

HEALTH INSURANCE POLICY CERTIFICATE

Issued by: HealthGuard Insurance Ltd.

**Policy Number:** HG-2025-IND-7890 **Issue Date:** 01-July-2024 **Policy Period:** 01-July-2025 to 30-June-2026 **Type of Plan:** Individual Health Protector Plus **Sum Insured:** ₹5,00,000 (Rupees Five Lakh Only)

Primary Policyholder Information

- **Name:** Mr. Arjun Sharma
- **Date of Birth:** 15-May-1959
- **Relationship to Primary Insured:** Self
- **Address:** 123, Green Street, Koramangala, Bengaluru, Karnataka, India - 560034
- **Contact Number:** +91-XXXXXXXXXX
- **Email:** arjun.sharma@email.com

Premium Details

- **Annual Premium:** ₹15,500
- **Applicable Taxes (GST @ 18%):** ₹2,790
- **Total Premium Paid:** ₹18,290

Declared Health Conditions at Policy Inception (01-July-2024)

- Controlled Type 2 Diabetes Mellitus (diagnosed 2010)
- Hypertension (diagnosed 2015)
- Visual impairment/early diagnosis of age-related eye condition in both eyes.

Applicable Waiting Periods

This policy is subject to the following waiting periods as per the policy terms and conditions:

- **Initial Waiting Period:** 30 days from the policy inception date (01-July-2024). This period does not apply to claims arising from accidental injuries.
- **Specific Procedures Waiting Period:** 24 months from the policy inception date for certain listed procedures. This includes surgical interventions for various non-emergency conditions such as hernias, hydrocele, benign prostatic hypertrophy, and treatments for age-related lens opacities.
- **Pre-Existing Disease (PED) Waiting Period:** 48 months of continuous coverage from the first policy inception date (01-July-2024) for all declared pre-existing diseases and their direct complications.

Key Coverage Highlights

This policy offers extensive coverage for a broad spectrum of medical expenses, adhering to the limits and conditions detailed in the full policy wording.

- **In-Patient Hospitalization:** Covers medical expenses for hospital stays exceeding 24 consecutive hours.
  - **Day Care Procedures:** Provides coverage for advanced medical or surgical treatments that require less than 24 hours of hospitalization, facilitated by technological advancements.
  - **Pre-Hospitalization Expenses:** Reimbursable for up to 30 days immediately preceding hospital admission.
  - **Post-Hospitalization Expenses:** Reimbursable for up to 60 days following hospital discharge.
  - **Ambulance Cover:** Up to ₹2,000 per hospitalization for emergency transportation to a network hospital.
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## Terms and Conditions (Extracts)

### 1. Definitions

- **Pre-Existing Disease:** Any condition, ailment, injury, or disease that is diagnosed by a physician or for which the insured person has received medical advice or treatment within 48 months prior to the first policy issued by the Company.
- **In-Patient Hospitalization:** Defined as admission to a hospital for a minimum period of 24 consecutive hours for medical treatment.
- **Day Care Procedure:** A medical or surgical procedure undertaken in a hospital or day care center requiring less than 24 hours hospitalization due to technological advancement, as listed in the policy annexure.

### 2. Scope of Coverage

Subject to the applicable waiting periods and general exclusions, this policy covers hospitalization expenses arising from a wide array of illnesses and injuries. This comprehensive coverage includes, but is not limited to:

- **Cardiovascular Ailments:** Treatment for various heart conditions, including coronary artery disease, myocardial infarction (heart attack), and related surgical interventions.
- **Chronic Lifestyle Diseases:** Management and treatment of declared conditions like Diabetes Mellitus and Hypertension, along with any related complications that arise after the specified Pre-Existing Disease waiting period has been successfully completed.
- **Neurological Conditions:** Covers medical and surgical treatments for disorders affecting the brain, spinal cord, and nerves, such as stroke, epilepsy, and other neurological issues.
- **Gastrointestinal Disorders:** Includes treatments for conditions affecting the digestive system, such as gastritis, peptic ulcers, and surgical repair of conditions like hernias.

- **Respiratory Illnesses:** Coverage for infections and chronic conditions affecting the respiratory system, like pneumonia, bronchitis, and asthma.
- **Orthopedic Conditions:** Treatment for various musculoskeletal issues, including fractures, joint diseases (e.g., arthritis), and surgical procedures such as joint replacements (subject to specific waiting periods and sub-limits).
- **Age-Related Ocular Conditions:** Surgical and medical interventions for common age-related eye conditions, including the removal of clouded natural lenses and the implantation of artificial intraocular lenses. This is covered after the completion of the 24-month Specific Procedures Waiting Period.
- **Oncological Treatments:** Comprehensive coverage for various types of cancer, encompassing chemotherapy, radiation therapy, and surgical oncology procedures.
- **Infectious Diseases:** Hospitalization and medical expenses for severe infectious diseases, including but not limited to dengue, malaria, and COVID-19.

### 3. Specific Conditions and Sub-limits

- **Treatment for Age-Related Lens Opacities:** Surgical procedures for the removal of opacified lenses and subsequent intraocular lens (IOL) implantation are covered under Day Care Procedures. This coverage becomes active after the completion of the **24-month Specific Procedures Waiting Period**. A sub-limit of **15% of the Sum Insured** or **₹40,000 per eye**, whichever is lower, applies to all associated expenses (including surgeon's fees, operating theatre charges, and the cost of the standard intraocular lens). Any charges for premium or specialized IOLs (e.g., multifocal or toric lenses) exceeding the standard IOL cost may be borne by the policyholder.
- **Pre-Existing Diabetes and Hypertension:** As per the declared health conditions, all expenses related to the treatment of your Type 2 Diabetes Mellitus and Hypertension, along with any direct complications arising from these conditions, will be covered only upon successful completion of the **48-month Pre-Existing Disease Waiting Period** from 01-July-2024.

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### 4. Claim Process

To initiate a claim under this policy, the following processes are available:

- **Cashless Facility:**
  - For planned hospitalizations, pre-authorization from HealthGuard Insurance Ltd. or its designated Third-Party Administrator (TPA) is mandatory at least 48 hours prior to admission.
  - For emergency admissions, intimation must be given to the Company/TPA within 24 hours of hospitalization.
  - Admission must be at one of HealthGuard Insurance Ltd.'s network hospitals.
- **Reimbursement Claim:**

- If hospitalization occurs at a non-network hospital, or if a cashless request is not approved, the policyholder must pay all medical expenses upfront.
- All original bills, receipts, diagnostic reports, and discharge summary must be submitted to HealthGuard Insurance Ltd./TPA within 15 days from the date of discharge.

## 5. General Exclusions

The Company shall not be liable to make any payment under this policy in respect of any expenses incurred in connection with or in respect of the following:

- **Non-Medical Expenses:** Items that are not directly related to medical treatment, such as toiletries, attendant charges, special food, or consumables like gloves, masks, and syringes.
- **Cosmetic and Plastic Surgery:** Unless it is required as a result of an accidental bodily injury or a congenital anomaly.
- **Dental Treatment:** Routine dental check-ups, fillings, root canals, or any dental procedures not requiring hospitalization, unless necessitated by an accidental injury.
- **Self-Inflicted Injuries and Suicide Attempts.**
- **Treatment for Alcohol, Drug, or Substance Abuse, and related complications.**
- **Medical Expenses during Waiting Periods:** Any medical expenses incurred for conditions or procedures for which a waiting period is applicable and has not been completed.
- **War, Riot, Strike, and Nuclear Perils:** Any claim arising directly or indirectly from acts of war, invasion, civil war, rebellion, revolution, insurrection, military or usurped power, or hostile acts by or against a belligerent power, or any consequences of radioactive contamination.
- **Dietary Supplements, Vitamins, or Tonics:** Unless they are prescribed as part of the primary treatment for a covered illness and are supported by medical necessity.
- **External Congenital Anomalies:** Treatment for anomalies that are present from birth and are externally visible.
- **Infertility and Sterility Treatments:** Expenses related to infertility, subfertility, and sterilization procedures.

### Important Note to Policyholder:

This document provides a summary of your policy. It is crucial to read the complete policy wording document carefully to understand all terms, conditions, definitions, inclusions, exclusions, and limitations. For any clarification or assistance, please contact our customer service helpline or visit our official website.