Liberty General Insurance Ltd.
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Prabhadevi, Mumbai- 400013
IRDAI Reg. No.150, CIN: U66000MH2010PLC269656

Liberty Health Connect Policy
Prospectus

Introduction

Liberty Health Connect Policy offers a host of covers to take care of your hospitalization medical expenses during healthcare needs.
Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

General Features

1. Minimum Entry Age for Adults: 18 Years
2. Maximum Entry Age for Adults: 65 Years
3. Entry Age for dependent children: 91 days to 25 years provided either parent is insured under the Policy.
4. Renewability: Lifelong
5. Tenure: 1/2/3 Years
6. Options: Individual Sum Insured basis and Family Floater Sum Insured basis
7. Family Discount: 10% if more than 2 family members are covered on Individual Sum Insured basis
8. Relationships covered: Self / Spouse/ Dependent Children, Parents, Parents-in-law
9. Basic Sum Insured Available: 2, 3, 4, 5, 6, 7.5, 10, 15, 20, 30 & 40 lacs depending on the plan selected

Key Features

1. **Flexi Policy term** - Option to choose policy term of 1 / 2 / 3 years
2. **Restoration of Sum Insured** –In case of exhaustion of Sum Insured, be worry-free, as our Policy offers restoration of Sum Insured to take care of all your future claims (coverage as per the plan chosen).
3. **Assured renewal for life** – There is no age restriction on renewal.
4. **Attractive renewal benefits** – We reward you with free health check- up after 2 years of continuous policy renewal with Us irrespective of the claims made under the Policy.
5. **Second Medical Opinion**–Get a second medical opinion absolutely free from our expert panel of doctors.
6. **Free Look Period** –After purchasing the Policy, in case you find it unsuitable to your needs, you can, within a free look period of 15 days, request for cancellation of the Policy.
7. **Unique Loyalty Perk benefits / Discount on Renewal** - Avail auto increase in Sum Insured by 10% for every claim free year on the Basic Sum Insured up to a maximum of 100% of the Basic Sum Insured OR Option to opt for discount in renewal premium.
8. **Extension of Policy Tenure** – In case you are travelling out of the country with a travel policy from Us, we will extend your Health Connect Policy tenure to the extent of number of days you were out of the country at no additional cost.

9. **Tax Benefit** – Avail tax benefits under section 80D of Income Tax Act 1961 on the premium you pay towards your Health Connect Policy.
10. **Cashless Facility** – Avail Cashless facility from our network hospitals and leave the rest to us.
11. **Zero Deduct Cover -** Get your Non-medical expenses fully paid by selecting this option.
12. **Super Booster –** This Policy provides for auto increase in Basic Sum Insured by 40% on the Basic Sum Insured for every claim free Policy year up to a maximum of 150% of the Basic Sum Insured.
13. **PED Protector:** Reduce the Long waiting period applicable for Diabetes & Hypertension and its consequences by selecting this option.
14. Get discounts on premium by selecting Co-Pay, Modern Surgeries limit, Room Rent limit and/or Cataract Capping.
15. Avail discount of 5% for Female proposer
16. **Global Cover:** Covers emergency medical expense whilst you are abroad.
17. Pay premium in Installments: Monthly, quarterly or half yearly.

Scope of Cover

The features and benefits available are as per the relevant plan opted by the Insured Person/s. Please refer the Benefit Schedule in the later part of the Prospectus. The benefits are described as below.
The Company pays and/or reimburses actual expenses incurred or up to the limits specified in the schedule against each benefit whichever is less. However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the total sum of Basic Sum Insured, earned Cumulative Bonus and Restoration of Basic Sum Insured as stated in the Policy Schedule.

1. **Hospitalisation Expenses:**
   a. **In-Patient Treatment** - Covers hospitalization expenses due to any Illness or Injury towards Room, Boarding expenses, Intensive Care Unit bed charges, Doctor's fees, Nursing Expenses, Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy, Prescribed Drugs and medicines consumed on the premises, Investigation Services such as Laboratory, X-Ray, Diagnostic tests, Dressing, Ordinary splints and plaster casts, Cost of Prosthetic devices if implanted during a surgical procedure.

   b. **Day Care Procedure/Treatment -** The Company will indemnify medical expenses incurred on a treatment towards a Day Care procedure, where the procedure or surgery is taken by the Insured Person as an inpatient in less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital.

2. **Pre-Hospitalisation Expenses:** Covers medical expenses incurred for the number of days immediately before the hospitalization as specified under the Benefit Schedule towards consultations, tests & medications.

3. **Post-Hospitalisation Expenses:** Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital as specified under the Benefit Schedule towards follow-up visits, confirmatory tests, medications & physiotherapy.

4. **Domiciliary Hospitalisation Treatment:** Covers medical expenses incurred for treatment taken at home in India as the patient cannot be moved to a hospital, or the patient takes treatment at home on account of non-availability of room in a hospital.

5. **Hospital Daily Cash Allowance:** Pays a Hospital Daily Cash allowance to take care of non-medical expenses incurred for each continuous and completed period of 24 hours of hospitalization of the Insured Person for a maximum up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is however applicable.

6. **Emergency Local Road Ambulance Charges:** Covers expenses incurred towards transfer of Insured Person to nearest Hospital having adequate emergency facilities.

7. **Organ Donor Expenses:** Covers expenses incurred towards organ donor's screening & treatment for harvesting of the organ donated.

8. **Second Medical Opinion:** A second medical opinion service from our expert panel of doctors is available for seeking information that will give the Insured Person confidence in their medical diagnosis and treatment plan. This benefit can be availed only once in a Policy year

9. **Recovery Benefit:** The Policy provides for payment of the specified amount in terms of the plan selected, in the event of Insured Person's hospitalization for a continuous period of not less than10 days subject to a valid claim being admissible under Inpatient Treatment Expenses of the Policy. In case of a family floater, this benefit is applicable, separately, to all the members of the policy irrespective of the number of occurrences during the Policy Period subject to overall limit of the Sum Insured.

10. **Nursing Allowance:** This benefit provides for payment of a daily allowance, as per plan, towards engaging the services of a qualified nurse either at the Hospital or at the Insured Person's residence provided:
    - such services are confirmed as being necessary by the attending Medical Practitioner and the same relate directly to a disease / illness / injury for which the Insured Person has been hospitalized.
    - A valid claim is admissible under In-patient Treatment Expenses of the Policy
    - Deductible of 48 hours of hospitalization is applicable for Any One Illness.

11. **AYUSH Treatment# refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.**

    The Company will indemnify Reasonable and Customary charges up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred for the inpatient hospitalization treatment taken under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy provided that the hospitalization is for minimum 24 hours and is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:

#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

1. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;

2. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
3. AYUSH Hospitals as defined hereinabove.

Exclusions specific to AYUSH Treatment#

The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses
4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment.

The above exclusions are in additions to the General exclusions listed under the Policy.

Additional Features (available based on plan selected)

12. **Restoration of Sum Insured:** If the Basic Sum Insured is exhausted due to claims made and paid during the Policy Period or made during the Policy Period and accepted as payable, then we will restore the entire Sum Insured once during the Policy Period. This restored amount can be used for future claims, not related to the Illness/Injury for which the claim has been made during the same year. Any unutilized restored Sum Insured cannot be carried forward to any subsequent Policy Period.

13. **Extended Policy Tenure:** In case you are going out of the country for a period of more than 15 days continuously and/or maximum up to 180 days, then you may extend your Policy for the number of days you are out of the country.

#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

Optional Covers

1. **Zero Deduct Cover:** By opting this cover, the list of excluded expenses towards 'Non-medical expenses' as mentioned in the Annexure-A of the Policy, stands waived off. All Reasonable and customary charges of these items will be indemnified as part and up to the Basic Sum Insured.
2. **Vector Borne Disease Benefit:** We will pay you the lumpsum amount as stated in the Policy Schedule applicable for a single member or for all members insured under a Family Floater policy if You are diagnosed with any of the listed 'Vector Borne Diseases'
3. **Super Booster:** The Loyalty Perk (Cumulative Bonus) would get increased by 40% of Basic Sum Insured for every claim free year maximum up to 150% of Basic SI. It's with addition to 10% Cumulative Bonus available with your Policy as an in-built feature.

4. **EMI Protector Benefit:** The Company will pay EMI (s) falling due in respect of the Loan (Loan account number as stated in Schedule to this Policy) obtained by the Insured member suffering from below listed Terminal illness/s and/or when is on the end-of-life care treatment, subject to applicable conditions. In case of multiple loans, we would consider, the sum of all EMI amount payable up to the selected number of EMI's and/or outstanding number of EMI's and/or Actual outstanding Loan amount whichever is lesser.
    - Cancer of Specified Severity
    - Alzheimer's Disease
    - Motor neuron disease (MND)
    - End-Stage Lung Failure
    - Parkinson's Disease
    - Heart Transplant

5. **PED Protector:** Depending on the plan selected, the Waiting period applicable as specified under 'General Exclusions' of the Policy for '**Pre-existing Diseases- Code –Excl01 *for* '**Diabetes & related complications' and 'Hypertension & related complications will get reduced by 2 / 1 years.
6. **Global Cover:** Covers emergency medical expenses incurred outside India, during the Policy Year, provided that.
    i. The Insured person/s is/are outside India for the purpose other than undergoing medical treatment/procedure
    ii. The medical symptoms first originated whilst the Insured Person/s is/are outside India
    iii. The treatment is Medically Necessary and has been certified by a Medical Practitioner as an Emergency care which cannot be deferred till the date of Insured Person/s return/s to India.
    iv. The intimation of such hospitalization to the Company or our Service Provider is within 24 hours of admission
    v. The Emergency Care Medical Expenses incurred during In-patient Hospitalization only shall be covered.
    vi. Any payments under this benefit will only be made in India, in Indian Rupees and on reimbursement basis.

7. **Domestic Travel Plus:** We will indemnify up to twice of Basic Sum Insured for an In-patient hospitalization arising due to an Accidental event of a Common carrier whilst the Insured is travelling as a fare paying passenger in any of the public carriers like Bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft provided the accidental event is > 150 kms away from the residential address as mentioned in the Policy Schedule.

8. **Reload of Sum Insured:** The condition specified under Restoration of Sum Insured cover **"The Restored Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease for which a claim has been paid in the current policy year under Part II-1 of the Policy."** stands waived off by selecting this option.

9. **Co-Pay:** Get equivalent % of discount on premium as you opt Co-pay per claim: 5%, 10% or 20%.

10. **Modern Surgeries limit:** The following procedures will be covered (wherever medically indicated) either as in patient or as part of domiciliary hospitalization or as day care treatment in a hospital upto 50% of Sum Insured, specified in the policy schedule, during the policy period:

A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy- Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. BronchicalThermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

11. Room Rent limit:

i. The Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home will be capped to 1% of the sum insured or maximum up to INR.5000/-, per day whichever is lower.
ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses will be capped to 2% of the sum insured or maximum up to INR 7,500/- per day whichever is lower.

14. Cataract Capping: The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit mentioned below, per each eye in one policy year.

Basic Sum Insured	**Cataract per eye limit**
3 Lakhs to 4 Lakhs	INR 25,000/- per person
5Lakhs to 7.5Lakhs	INR 35,000/- per person
10 Lakhs & Above	INR 40,000/- per person

Renewal Features

1. **Health Check Up:** All members covered under the Policy above18 years of age is/are entitled to a health check-up, on Cashless basis, at a diagnostic center specified by the Company after a block of every 2 years of continuous yearly Policy renewal with Us irrespective of the claims made under the Policy in E-Connect, Basic, Elite & Supreme plan and after every policy year, irrespective of the claims made under the Policy in Supreme Plus plan subject to continuation of Policy with Us. This is available for the Insured Person/s who were insured with Us for the above specified period.

Refer below table for list of investigations.

Sum Insured (in Lakhs)	List of Investigations
2,3,4	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, Sr. Cholesterol, SGPT, Creatinine, ECG
5 and above	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, Lipid profile, Kidney Function Test, Medical Examination Report

2. The Insured Person who do not make claim, will be rewarded with any one of the below two options as per the choice/ express consent of the Insured Person at the time of every renewal:

- **Loyalty Perk: Auto increase in Sum Insured by 10% for every claim free year up to maximum of 100% if the Policy is renewed without any break.**

OR

- **Discount in Renewal Premium:**

As per the choice/ express consent of the Insured Person at the time of every renewal Insured has choice to choose Discount in renewal premium in the in lieu of auto increase in Basic Sum Insured (Loyalty Perk /Cumulative Bonus) for every claim free Policy year Basic Sum Insured Enhancement: Basic Sum Insured can be enhanced only at the time of renewal subject to no claim having been lodged/ paid under the earlier policy/ies and with the specific approval and acceptance by the Company. In all such case of increase in the Basic Sum Insured, waiting period will apply afresh in relation to the amount by which the Basic Sum Insured has been enhanced.

Exclusions

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

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

1. Pre- Existing Diseases – ***Code - Excl01***
   a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e. until the expiry of 36 months or 24 months of continuous coverage after the date of inception of the first policy with Us.
   b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. 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 be extent of prior coverage.
   d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of application and accepted by the Insurer.

2. Specified disease/procedure waiting period – ***Code - Excl02***
   a. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of below mentioned 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.
   b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. 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.
   d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   e. 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 diseases/procedures

Sr. No	First Year (12 months) Waiting Period	Two Year (24 months) Waiting Period	Three Year (36 months) Waiting Period
1.	Cataract	Calculus diseases of Gall bladder and Urogenital system	Surgical treatment of Obesity
2.	Benign Prostatic Hypertrophy	Joint Replacement due to Degenerative condition,	
3.	Hernia	Surgery for prolapsed inter vertebral disc unless arising from accident	
4.	Hydrocele	Age related Osteoarthritis and Osteoporosis	
5.	Fistula in anus	Spondylosis / Spondylitis	
6.	Piles	Surgery of varicose veins and varicose ulcers.	
7.	Sinusitis and related disorders	Treatment for correction of eye sight (laser surgery) due to refractive error	
8.	Fissure		
9.	Gastric and Duodenal ulcers		
10.	Gout and Rheumatism		
11.	Internal tumors, cysts, nodules, polyps , breast lumps (unless malignant)		
12.	Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus		
13.	Polycystic ovarian diseases		
14.	Skin tumors (unless malignant)		
15.	Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy,mastoidectomy, tonsillectomy and tympanoplasty		
16.	Dilatation and Curettage (D&C);		
17.	Congenital Internal Diseases		
*The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.			

3. 30-day waiting period- ***Code- Excl03***
   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.

4. Investigation & Evaluation – ***Code-Excl04***
   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.

5. Rest Cure, rehabilitation and respite care- ***Code- Excl05***
   a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. 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.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control: ***Code- Excl06***

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 Type 2 Diabetes

7. Change-of-Gender treatments: ***Code- Excl07***
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery**:** ***Code- Excl08***
   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
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- Excl 10***

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

11. Excluded Providers : ***Code- Excl 11***
    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 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- Excl 12***

13. 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. ***Code - Excl 13***

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-Excl 1***4

15. Refractive error: ***Code – Excl15***
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

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**
    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

18. Maternity: ***Code Excl18***
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
    ii. 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)

1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice &

Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.

3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

4. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.

5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.

6. External Congenital Anomaly.

7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

8. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.

9. Treatment received outside India unless specifically mentioned in your policy schedule.

10. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.

11. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.

12. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

13. Personal comfort and convenience items or services including but not limited to TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

14. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

15. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
    b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death
    d. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

16. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.

17. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.

Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

Note: The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

Discount & Loadings

Discounts:

1. Family Discount: A Family discount of 10% will be given if more than 2 family members are covered on Individual Sum Insured basis
2. Multi-year Policy Discount: A discount of 7.5% and 10% will be given on selection of 2 year or 3 year tenure policies respectively subject to in receipt of the applicable premium in advance as single premium.
3. Employee Discount: 10% discount if the client is an employee of the Company
4. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy through Our Website.

5. Complete Insurance Package Discount: Avail discount of 1% per active policy maximum up to 4%, with Liberty's Motor Insurance Policy, Critical Connect policy, Individual Personal Accident Policy & Health Connect Supra Policy.
6. Discount for Female proposer: Avail discount of 5% for Female proposer.

Above discounts are available at the time of first policy issuance as well as on renewal of this policy with Us.

Loadings:
We **may** apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
We will not apply any additional loading on your policy premium at renewal based on claim experience. We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.
Please note that We will issue Policy only after getting Your consent.

Premium on Installment Basis

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly or any other specific frequency as mentioned in the policy Schedule/Certificate of Insurance the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.

ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Given below are the payment terms applicable on standard premiums in case of installments.

Installment Frequency	% of Annual Premium

Half Yearly	51%
Quarterly	26%
Monthly	8.75%

Renewal Benefits

1. **Lifelong** Policy Renewal without any exit Age.
2. **Grace Period -** Grace Period of 30 days for renewing the Policy is provided under this Policy.
3. **Waiting Period -** The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Policy.
4. **Sum Insured Enhancement -** Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy and approval by the Company.
5. **Change in Plan/Optional Cover/ Installment Premium frequency**: Change in Plan or change in 'Optional Cover' can be done at Renewal subject to acceptance by the Company.
6. **Loyalty Perk / Discount on Renewal:** Auto increase in Sum Insured by 10% for every claim free year up to maximum of 100% if the Policy is renewed without any break OR option to opt for discount in renewal premium.
7. **Health check on cashless basis**: Depending on the plan selected, all members covered under the Policy above 18 years of age is/are entitled to a health check-up on cashless basis, at our empaneled diagnostic centers after a block of every 2 years/1year of continuous yearly Policy renewal with Us irrespective of the claims history. This is available for the individuals who were insured with Us for the above specified period.

Any revision or modification in a Policy which is approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.

Continuity Benefits

Portability: If You are insured continuously and without interruption under any other Indian Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital and you want to shift to us on renewal, the Company will consider such requests on proper evaluation allowed in terms of the Portability Guidelines.

Dependent child/children: covered with Us under Family Floater shall have the option to continue renewal by migrating to a suitable policy at the end of the specified exit age. Due credit for continuity in respect of the previous policy period will be allowed provided the earlier policies have been maintained without a break.

Cancellation/Termination

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall

a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

c. In case of Installment policy, Policy will be cancelled with Proportionate premium refund for unexpired policy period if there is no claim made during the policy period.

(ii) 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.

Cancellation Grid	Time period	Claim Status	One Year - Single payment /Instalment policy	2/3 Years Policy tenure -Single payment /Instalment policy
Free Look Period (Risk not commenced)	Upto30 days	Nil	Full refund less medical examination of insured person and the stamp duty charges	
Free Look Period (Risk commenced)	Upto30 days	Nil	Proportionate refund for unexpired policy period	
Pro rate (Risk commenced)	Beyond 30 days	Nil	Proportionate refund for unexpired policy period	

In the event of the death of the Insured Person/s during the currency of the Policy, due to any reason and subject to there being no claim reported under the Policy, the Policy would cease to operate and the nominee/legal heir would be entitled to a refund in premium from the date of death to the expiry of policy and such refund would be governed by the provisions relating to the Cancellation by Insured / Insured Person/s as specified above. In case of a family floater, upon the death of the Policy holder, this Policy shall continue till the end of the Policy Period. If the other Insured Person/s wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of an Insured.

Withdrawal Of Product

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

The existing customers of a withdrawn product shall be provided the following options:
a. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product; or

b. Migrate to any other suitable product (any other existing product or modified version of the withdrawn product) as per the choice of the policyholder

Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

Pre-Policy Check Up (PPC) Grid

The PPC tests required will be as per the PPC grid mentioned below. This product has four different PPC grids based on the Basic Sum Insured and age band. This grid may be subject to change based on the company policy in future. The result of these tests will be valid for a period of 3 months from the date of tests. The Pre-Policy Check Up will be carried out at our network list of diagnostic centres as available on our website.

I. New Business - Nil Health Declaration

Pre Policy Check Grid - Nil Health Declaration on Proposal Form					
Age(Yrs)/SI	**2 to 5L**	**6 to 15 L**	**20 L**	**30L and 40L**	**Cost borne**
18 – 35	Nil	Nil	Nil	Nil	NA
36-45	Nil	Nil	Nil	Nil	NA
46-50	Nil	Nil	Nil	Tele UW	NA
51-55	Tele UW		Pack 2-ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglycerides		50% Borne by US for accepted cases
56-60	Pack 2 ME, CBC, HBA1C, ECG, Sr. Cholesterol, Triglycerides		Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT		50% Borne by US for accepted cases
61-65	Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females)		Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females)		50% Borne by US for accepted cases

II. New Business - Health Declaration (Diabetes M., Hypertension & Cholesterol)

Pre Policy Check Grid - Health Declaration on Proposal Form, (with UW discretion)						
Age(Yrs) / Sum Insured	**2 to 5L**	**6 and 7.5 L**	**10 and 15 L**	**20 L**	**30L and 40L**	**Cost borne**
18 – 35	Tele UW or/and Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT	Tele UW or/and Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT	Tele UW and or Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT	Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFTs	Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFTs	50% Borne by US for accepted cases
36-45	Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT.	Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT.	Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT	Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT	Pack 6-ME, CBC, HbA1c, LFT , RFT , RUA and TMT	50% Borne by US for accepted cases

46-50	Pack 5- ME, CBC, HbA1c, ECG, RUA, RFT and LFT	Pack 6-ME, CBC, HbA1c, LFT , RFT , RUA and TMT	Pack 7-ME,CBC, HbA1C, LFT, RFT, RUA, TMT , PSA(male), USG Abdomen(Female)	50% Borne by US for accepted cases
>51-65	Pack 7-ME,CBC, HbA1C, LFT, RFT, RUA, TMT , PSA(male), USG Abdomen(Female)			50% Borne by US for accepted cases

III. Portability- Filing UW guidelines.

Age(Yrs) / Sum Insured	**2 to 5L**	**6 and 7.5 L**	**10 and 15 L**	**20 L**	**30L and 40L**	**Cost borne**
18 - 35	STP- Nil declaration/claim in expiring policy.	STP-Nil declaration/claim in expiring policy.	STP -Nil declaration/claim in expiring policy.	STP -Nil declaration/claim in expiring policy.	STP -Nil declaration/claim in expiring policy.	50% borne by US for accepted cases.
	Tele UW- In case of Health Declaration	Tele UW- In case of Health Declaration	Tele UW- In case of Health Declaration	In case of Health Declaration or claim. - **Pack 2-**ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglyceride	In case of Health Declaration or claim - **Pack 2**-ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglyceride	

36-50	STP -Nil declaration/claim in expiring policy. Tele UW- In case of Health Delcaration	STP -Nil declaration/claim in expiring policy. Tele UW- In case of Health Delcaration	STP -Nil declaration/claim in expiring policy. In case of Health Delcaration Pack 2-ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglycerides	Tele UW -Nil declaration. Pack 2-ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglycerides , in case of Health Declaration	Tele UW -Nil declaration Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, in case of Health Declaration	50% borne by US for accepted cases.
51-65	Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd(females)					50% borne by US for accepted cases.

ME= Medical Examination (report), CBC=Complete Blood Count, ECG=Electro Cardio Gram, FBS=Fasting Blood Sugar, RUA=Routine Urine Analysis, Sr. Cholesterol= Serum Cholesterol, Sr. Creat=Serum Creatinine, HbA1c= Glycosated Haemoglobin, TMT=Tread Mill Test, PSA=Prostate Specific Antigen, USG=Ultra Sono Gram

Wherever any pre-existing disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of the member's age.

Claims Procedure

a. **Notification of claim:** Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured Person/s shall give immediate notice to the TPA named in the Policy/Health Card or the Company by calling toll-free number as specified in the Policy/Health Card or in writing to the address shown in the Schedule with Particulars below:

i. Policy Number / Health Card No
ii. Name of the Insured / Insured Person availing treatment
iii. Details of the disease/illness/injury
iv. Name and address of the Hospital
v. Any other relevant information

Intimation must be given atleast 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization. In event of any claim for Pre – Post Hospitalization expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the policy schedule whichever is earlier.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within thirty working days of receipt of the last required documents.

b. For opting Cashless Facility: (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.
    i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider.
    ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner.
    iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation.
    iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.
    v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider

c. Reimbursement Claims - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization /injury/ death, failing which admission of claim would be based on the merits of the case at our discretion.The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following:
    i. Claim form duly completed in all respects
    ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.
    iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
    iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
    v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
    vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.

vii. Medical Case History / Summary.
viii. Original bills & receipts for claiming Ambulance Charges
ix. Any additional documents or information, as may be deemed necessary by the Company or TPA.

The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company / or its associated representative to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.
The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Basic Sum Insured opted.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

INDICATIVE CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

➢ ***In-patient Treatment /Day Care Procedures***

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Detailed Discharge Summary / Day care summary from the Hospital. Original consolidated hospital bill with bill no and break up of each Item, duly signed by the Insured.
- ❑ Original payment receipt of the hospital bill with receipt number
- ❑ First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test.
- ❑ Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- ❑ Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- ❑ Original medicine bills and receipts with corresponding Prescriptions.
- ❑ Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.
- ❑ Hospital Registration Number and PAN details from the Hospital
- ❑ Doctors registration Number and Qualification from the doctor

➢ ***Road Traffic Accident***

In addition to the In-patient Treatment documents:

- ❑ Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate.
  In Non Medico legal cases

- ❑ Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained)
  In Accidental Death cases
- ❑ Copy of Post Mortem Report (if conducted) & Death Certificate

➢ ***For Death Cases***

In addition to the In-patient Treatment documents:

- ❑ Original Death Summary from the hospital.
- ❑ Copy of the Death certificate from treating doctor or the hospital authority.
- ❑ Copy of the Legal heir certificate, if the claim is for the death of the principle Insured.

➢ ***Pre and Post-hospitalisation expenses***

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year Policy.
- ❑ Original Medicine bills, original payment receipt with prescriptions.
- ❑ Original Investigations bills, original payment receipt with prescriptions and report.
- ❑ Original Consultation bills, original payment receipt with prescription.
- ❑ Copy of the Discharge Summary of the main claim.

➢ ***Ambulance Benefit***

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year Policy.
- ❑ Original Bill with Original Payment Receipt.
- ❑ Treating Doctor's consultation prescription indicating Emergency Hospitalization.

➢ ***Reimbursement of Organ Donor Expenses***

In addition to the documents of general hospitalization

- ❑ Organ Function test / blood test proving organ failure.
- ❑ Treatment Certificate issued by the Transplant Surgeon of the hospital concerned.

➢ ***Hospital Cash Allowance***

Same as In-patient Hospitalisation treatment

➢ ***Restoration/Reinstatement of the Sum Insured***

Same as In-patient Hospitalisation treatment

➢ ***Recovery Benefit***

Same as In-patient Hospitalisation treatment

➢ ***Nursing Allowance***

In addition to the In-patient Treatment documents:

- ❑ Duly signed prescription for Private Nursing requirement and its necessity from the treating Medical Practitioner
- ❑ Nurse Qualifications: ANM/GNM degree from a recognized institution in India and Valid nursing license issued by The Indian Nursing Council
- ❑ Original Bill with original payment receipt of Nursing charges from the utilized Nursing Burrow/Private Nurse

➢ ***Extended Policy Tenure***

- ❑ Proof of travel outside the Country specifying a period more than 15 days consecutively.

➢ ***AYUSH Treatment***

- ❑ Same as In-patient Hospitalisation treatment.

➢ ***Vector Borne Disease Benefit***

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner demanding such test.
- ❑ Attending Doctors/ Consultants/ Specialist's Bill and receipt and certificate regarding same
- ❑ Original medicine bills and receipts with corresponding Prescriptions.
- ❑ Doctors registration Number and Qualification from the doctor

➢ ***EMI Protector Benefit***

- ❑ Submission of sanction letter from the Financial Institute or Bank from where loan is applied
- ❑ Repayment track record from the Financial Institute or Bank
- ❑ Bank account statement reflecting EMI for the loan
- ❑ Loan account statement
- ❑ A medical certificate confirming the diagnosis of Terminal illness from a specialist doctor as mentioned under each Terminal illness.
- ❑ Medical certificate for the duration of Terminal illness.
  An Investigation reports / other related documents reflecting the Terminal illness diagnosis

➢ **Global Cover**

Same as In-patient Hospitalisation treatment

➢ **Domestic Travel Plus**

Same as In-patient Hospitalisation treatment

➢ ***Tele-medicine***

- ❑ A proper invoice or numbered bill of consultation with date
- ❑ A proof of payment either a Online, G-PAY or Pay-TM
- ❑ The consultation note or Prescription with Physicians registration number and details
- ❑ All investigation report advised with bills and prescription

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

a. In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
b. If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
c. If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
d. The Policy - excludes the Standard List of excluded items - attached in the Policy document.

e. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions or reject the claim as per the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, 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, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.

f. All claims will be settledas per relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time , we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us For the purpose of this clause, 'bank rate' means **"**Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due"

g. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

Free Look Period

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938)`No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

Premium Rate Chart ***– As Annexed***
Benefit Schedule ***– As Annexed***

Note: The above details are some of the important terms, conditions and exclusions of the Policy and the Proposer is requested to contact our office and refer to the Policy document for knowing full Policy terms conditions and exclusions and complete details of cover and understand the same before concluding the contract of sale.

List of Day Care Procedures/ Treatments:
Day Care Procedures/ treatments include the following Day Care Surgeries & Day Care Treatments and can include other Day Care procedures or surgery or treatment undertaken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not in the Outpatient department of a Hospital:

Microsurgical operations on the middle ear
1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus

28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate

63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

73. Incision on bone, septic and aseptic
74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
75. Suture and other operations on tendons and tendon sheath
76. Reduction of dislocation under GA
77. Arthroscopic knee aspiration

Operations on the breast

78. Incision of the breast
79. Operations on the nipple

Operations on the digestive tract

80. Incision and excision of tissue in the perianal region
81. Surgical treatment of anal fistulas
82. Surgical treatment of haemorrhoids
83. Division of the anal sphincter (sphincterotomy)
84. Other operations on the anus
85. Ultrasound guided aspirations
86. Sclerotherapy etc.

Operations on the female sexual organs

87. Incision of the ovary
88. Insufflation of the Fallopian tubes
89. Other operations on the Fallopian tube
90. Dilatation of the cervical canal
91. Conisation of the uterine cervix
92. Other operations on the uterine cervix
93. Incision of the uterus (hysterotomy)
94. Therapeutic curettage
95. Culdotomy

96. Incision of the vagina
97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
98. Incision of the vulva
99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

100. Incision of the prostate
101. Transurethral excision and destruction of prostate tissue
102. Transurethral and percutaneous destruction of prostate tissue
103. Open surgical excision and destruction of prostate tissue
104. Radical prostatovesiculectomy
105. Other excision and destruction of prostate tissue
106. Operations on the seminal vesicles
107. Incision and excision of periprostatic tissue
108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

109. Incision of the scrotum and tunica vaginalis testis
110. Operation on a testicular hydrocele
111. Excision and destruction of diseased scrotal tissue
112. Plastic reconstruction of the scrotum and tunica vaginalis testis
113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114. Incision of the testes
115. Excision and destruction of diseased tissue of the testes
116. Unilateral orchidectomy
117. Bilateral orchidectomy
118. Orchidopexy
119. Abdominal exploration in cryptorchidism
120. Surgical repositioning of an abdominal testis
121. Reconstruction of the testis
122. Implantation, exchange and removal of a testicular prosthesis
123. Other operations on the testis

Operations on the spermatic cord, epididymis and ductus deferens

124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
125. Excision in the area of the epididymis
126. Epididymectomy
127. Reconstruction of the spermatic cord
128. Reconstruction of the ductus deferens and epididymis
129. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

130. Operations on the foreskin
131. Local excision and destruction of diseased tissue of the penis
132. Amputation of the penis
133. Plastic reconstruction of the penis
134. Other operations on the penis

Operations on the urinary system

135.Cystoscopical removal of stones

Other Operations

136. Lithotripsy
137. Coronary angiography
138. Haemodialysis
139. Radiotherapy for Cancer
140. Cancer Chemotherapy

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalization is not mandatory

Annexure-A

List I – Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES

34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE

34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES (*Payable incase medically advisable for the treatment)
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION⁄STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Illustrations

1. **Restoration of Sum Insured**

Eg: Policy tenure 1 year ie 365 days
Sum Insured – Rs. 2,00,000
Date of Incident – 180th day

Details	Scenario I	Scenario II
Basic Sum Insured	2,00,000	2,00,000
Loyalty Perk Accrued	0	20000
Claimed Amount	220000	220000
Eligible Claim Amount	200000	210000
Loyal Perk Utilised	NA	10000
Amount Utilised	200000	210000
Balance Available including Loyalty Perk	NA	10000
Restoration Sum Insured available for	200000	200000
Claim On 210th Day		
Claimed Amount	250000	250000
Eligible Claim Amount	200000	210000
Amount Utilised	200000	210000
Balance Loyalty Perk available	0	0
Further Restore Available	Nil	Nil
Balance Sum Insured available for	Nil	Nil
Total Paid Amount	400000	420000

2. **Extension of Policy Period:**

Details	Scenario I (Out of country on LGI Travel Policy)	Scenario II (Out of country on LGI Travel Policy)	Scenario II (Out of country and not on LGI Travel Policy)
Policy start date	1st Jan 2023	1st Jan 2023	1st Jan 2023
Policy End Date	31st Dec 2023	31st Dec 2023	31st Dec 2023
Original Policy Tenure	365 days	365 days	365 days
Travel start date out of country	1st August 2023	1st August 2023	1st August 2023
Travel Return date to India	30th August 2023	10th August 2023	14th August 2023
Travel period out of the country	30 days	10 days	14 days
Revised Policy End Date	30th Jan 2024	10th Jan 2024	No Change
Total Policy Tenure	395 days	375 days	365

3. **Loyalty Perk:**

Year	1st Year	2nd Year	3rd Year	4th Year	5th Year

Basic Sum Insured	200000	200000	200000	200000	200000
Claim Status	No Claim	No Claim	Claim	No Claim	No Claim
Loyalty Perk	0	20000	20000	0	20000
Total Loyalty Perk	0	20000	20000+20000 = 40000	0 + 20000 C/F balance= 20000	20000 + 20000 = 40000
Total Available Sum Insured	200000	220000	240000	200000	240000
Claim Amount	0	0	220000	0	0
Utilised Sum Insured	0	0	220000	0	0
Balance Loyalty Perk	0	20000	20000	20000	40000