travel costs of Insured family members in the event of an evacuation
- 32) Mental Illness Treatment
- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. .
 - b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions
 - c. Alternate treatment other than Allopathic treatment are not covered
 - d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
 - e. Out-patient Treatment for Mental Illness.
- 33) Emergency treatment outside area of cover
Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth.
- 34) Medical repatriation
- a. travel costs for accompanying person
 - b. travel costs of Insured family members in the event of repatriation
 - c. travel costs of Insured members to be with a family member who is at peril of death or who has died
- 35) Repatriation of mortal remains
Expense incurred for any person accompanying the remains is not covered.
- 36) If the international travel is intentionally undertaken with an intention of taking/undergoing medical treatment/procedure outside India.
- 37) The Standard Exclusion under "Investigation & Evaluation (Code-Excl04) (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only" are excluded even if the same requires confinement at a Hospital.

C. Applicable to Part B-II (OUT-PATIENT BENEFITS FOR INTERNATIONAL COVER)

1. Out-patient Treatment

- a. During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under out-patient except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- b. Out-patient Dental Treatment expenses will not be covered.

2. Alternate/Complementary Treatment

During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Alternate/Complementary Treatment except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

3. Physiotherapy Benefit

- a. During the first year of Global Health Care Policy with Us, 90 days waiting period would be applicable for all claims under Physiotherapy Benefit except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals
- b. Physiotherapy does not include therapies such as Rolfing, massage, Pilates, Fango and Milta.

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D. Applicable for Part B-III (DENTAL PLAN BENEFITS FOR INTERNATIONAL COVER)

- During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Dental Plan Benefits except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals
- Dental surgery does not cover surgical treatment that relates to dental implants.
- Dental Prostheses, dental implants, orthodontics

SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS**1. Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Policy holder.

(Explanation- "Material facts" for the purpose of this Policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.)

2. Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured for the Company to make any payment for claim(s) arising under the Policy.

3. Claim Settlement. (provision for Penal interest)

- The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Complete Discharge

Any payment to the Policyholder, Insured or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Multiple Policies

- In case of multiple policies taken by an Insured during a period from the same or one or more insurers to indemnify treatment costs, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- Insured having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

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6. Fraud

If any claim made by the Insured, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured or by his agent or the Hospital/Doctor/any other party acting on behalf of the Insured, with intent to deceive the Insurer or to induce the Insurer to issue an insurance Policy

- the suggestion, as a fact of that which is not true and which the Insured does not believe to be true;
- the active concealment of a fact by the Insured having knowledge or belief of the fact;
- any other act fitted to deceive; and
- any such actor omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving Fraud is upon the Insured, if alive, or beneficiaries.

7. Cancellation

The Insured may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below

- If full premium is received at Policy inception then refund will be computed as under:

Period in Risk	Premium Refund
Within 15 Days	As per Free Look period Condition
Exceeding 15 days but less than or equal to 3 months	65.00%
Exceeding 3 months but less than or equal to 6 months	45.00%
Exceeding 6 months but less than or equal to 9 months	20.00%
Exceeding 9 months but less than or equal to 12 months	0%

- If premium is received on instalment basis, the premium will be refunded as per the below table:

Period in Risk (From Latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium
Up to 15 days from 1st Instalment Date	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note:

The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.