

helps prevent pneumococcal disease. All the members covered under the policy should have been vaccinated in the past one year (1 year) from policy start date to avail this discount. i.e. if policy start date is 1st January 2022, all insured persons under the policy should have been vaccinated against Pneumococcal disease in the period from 1st January 2021 to 31st December 2021. This discount shall be provided lifetime as long as the insured person continues to renew this policy.

Mandatory Extension:

19. Care Management Program

In consideration of payment of additional premium, the insured person can avail benefits of the Care Management Program. The Care Management Program aims to provide solutions which will solve everyday challenges/issues faced by You, promote holistic wellbeing and empower You to lead independent and enriching lives.

Our Care management program focusses on providing You with assistance and support in case of any challenge but at the same time equipping you for the future. Our endeavour is to promote longevity, productivity and incentivise You for your healthy behaviour which will enable dignified living.

The Insured Person shall have access to a host of benefits under the Care management program on downloading and registering on our mobile application. This activity is to ensure adequate utilization of services offered and to redeem the wellbeing points awarded.

1. Tele Consultation(s)

We will arrange consultations and recommendations for routine health issues by a qualified Medical Practitioner or health care professional. For the purpose of this benefit Telephonic/Virtual consultation shall mean consultation provided by a qualified Medical Practitioner or Health care professional through various mode of communication like audio, video, online portal, chat or mobile application. The services provided under this Benefit will be made available subject to the terms and conditions, and in the manner prescribed below:

- The Medical Practitioner may suggest / recommend / prescribe over the counter medications based on the information provided, if required on a case to case basis. However, the services under this Benefit should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional*.
- There shall be no maximum limit on the count of tele-consultations that can be availed by the Insured Person in a policy year.
- This service will be available 24 hours a day, and 365 days in a year.
- We/Medical Practitioner/Healthcare professional may refer the Insured Person to another specialist or a general physician (outside of our empanelled network), if required and the charges for such

specialist or a general physician will have to be borne by the Insured Person.

- We shall not be liable for any discrepancy in the information provided under this Benefit.
- Choosing the services under this Benefit is purely upon the customer's own discretion and at own risk.
- **The proposer 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. 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.*

2. Second E-opinion for Critical Illness

We shall arrange E-opinion on a cashless basis from our empanelled Medical Practitioners in case the Insured Person is diagnosed with any of the below listed critical illnesses during the Policy Period, and at his/her sole discretion chooses to avail an E-opinion subject to the below mentioned conditions.

- The E-opinion will be arranged on cashless basis and the insured person will not have to bear any expenses on the same.
- The E-opinion will be based only on the information and documentation provided to Us (which will be shared with the Medical Practitioner) and it should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional.
- This E-opinion can be availed only once during the Policy Period for the same illness.
- Appointments to avail this E-opinion may be requested through Our Website or Our mobile application or through calling Our call centre on Our toll free number.
- The E-opinion provided under this Benefit shall be limited to the listed critical illnesses and will not be valid for any medico legal purposes.
- We do not assume any liability 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.

List of Critical Illness for which Second E-opinion may be requested

Heart and vascular conditions

1. Myocardial Infarction
2. Refractory heart failure
3. Cardiomyopathy

Lung Conditions

4. End stage lung Failure
5. Primary (Idiopathic) pulmonary Hypertension

Liver conditions

6. End stage liver Failure

Neuro/spinal & psychiatric disease

7. Multiple sclerosis with Persisting symptoms
8. Motor neuron disease with Permanent symptoms
9. Permanent paralysis of limbs
10. Stroke resulting in permanent symptoms
11. Coma of specified severity
12. Alzheimer's Disease before age of 50 years
13. Parkinson's disease before age of 50 years
14. Apallic syndrome
15. Benign brain tumour
16. Creutzfeldt-Jakob disease (CJD)
17. Major head trauma

Renal diseases

18. Kidney failure requiring regular dialysis
19. Medullary cystic disease

Musculoskeletal diseases

20. Muscular dystrophy
21. Poliomyelitis

Bleeding disorders

22. Aplastic Anaemia

Auto immune diseases

23. Systemic Lupus Erythematosus with renal involvement
24. Myasthenia gravis
25. Scleroderma
26. Good pastures syndrome with lung or renal involvement
27. Blindness
28. Deafness
29. Cancer of specified severity
30. Third Degree Burns
31. Loss of speech
32. Loss of limbs
33. Loss of Independent Existence

3. Diet and Nutrition e-consultation

We will offer You diet and nutrition e-consultation on a virtual platform via our mobile application to help you achieve your weight and health management goals.

Maximum of 12 sessions will be provided per insured person per policy period.

The e-consultation shall be availed only through virtual modes of chat via our mobile application.

4. E-Counselling

We will offer e-counselling session(s) with a Psychologist via our mobile application for providing assistance in dealing with issues such as but not limited to personal and lifestyle imbalance, anxiety, depression, sleep disorders, stress and problems related to psychological/mental illness/ psychiatric and psychosomatic disorders.

Maximum of 12 sessions will be provided per insured person per policy period.

The e-counseling sessions shall be availed only through virtual modes of chat via our mobile application.

5. Health Management Program

The Health Management Program has been designed to ensure a regular monitoring of the Insured Person's health and timely intervention and a concrete plan for corrective measures in case of any decline in the health status of the Insured Person.

The Health Coach shall guide and motivate the Insured Person to follow the customised Health management program designed for them to achieve their health and fitness goals.

As a part of the Health Management Program, the insured person can avail the following benefits

a. Care Calls

All insured persons shall receive care calls to check up on their well-being and safety by our health coach who understand the issues surrounding senior individuals. The insured person(s) will be encouraged to express their concerns surrounding their well-being (if any) on these calls so that the health coach can address them later.

b. Goal based incentives on outcome of Preventive health check-up

Monitoring of one's health status remains an important step towards becoming more self-aware of one's medical/ health conditions.

The insured person shall be subjected to a mid-term assessment via a Wellbeing Risk Assessment [WRA] which will include outcome of certain laboratory tests and questionnaire based assessment covering aspects of lifestyle, current medical history & family history.

The assessment will be carried out using a telephonic/ digital connect with the Health Coach.

The health coach will encourage the insured person to undergo certain laboratory tests (as detailed in Table A) and we will incentivise the Insured Person in case of favourable findings of the laboratory tests.

The insured person will have to undergo the below mentioned laboratory tests as a part of the mid-term assessment from our empanelled diagnostic

centres and will be guided by the health coach for the same.

In case the insured person is desirous of undergoing laboratory tests at a diagnostic centre of their choice which is not empanelled with us, the insured person will have to bear the charges associated with the actual costs of the mid-term assessment diagnostic tests/ visit charges / collection charges etc.

The insured person will also have to provide us with the laboratory reports of the below mentioned medical tests/investigations conducted within the policy period for Us to award the wellness points.

Table A

Medical Tests	Favorable findings	Findings that need improvement
Glycosylated Haemoglobin (HbA1c)	< 6%	>6 and up to 7%
Low Density Lipoprotein (LDL)	< 100 mg/dl	>100 and < or = 190 mg/dl
High Density Lipoprotein (HDL)	> or = 40 mg/dl	> 20 mg/dl and <40 mg/dl
Serum cholesterol	< or = 200mg/dl	>200 and < or =300 mg/dl
Serum Triglycerides	<or= 150 mg/dl	> 150 and < = 250mg/dl
S. Creatinine	< or = 1.3 mg/dl	> 1.3 mg/dl

The insured person shall be awarded wellness points as per table B for each laboratory test mentioned below in case the findings of the laboratory test are favourable as detailed in Table A.

Table B

Medical Tests	Wellness points awarded in case of favourable findings
Glycosylated Haemoglobin (HbA1c)	500
Low Density Lipoprotein (LDL)	200
High Density Lipoprotein (HDL)	200
Serum cholesterol	200
Serum Triglycerides	200
Serum Creatinine	200
Total	1500

The maximum wellness points that can be awarded under this activity is restricted to 1500 wellness points per insured person per policy year.

Each wellness point will be valued at INR 0.20. Wellness points so earned can be redeemed against deals and discounts on purchase of medicines from our empanelled pharmacies or undergoing recommended diagnostic tests from our empanelled diagnostic centres etc. as listed on our mobile application.

6. Participation in Yoga/Meditation Sessions/ Completion of Targeted Steps

The Insured Person can earn wellness points by participating in yoga sessions or meditation sessions aimed at maintaining physical and mental Wellness. Participation and successful completion of 10 yoga/ meditation sessions in a month will award the insured

person 250 wellness points. Each yoga session/ meditation session must last 30 minutes or more and the maximum wellness points that can be accrued under this task is 1500 per insured person per policy year.

Please Note: The insured persons can join a virtual yoga/meditation class or visit an actual yoga/meditation centre. The expenses associated with the class fees/membership fees/tutor or instructor fees etc. will have to be borne by the insured person. Proof of payment of fees and certificate of completion of sessions will have to be provided to us in order for insured person to earn the wellness points.

Alternately, in case the Insured Person is keen to achieve targeted steps instead of participation in yoga sessions/meditation sessions, we will award 250 wellness points per month provided the insured person takes 4000+ steps per day for atleast 15 days in a month. The maximum wellness points that can be accrued by achieving targeted steps is 1500 per insured person per policy year.

Our mobile application will have to be downloaded within 30 days of the policy start date to avail the benefit as the average step count completed by an Insured person would be monitored on this mobile application.

Each wellness point will be valued at INR 0.20. Wellness points so earned can be redeemed against any services under discounts as mentioned in "discounts on services or products" on our mobile application.

Wellness points accumulated	Maximum wellness points awarded per person per policy year	Rupee Value of Accumulated wellness points
Outcome of Preventive health check-ups	1500	300
Participation in Yoga / Meditation / Completion of Targeted steps	1500	300
Total	3000	600

7. Medical Vault

The insured person can upload His/Her health records in our mobile application so as to protect them from loss or theft. These health records can then be viewed as per need and convenience of the insured person.

By availing this service, the Insured person agrees and has no objection to the health records being maintained with Us for internal use only.

8. Health Assistance (HAT)

HAT shall assist the Insured Person in understanding their health condition better by providing answers to any queries related to health service providers

The services provided under this shall include:

- Identifying a Physician/ Specialist
- Availability of hospital beds/COVID hubs etc.
- Providing guidance on engaging attendants or nurses
- Facilitation with respect to arrangement of mobility aids, daily living aids, medical equipment etc.

- Scheduling an appointment with any Medical Practitioner empanelled with Us
- Scheduling appointments for a second opinion
- Providing suitable options with respect to Hospitals as well as providing assistance in Cashless facility, wherever applicable.
- Scheduling appointments from diagnostic labs empanelled with us.
- Providing information, assistance and facilitation on door step delivery of medicines
- Providing preventive information on ailments
- Providing guidance on post Hospitalization care, such as Physiotherapy/ Nursing at home.

Please note that services provided under this Benefit are solely for assistance, and should not be construed to be a substitute for a visit/ consultation to an independent Medical Practitioner. Our role is limited to that of facilitation and Health Assistance services will not include the charges for any independent Medical Practitioner/nutritionist/ charges incurred on diagnostics/ consulted on HAT's recommendation, and such charges are to be borne by the Insured Person.

For all facilitation services provided under this cover, our role shall be limited to assistance only and the charges and expenses associated with the actual service shall have to be borne by the insured person.

This service is available on our mobile application or by calling on 040-66274205 (please note that this number is subject to change) from 8am to 8pm from Monday to Saturday except public holidays.

By availing this service, the Insured person agrees and has no objection to the health records being maintained with Us for internal use only.

While deciding to obtain the above services, the Insured person(s) expressly notes and agrees that it is entirely for them to decide whether to obtain these services and also to decide the use (if any) to which these services are to be put for.

9. Ambulance Assistance

We will facilitate ground medical transportation by a Service provider to transport the Insured Person to the nearest Hospital or any clinic or nursing home for medically necessary treatment subject to availability of services in that particular city/ location. Kindly visit our website for updated list of cities/ locations where the services are provided.

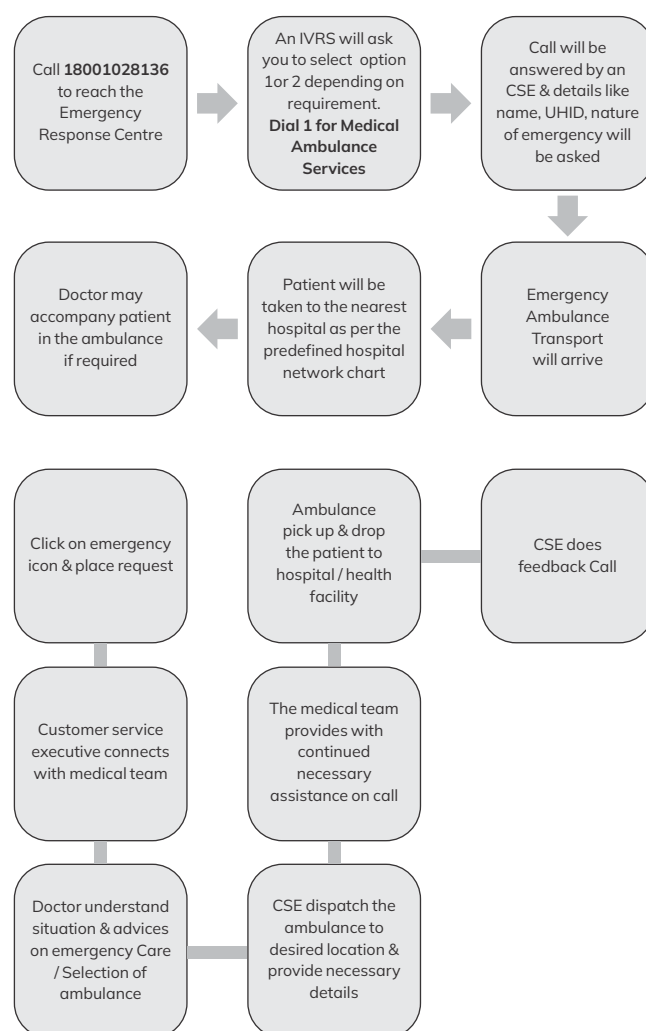
1. The services under this Benefit are subject to the following conditions:
 - The medical transportation is for a life threatening health condition of the Insured Person which requires immediate and rapid transportation to the Hospital; as certified in writing by the Medical practitioner
 - The Insured Person is in India and the treatment is in India only;

- The ambulance service is availed within the same city
- This is an assistance service and the expenses for the same will have to be borne by the insured person or can be claimed under domestic road ambulance cover(if inpatient treatment claim is found to be admissible)

Process to avail Ambulance Assistance:

- a) On calling Our helpline number provided below, Our trained customer service executive (CSE) will ask the Insured person relevant questions to assess the situation.
- b) The call may be redirected to a qualified Medical Practitioner in order to evaluate the requirement for an ambulance with Advanced Life Support based on the Insured Person's condition.
- c) The below mentioned details are to be made available for availing the services:
 1. UHID of Insured Person, as provided on the Health Card.
 2. Contact number of the Insured Person
 3. Location of Insured Person

How to Call an Ambulance? (Via Call)



10. Discounts on services / products

We shall only facilitate the Insured Person in availing discounts on services/ products including but not limited to investigations/ diagnostic tests/ laboratory tests / health supplements/ medical equipment/ homecare services / virtual health & wellness sessions/ AYUSH products / Fitness & wellness related activities & products etc. at our empanelled diagnostic centres, drugs / medicines ordered from pharmacies etc. offered by our network providers/ health service providers. These discounts can be viewed on our mobile application and one can redeem the wellness points earned from Care Management Program (either through favourable findings on health check-up or participation in Yoga/ meditations sessions/ achieving targeted steps per month) for availing discounts as per product terms and conditions and subject to availability.

Terms and Conditions for Care Management Program

- There shall be no minimum wellness points limit for redemption against health related deals and discounts offered on our mobile application.
- The Insured Person(s) can choose to carry forward the wellness points for 3 years, in case they do not wish to redeem the same provided the policy is continuously renewed without any break. The wellness points so accrued shall have to be redeemed at the end of the 3rd Policy year.
- The Insured Person shall notify Us and submit the relevant documents, reports, receipts as and when required by us within 60 days of undertaking any activity for us to reward appropriate wellness points.
- In case of expiry of policy and the policy not being renewed, the accrued wellness points may be carried forward for a period not exceeding three months.
- There shall not be any cash reimbursement or redemption available against the wellness points accumulated by an Insured Person.
- We or Our Health Service Providers or Our Network Providers do not warrant the validity, accuracy, completeness, safety, quality, or applicability of the content or anything said or written or any suggestions provided in the course of providing the wellbeing services.
- We do not accept any liability towards quality of the services made available by our network providers/ health service providers and are not liable for any defects or deficiencies on their part.
- Availability of all Services under the care management program is subject to availability of Health Service provider at the requested location.
- We, Our group entities, or affiliates, their respective directors, officers, employees, agents, vendors, shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which an Insured Person may claim to have suffered, sustained or incurred, as a result of any

advice or information obtained by way of the wellness program or any actions chosen by the Insured Person on the basis of such advice or information.

- The care management program offered is subject to revisions based on the insurance regulatory framework from time to time.

Optional Covers**1. Claim Protector**

In consideration of payment of additional premium to Us, the insured person can avail the benefit as mentioned under claim protector. If a claim has been accepted under the inpatient hospitalization cover, then the items which are not payable under the claim as per the List of Excluded items released by IRDAI that is related to the particular claim will become payable. The maximum claim pay-out under this benefit shall be limited to Annual Sum Insured under your policy.

Base Co-payment as opted by the Insured Person in the policy shall be applicable for this cover

2. Modification of Base Co-payment

In consideration of payment of additional premium to Us, The insured person will have the option to reduce his base co-payment from 50% to 40% or 30% or 20% and He/She shall be liable to pay the percentage (%) 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.

3. Voluntary Deductible

In case the Insured person has opted for a voluntary deductible, as specified in the Policy Schedule, the Deductible will be applicable on aggregate basis for all Hospitalization expenses during the Policy Year before it becomes payable by Us, subject to terms, conditions and exclusions of the Policy. The voluntary deductible option available will be 20% of Annual Sum Insured opted by You.

- i. In case voluntary deductible has been opted for, base co-payment shall not be chosen. Zone based co-payment shall be applicable in case medically necessary treatment (Except medically necessary treatment for road traffic accidents) has been taken in a zone higher (Zone A being the highest followed by Zone B and then Zone C) than the zone for which premium has been paid on issuance of the policy.
- ii. The deductible will apply on individual basis in case of individual policy and on floater basis in case of floater policy.
- iii. Deductible once chosen cannot be changed mid-term. Modification of deductible may happen only during renewal subject to underwriting.