

Policy Document – Part II**1. Terms & Conditions**

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) the information You provided to Us (including by way of the Proposal or Information Summary Sheet) on Your behalf and on behalf of all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person.

2. Benefits

The Policy covers reasonable expenses incurred towards medical treatment taken during the Policy Period for an Illness, Accident or condition described below if this is contracted or sustained by an Insured Person during the Policy Period and subject always to the Sum Insured, any subsidiary limit specified in the Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table and as shown in the Schedule of Insurance Certificate :

2.1. In-patient Treatment

We will cover Medical Expenses for:

- (a) Doctors' fees
- (b) Diagnostics Tests
- (c) Medicines, drugs and consumables
- (d) Intravenous fluids, blood transfusion, injection administration charges
- (e) Operation theatre charges
- (f) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Operation.
- (g) Intensive Care Unit charges

2.2. Hospital Accommodation

We will cover Reasonable and Customary charges for Hospital accommodation.

2.3. Pre-hospitalization Medical Expenses

We will cover Medical Expenses incurred due to Illness up to 30 days immediately before an Insured Person's admission to a Hospital for the same Illness as long as We have accepted an In-patient Hospitalisation claim under 2.1 above. Pre-hospitalization expenses can be claimed as reimbursement only.

2.4. Post-hospitalization Medical Expenses

We will cover Medical Expenses incurred due to Illness up to 60 days immediately after an Insured Person's discharge from Hospital for the same Illness as long as We have accepted an In-patient Hospitalisation claim under 2.1 above. Post-hospitalization expenses can be claimed as reimbursement only.

2.5. Day-Care Procedures

We will cover Medical Expenses for **Day Care Procedures** (including Chemotherapy, Radiotherapy, Hemodialysis, any procedure which needs a period of specialized observation or care after completion of the procedure) where such procedures are undertaken by an Insured Person as an In-patient in a Hospital for a continuous period of less than 24 hours. Any procedure undertaken on an out-patient basis in a Hospital will not be covered.

2.6. Domiciliary Treatment

We will cover Medical Expenses for medical treatment taken at home if this continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization as long as either (i) the attending Doctor confirms that the Insured Person could not be transferred to a Hospital or (ii) the Insured Person satisfies Us that a Hospital bed was unavailable.

2.7 Organ Donor

We will cover Medical Expenses for an organ donor's treatment for the harvesting of the organ donated provided that:

- a. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- b. The Insured Person has been medically advised to undergo an organ transplant;

We will not cover:

- (a) Pre-hospitalisation or post-hospitalization Medical Expenses or screening expenses of the donor or any other medical expenses as a result of the harvesting from the donor;
- (b) Costs directly or indirectly associated with the acquisition of the donor's organ.

2.8 Emergency ambulance

We will cover Reasonable and Customary ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency to the nearest Hospital with adequate facilities if:

- a. The ambulance service is offered by a healthcare or ambulance service provider;
- b. We have accepted an In-patient Hospitalization claim under the provisions of 2.1 above;

In the case of Out-Of-Network Hospitalization of the Insured Person Our maximum liability for ambulance expenses is limited to Rs.2,000/- per event.

2.9 Consultation and Diagnostic Tests (For Platinum Policyholders only)

We will cover an Insured Person's Reasonable & Customary consultation expenses of Medically Necessary consultation with a Doctor, as an out-patient to assess the Insured Person's health condition for any Illness. We will also pay for any Diagnostic Tests prescribed by the Doctor upto the sub-limits shown in the Product Benefits Table.

If there is an unutilized amount (not used by the Insured Person) under the applicable subsidiary limit for this benefit (as specified in the Product Benefits Table) in a Policy Year, then if the Policy is in force and the Policy has been renewed with Us without any break, We will carry forward 80% of this amount to the immediately succeeding Policy Year, provided that the total amount (including the unutilized amount available under this benefit) shall at no time exceed 2.5 times the amount of the entitlement in respect of this benefit under the plan applicable to the Insured Person per the Product Benefits Table.

3. Co-pay

If any Insured Person is 65 years of age or over on the date of commencement of the current Policy Year, then it is agreed that We will only pay 80% of any amount We assess for payment or reimbursement in respect of any claim made by that Insured Person and the balance will be borne by the Insured Person.

4. Exclusions

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

a. Pre-Existing Conditions

Benefits will not be available for Pre-existing Conditions until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us.

b. 30 Days Initial Waiting Period

We will not cover any treatment taken during the first 30 days since the date of commencement of the Policy, unless the treatment needed is the result of an Accident. This waiting period does not apply for any subsequent and continuous renewals of Your Policy.

c. Specific Waiting Period

The conditions listed below will be subject to a waiting period of 24 months and will be covered from the commencement of the 3rd Policy Year as long as the Insured Person has been insured continuously under the Policy without any break:

1. Stones in biliary and urinary systems
2. Lumps / cysts / nodules / polyps / internal tumours
3. Gastric and Duodenal Ulcers
4. Surgery on tonsils / adenoids
5. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse

6. Cataract
7. Fissure / Fistula / Haemorrhoids
8. Hernia / Hydrocele
9. Chronic Renal Failure or end stage Renal Failure
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Diabetes and related complications
17. Hysterectomy for any benign disorder

d. Personal Waiting Periods

Conditions mentioned under Personal Waiting Period in the Schedule of Insurance Certificate will be subject to a waiting period of 24 months and will be covered from the commencement of the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

e. Permanent Exclusions

We will not be liable under any circumstances, for any claim in connection with or with regard to any of the following permanent exclusions and any such other exclusions as may be specified in the Schedule of Insurance Certificate :-

i. Addictive conditions and disorders

Treatment related to addictive conditions and disorders, or from any kind of substance abuse or misuse including alcohol abuse or misuse.

ii. Ageing and puberty

Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing.

iii. Artificial life maintenance

Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health

iv. Circumcision

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

v. Conflict and disaster

Treatment for any illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity), if one or more of the following conditions apply:

1. The Insured Person put himself in danger by entering a known area of conflict where active fighting or insurrections are taking place
2. The Insured Person was an active participant in the above mentioned acts or events of a similar nature.
3. The Insured Person displayed a blatant disregard for personal safety

vi. Congenital conditions

Treatment for any Congenital Anomaly.

vii. Convalescence and Rehabilitation

Hospital accommodation when it is used solely or primarily for any of the following purposes:

1. Convalescence, rehabilitation, supervision or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in Hospital.
2. receiving general nursing care or any other services that do not require the Insured Person to be in Hospital and could be provided in another establishment that is not a Hospital
3. receiving services from a therapist or complementary medical practitioner or a practitioner of alternative medicine.

viii. Cosmetic surgery

Treatment undergone purely for cosmetic or psychological reasons to improve appearance. However, this exclusion does not apply where medically required as a part of treatment for cancer, accidents and burns to restore functionality.

ix. Dental/oral treatment

Treatment for any dental or oral condition, which includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint.

EXCEPTION: We will pay for a Surgical Operation for which the Insured Person is Hospitalised as a result of an Accident and which is undertaken as an In-patient in a Hospital and carried out by a Doctor.

x. Drugs and dressings for Out-patient or take-home use

Any drugs or surgical dressings that are provided or prescribed in the case of Out-patient Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in post-hospitalization expenses under clause 2.4 above.

xi. Eyesight

Treatment to correct refractive errors of the eye, unless required as the result of an Accident. We will not pay for routine eye examinations, contact lenses, spectacles or laser eye sight correction.

xii. Experimental treatment

Treatment, including medication, which in competent Medical Practitioner's opinion is experimental or has not generally been proved to be effective.

xiii. Health hydros, nature cure, wellness clinics etc.

Treatment or services received in health hydros, nature cure clinics or any establishment that is not a Hospital.

xiv. HIV and AIDS

Any treatment for, or treatment arising from, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

xv. Hereditary conditions

Treatment of abnormalities, deformities, illnesses present only because they have been passed down through the generations of the family.

xvi. Items of personal comfort and convenience, including but not limited to:

1. Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
2. Private nursing/attendant's charges incurred during Pre-Hospitalization or Post-Hospitalization.
3. Drugs or treatment not supported by prescription .

4. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
5. Any charges incurred to procure any treatment/illness related documents pertaining to any period of hospitalization/illness.
6. External and or durable medical/non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc.
7. Ambulatory devices such as walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and similar items and also any medical equipment which is subsequently used at home.
8. Nurses hired in addition to the Hospital's own staff.

xvii. Non-allopathic treatment

Any other streams of medicine apart from allopathy. We will not pay for other streams of treatment including ayurvedic, homeopathic or unani medicine.

xviii. Psychiatric and Psychosomatic Conditions

Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour, Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition");

xix. Obesity

Treatment for obesity.

xx. Out-patient Treatment

Out-patient Treatment is not covered except those out-patient benefits explicitly stated as an eligible benefit for Your chosen plan.

xxi. Reproductive medicine - Birth control & Assisted reproduction

1. Any type of contraception, sterilization, termination of pregnancy or Family planning.
2. Treatment to assist reproduction, including IVF treatment.

xxii. Self-inflicted injuries

Treatment for, or arising from, an injury that is intentionally self-inflicted, including attempted suicide.

xxiii. Sexual problems and gender issues

Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.

xxiv. Sexually transmitted diseases

Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

xxv. Sleep disorders

Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

xxvi. Speech disorders

Treatment for speech disorders, including stammering unless the disorder occurs directly due to an Accident.

xxvii. Treatment for developmental problems

Treatment for, or related to developmental problems, including but not limited to:

1. learning difficulties, such as dyslexia;
2. behavioral problems, including attention deficit hyperactivity disorder (ADHD);
3. deviated nasal septum (straitening of the nasal tract).

xxviii. Treatment received outside India

Any treatment received outside India

xxix. Unrecognised physician or Hospital:

1. Treatment provided by a medical practitioner who is not recognized by the Medical Council of India.
2. Treatment in any hospital or by any medical practitioner or any other provider of services that We have blacklisted as listed on Our website.
3. Treatment provided by anyone with the same residence as Insured Person or who is a member of the Insured Person's immediate family