

SECURE HEALTH CONNECT POLICY WORDINGS

Preamble & Operative Clause

Liberty General Insurance Limited (hereinafter called the “**Company**”, “**We, Our, or Us**”) will provide insurance cover to the person(s) (hereinafter called the “**Insured**”, “**You, Your, or Yourself**”) based on the Proposal made and agreed premium paid within such time, as may be prescribed under the provisions of the Insurance Act, 1938, for the Policy Period stated in the Schedule or during any further period for which the Company may accept payment for the Renewal or extension of this Policy and subject to the terms, conditions, provisos, exclusions contained herein or endorsed or otherwise expressed herein. This Policy records the agreement between the Company (We) and the Insured (You), and sets out the terms of insurance and obligations of each party.

A. Interpretations & Definitions

The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female.

1. “**Accident/Accidental**” is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. “**Age**” means the completed age of the Insured Person as on his last birthday.
3. “**Alternative treatments**” Alternative treatments are forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
4. “**Ambulance**” means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention
5. “**Any one illness**” will mean continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment may have taken. Occurrence of the same Illness after a lapse of 45 days as stated above will be considered as a fresh Illness for the purpose of this Policy.
6. “**Cashless facility**” means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policy terms and conditions and exclusions, are directly made to the network provider by the Insurer to the extent pre-authorization approved
7. “**Condition Precedent**” Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
8. “**Congenital Anomaly**” refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) “Internal Congenital Anomaly” means which is not in the visible and accessible parts of the body.
 - b) “External Congenital Anomaly” means which is in the visible and accessible parts of the body.
9. “**Cumulative Bonus**” shall mean any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.
10. “**Co-payment**” is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
11. “**Day Care Centre**” means any institution established for day care treatment of illness and /or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-
 - a) has qualified nursing staff under its employment;
 - b) has qualified medical practitioner/s in charge;
 - c) has a fully equipped operation theater of its own where surgical procedures are carried out;
 - d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
12. “**Day care Procedure/Treatment**” refers to medical treatment, and/or surgical procedure which is –
 - a) undertaken under General or Local Anesthesia in a hospital/day care centre for less than 24 hours because of technological advancement, and
 - b) which would have otherwise required hospitalization of more than 24 hours.Treatment normally taken on an out-patient basis or not included in the list enclosed in the document is not included in the scope of this definition.
13. “**Deductible**” is a cost-sharing requirement under this policy that provides that the Company will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will- apply before any benefits are payable by the Company. A deductible does not reduce the Sum Insured.

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14. **“Dental Treatment”** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
15. **“Disclosure to information norm”** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
16. **“Endorsement”** means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.
17. **“Family/Family Member”** means the Primary Insured Person whose name forms the first Insured Person, his/her lawful spouse, child/children, parents/parent-in-laws and such other persons who are specifically mentioned in the Schedule to this Policy.
18. **“Grace period”** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
19. **“Hospital-”** means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
20. **“Hospitalization”** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could before a period of less than 24 consecutive hours.
21. **“ICU (Intensive Care Unit) Charges”** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges
22. **“Illness”** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function - and requires medical treatment.
- Acute Condition- is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - Chronic Condition- is defined as a disease, illness or injury that has one or more of the following characteristics: it needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests – it needs ongoing or long term control or relief of symptoms- it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it- it continues indefinitely – -it recurs or is likely to recur
23. **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a registered Medical Practitioner.
24. **“Inpatient Care”** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
25. **“Insured/ You/ Your/ Yourself”** means an individual, who has proposed for Insurance and on whose name the Policy is issued.
26. **“Insured Person/s”** means the person/s named in the Schedule to the Policy, for whom the insurance is also proposed and appropriate premium paid.
27. **“Intensive care unit”** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
28. **“Maternity expense/treatment”** -means -
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections) incurred during Hospitalization;
 - Expenses towards lawful medical termination of pregnancy during the Policy Period.
29. **“Medical Advise”** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

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30. **“Medical expenses”** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
31. **“Medical Practitioner”** means a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license provided that this person is not a member of the Insured Person's family.
32. **“Medically Necessary treatment”** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the Insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India
33. **“Network Provider”** means hospitals or health care providers enlisted by an Insurer,- Liberty Health 360 - or jointly by an Insurer and Liberty Health 360 - to provide medical services to an Insured - by a Cashless Facility.
34. **“Non-Network Provider”** means any hospital, day care centre or other provider that is not a part of the Network
35. **“Nominee”** means the person named in the proposal or schedule to whom the benefits under the Policy is nominated by the Insured Person.
36. **“Notification of Claim”** is the process of intimating a claim to the insurer - or Liberty Health 360 through any of the recognized modes of communication
37. **“OPD treatment”** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
38. **“Policy”** means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.
39. **“Policy period”** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.
40. **“Policy year”** means a year following the Commencement Date and its subsequent annual anniversary.
41. **“Portability”** means the right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
42. **“Pre-existing Condition”** means any condition, ailment or Injury or related conditions for which the Insured Person had signs or symptoms, and/ or were diagnosed, and or received medical advice or treatment within 48 months prior to the first policy issued by the Insurer and renewed continuously thereafter.
43. **“Proposal and Declaration Form”** means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
44. **“Pre-hospitalization”** means Medical Expenses incurred during predefined number of days preceding the hospitalization of the Insured -provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured person's Hospitalizations was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
45. **“Post-hospitalization Medical Expenses”** means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
46. **“Qualified Nurse”** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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47. **“Reasonable and Customary charges”** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
48. **“Renewal”** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
49. **“Room rent”** -Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses
50. **“Schedule”** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
51. **“Surgery or Surgical Procedure”** means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life performed in a hospital or day care centre by a medical practitioner.
52. **“Sum Insured”** means the amount stated in the policy Schedule as such or limited to the specific insurance details in any Section of this Policy. The Sum Insured shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.
53. **“Third Party Administrator or TPA”** means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in those Regulations.
54. **“We/Our/Us”** means the Liberty General Insurance Limited

B. Scope Of Cover

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse reasonable and customary charges incurred towards medically necessary expenses up to the limits specified in the schedule against each benefit.

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 sum of the Sum Insured, Cumulative Bonus and Reload Sum Insured as available to the Insured and stated in the Policy Schedule.

1. In-Patient Hospitalization Expenses

The Company undertakes to indemnify Insured person against any disease or Any One Illness or any injury during the Policy Period and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified physician/ Medical Practitioner to incur in-patient care expenses for medical/surgical treatment at any Hospital/ Nursing Home in India, towards following medical expenses, subject to the terms, conditions, exclusions and definitions contained herein or endorsed.

- I. Room, Boarding expenses
- II. Intensive Care Unit bed charges

Associated medical expenses as specified below:

- i. Doctor's fees
- ii. Nursing Expenses
- iii. Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
- iv. Prescribed Drugs and medicines consumed on the premises
- v. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
- vi. Dressing, Ordinary splints and plaster casts
- vii. Cost of Prosthetic and other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner

If the Insured Person is admitted in a room where the Room Rent incurred or the Room Category is different than the one specified in the Policy Certificate, then the Policyholder shall bear the rateable proportion of the total associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and the room rent limit or the Room Rent of the entitled room category to the room rent actually incurred.

2. Pre-Hospitalization Expenses

The Medical Expenses incurred during the Policy Period, for the period and upto the limits as specified in the Schedule to this Policy immediately before the Insured Person was hospitalized, provided that:

- i. Such Medical Expenses were incurred for the same condition for which the Insured Person's subsequent Hospitalization was required, and
- ii. There is a valid claim admissible under Part B 1 (In-patient Hospitalization Expenses) of the Policy.

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3. Post-Hospitalization Expenses

The Medical Expenses incurred during the Policy Period, for the period and upto the limits as specified in the Schedule to this Policy, immediately after the Insured Person was discharged following Hospitalization, provided that:

- i. Such Medical Expenses were incurred for the same condition for which the Insured Person's earlier Hospitalization was required, and
- ii. There is a valid claim admissible under Part B 1 (In-patient Hospitalization Expenses) of the Policy.

4. Day Care Procedure/Treatment

The Company will indemnify medical expenses incurred on a treatment towards a Day Care procedure mentioned in the list of Day Care Procedures in the Policy and as available on the Company's web-site, where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital.

5. Emergency Local Road Ambulance charges:

The Company will indemnify expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following Accidental Bodily Injury/ illness / disease occurring during the Policy Period, provided that:

- i. Our maximum liability shall be as specified in the Schedule to this Policy.
- ii. There is a valid claim admissible under Part B 1(In-patient Treatment Expenses) of the Policy
- iii. The coverage also includes the cost of the transportation of the Insured Person from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is Medically Necessary.

6. Hospital Daily Cash Allowance

The Company will pay the amount as specified in the Schedule to this Policy against Hospital Cash allowance benefit 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, provided a valid claim is admissible under Part B.1 (Inpatient Treatment Expenses) of the Policy. A deductible of first 48 hours of hospitalization is applicable.

7. Cumulative Bonus

If the policy is claim free and is renewed with us without any break or within the Grace period as defined, there will be an auto increase in Sum Insured by 10% or 25% for every claim free Policy year up to a maximum of 50% or 100% of the Sum Insured depending on the Plan chosen and as stated in the Benefit Schedule. In the event of a Claim occurring during any Policy Year, the accrued Cumulative Bonus will be reduced by 10% or 25% (depending on the Plan chosen) of the expiring Sum Insured at the commencement of next Policy Year, but in no case shall the Sum Insured be reduced.

- a. For a Family Floater policy, the Cumulative Bonus shall be available only on floater basis and shall accrue only if no claim has been made in respect of any Insured Person during the expiring Policy Year. The Cumulative Bonus which is accrued during the claim free Policy Year will only be available to those Insured Persons who were insured in such claim free Policy Year and continue to be insured in the subsequent Policy Year.
- b. If the Insured Person/s in the expiring Policy are covered on a Floater Basis and the Policy renewal for such Insured Person/s is done by splitting the floater Sum Insured into 2 or more floater / individual covers, then the Cumulative Bonus of the expiring Policy shall be apportioned to such renewed Policy/ies in proportion to the Sum Insured under each of the renewed Policy/ies.
- c. If the Insured Person/s in the expiring Policy are covered on an Individual basis and thereby enjoy separate Cumulative Bonus in the expiring Policy/ies, and such expiring Policy/ies is renewed with the Company on a Floater Basis, then the Cumulative Bonus carried forward under such renewed floater Policy would be the least of the Cumulative Bonus/s earned under the expiring Policy/ies..
- d. Entire Cumulative Bonus will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date or the expiry of the Grace period whichever is later.

8. Sub Limits on Medical Expenses

The Medical Expenses incurred during any Hospitalisation due to the listed Surgeries / Medical Procedures or any listed medical treatment pertaining to an Illness / Injury shall be limited to actual expenses or up to the Sub limits (whichever is less) as stated in the 'Annexure' attached to the Policy which is inclusive of its related Pre and Post Hospitalization expenses if applicable as specified under Part B. 1, 2 & 3 of the Policy.

9. Co-Payment

For all admissible claims in non-network hospitals, Insured shall bear 10% of the admissible claim and in respect of Insured above 60 years, 10% co-pay will be applied on all admissible claims irrespective of network/non-network hospital.

10. Health Check-up

The Insured Person/s above 18 years of age is/are entitled to a free health check-up as below at a diagnostic center specified by the Company after a block of every 2 claim free years of continuous yearly Policy renewal with Us. This is available for the Insured Person/s who was insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

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- a. For a Family Floater policy, Health Check-up shall be available only if no claim has been made in respect of any Insured Person covered during the two expiring Policy Years. The Health Check-up which is accrued during the claim free Policy Years will only be available to those Insured Person/s who were insured in such claim free Policy Years and continue to be insured in the subsequent Policy Year.
- b. If the Insured Person/s in the expiring Policy Years are covered on a Floater Basis during the first Policy Year and the Policy has been renewed for such Insured Person/s by splitting the floater Sum Insured into 2 or more individual covers in the second Policy Year, then the Health Check-up benefit shall be available only to those Insured Person/s who were insured in such 2 Policy Years and who had not made any claim during the two expiring Policy Years and continue to be insured in the subsequent Policy Year.
- c. If the Insured Person/s in the expiring Policy Years are covered on an Individual basis during the first Policy Year and the Policy has been renewed with the Company on a floater basis in the second Policy Year, then the Health Check-up benefit shall be available only if no claim has been made in respect of any Insured Person covered during the two expiring Policy Years.

Sum Insured	List of Investigation
2- 5 lac	Complete blood Count, , Fasting Blood Sugar, S.Cholestrol, S. Creatinine, ECG
6- 15 lac	Complete blood Count, Routine Urine Analysis, Fasting Blood Sugar, Lipid profile, S. creatinine, ECG

11. Stay Fit Perks

The Policy provides additional perk equivalent to the amount specified in the Benefit schedule applicable on renewal of Policy after every two claim free years subject to Claim admissible under Part B.1 of the Policy. The accumulated Stay fit perk can be utilised from the third policy year against any non-medical expenses, Co-Pay or Sub limits on medical expenses as applicable under the Policy

- a. For a Family Floater policy, Stay Fit Perk shall be available only on floater basis and shall accrue only if no claim has been made in respect of any Insured Person covered during the two expiring Policy Years. The Stay Fit Perk which is accrued during the claim free Policy Years will only be available to those Insured Person/s who were insured in such claim free Policy Years and continue to be insured in the subsequent Policy Year.
- b. If the Insured Person/s in the expiring Policy are covered on a Floater Basis and the Policy renewal for such Insured Person/s is done by splitting the floater Sum Insured into 2 or more floater / individual covers, then the Stay Fit Perk of the expiring Policy shall be apportioned to such renewed Policy/ies in proportion to the Sum Insured under each of the renewed Policy/ies.
- c. If the Insured Person/s in the expiring Policy are covered on an Individual basis and thereby enjoy separate Stay Fit Perk in the expiring Policy/ies, and such expiring Policy/ies is renewed with the Company on a Floater Basis, then the Stay Fit Perk carried forward under such renewed floater Policy would be the least of the Stay Fit Perk /s earned under the expiring Policy/ies.

C. Optional Cover(s)

The Optional Covers as stated below shall be available only if the same is specifically mentioned in the Policy Schedule and available on payment of additional premium as applicable. The Insured has an option to select the cover/s either on individual /combination basis, along with the covers specified under Part B. Scope of Covers of the Policy.

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 sum of the Sum Insured, Cumulative Bonus and Reload Sum Insured as available to the Insured and stated in the Policy Schedule.

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse reasonable and customary charges incurred towards medically necessary expenses up to the limits specified in the schedule against each benefit

1. Reload of Sum Insured

When the original Sum Insured is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable under Part B1 (In-patient Hospitalization Expenses) of the Policy; the Company agrees to automatically Reload the Sum Insured equivalent to the original Sum Insured specified in the Policy Schedule, for the particular policy year, provided that:

- a. The Reload Sum Insured will be triggered immediately after the original Sum Insured and Cumulative Bonus (if any) has been completely exhausted during that Policy Year;
- b. The Reload Sum Insured is available for the medical expenses incurred only in India
- c. The Reload Sum Insured can be used only for such claims as is admissible in terms of Part B 1 (In-patient Hospitalization Expenses) of the Policy and available for the Medical expenses incurred as stated under Part B 'Scope of cover' of the Policy.
- d. The Reload Sum Insured will be available during the Policy Year till it is exhausted completely.
- e. Any unutilized Reload amount cannot be carried forward to any subsequent Policy Year/renewal of the Policy.
- f. In case of Portability, the credit for Sum Insured would be given only to the extent of the original Sum Insured.

If the policy is a Family Floater, then the Reload Sum Insured will only be available in respect of claims made by those Insured Persons who were Insured Persons under the Policy before the Sum Insured was exhausted.

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2. Enhanced Cumulative Bonus

The Cumulative Bonus as available under Part B (Scope of Cover) can be enhanced maximum upto 150% of the Sum Insured or as stated under the Policy Schedule (whichever is lower) provided that:

- The total Cumulative Bonus available under the Policy shall be subject to per Policy Year and maximum upto the limits as per the Plan opted and available under the Policy Schedule,
- We would not pay separate Cumulative Bonus as stated under Part B.7 ' Cumulative Bonus' of the Policy,
- The eligibility of this benefit is as per the terms and conditions stated under Part B.7 'Cumulative Bonus' of the Policy.

3. Waiver of the Medical Expenses Sub limits

Notwithstanding anything to the contrary in the Policy, the Company agrees to waive off the sub limits applicable on the listed illnesses/injuries as mentioned under Part B. 8 (Sub Limits on Medical Expenses) subject to the Sum Insured being the Maximum Limit of Indemnity.

D. Exclusions

1. Waiting Period:

The Company shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following as set out below. All these Waiting Periods shall be applicable individually for each Insured person and Claims shall be assessed accordingly

- 30 days Waiting Period Exclusion:** A waiting period of 30 days from the commencement date of the first Policy will apply to all disease/ illness contracted other than accidental bodily injury requiring hospitalization

This exclusion shall not apply for subsequent policy years and/or if the Insured person/s has any health insurance indemnity policy in India and accepted by the Company under Portability cover, provided that there is no break in the insurance cover for that Insured Person.

- Two Year Waiting Period Exclusion:** A waiting period of 24 months shall apply to the treatment, of the following, whether medical or surgical for all Medical Expenses along with their complications on treatment towards:

Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); & Congenital Internal Diseases.

Calculus diseases of Gallbladder and Urogenital system, Hypertension and Diabetes and related complications, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from accident, Age related Osteoarthritis and Osteoporosis, Spondylosis / Spondylitis, Surgery of varicose veins and varicose ulcers.

Diabetes & related complications including but not limited to: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks.

Hypertension & related complications including but not limited to: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages.

This exclusion shall not apply after two policy year subsequent renewals with Us and/or if the Insured person/s has any health insurance indemnity policy in India at least for a period of two years and accepted by the Company under Portability cover, provided that there is no break in the insurance cover for that Insured Person.

If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing, the pre-existing waiting periods as mentioned in the Schedule to this Policy shall be applicable

- Pre- Existing Condition Exclusion:** Pre-existing Conditions and any complications arising from the same will not be covered until 48 months of continuous coverage have elapsed, since inception of your first Policy with Us.

This exclusion shall not apply after four policy year of continuous renewals with Us and/or if the Insured person/s has any health insurance indemnity policy in India at least for a period of four years and accepted by the Company under Portability cover, provided that there is no break in the insurance cover for that Insured Person.

- We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:

- 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, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV,

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

2. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
3. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies, or services including complications arising due to supplying services or Assisted Reproductive Technology.
4. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.
5. 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.
6. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.
7. Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or consequence of undergoing such experimental or unproven treatment.
8. 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.
9. Any weight management services, procedures and treatment, services and supplies including those related to treatment of conditions and complication arising out of obesity (including morbid obesity)
10. Any procedure, investigation, treatment related to sleep disorder or sleep apnea syndrome, general debility, convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing (unless covered under the Policy), respite care, long term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
11. External Congenital Anomaly.
12. Treatment of mental illness, stress, psychiatric or psychological disorders.
13. Aesthetic treatment, cosmetic surgery/implants or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury or Burns.
14. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
15. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident
16. All preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment or when it is medically necessary and part of the treatment), vitamins and tonics.
17. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or Reload of the previous state of health.
18. Alternative treatments
19. DomiciliaryHospitalisationor any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.
20. Any Treatment received outside India
21. Chargesincurred at Hospital Primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury for which Inpatient Care/Day Care Treatment is required

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22. 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.
23. Any Illness or Injury arising from Insured Person committing any breach of law with criminal intent.
24. 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.
25. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
26. 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.
27. Stem Cell implantation, harvesting, storage or any kind of treatment using stem cells
28. Expenses related to standard list of excluded items attached to and forming part of this Policy.
29. Any Hospitalisation primarily for investigation and / or diagnosis purpose.
30. 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 deathIn 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.
31. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants
32. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products
33. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions
34. EECF & Chelation Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR) or Cytotron therapy.
35. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.
36. Costs of donor screening and organ.
37. Any treatment/loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (3 nautical miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport.

E. Claim Process And Management

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 Health 360 details given 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

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- 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 at least 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization.

All claim related documents needs to be submitted within 7 days from the date of completion of treatment - as mentioned in the policy schedule -.

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 30 working days of receipt of the last required documents.

b) Claim Procedure

- 1) **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 number 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 Hospitalization medical expenses either directly or through the Liberty Health 360 if treatment is undergone at a Network Hospital by issuing Pre-Authorization letter to the health care service provider.
- ii. For the purpose of considering Pre-Authorization and Cashless facility, the Insured Person/s shall submit to the Liberty Health 360 complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner. If the claim for treatment appears admissible, the Company either directly or through the Liberty Health 360 shall issue Pre-Authorization to the Hospital concerned for cashless facility whereby hospitalization medical expenses shall be paid directly by the Company as confirmed in the Pre-Authorization.
- iii. 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 medical expenses and claim reimbursement immediately after discharge from the Hospital.
- iv. 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 Liberty Health 360.
- v. In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer (if covered under any other Health Insurance Policy).

- 2) **Reimbursement:** 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 Liberty Health 360 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

The Insured Person/s shall at any time as may be required authorize and permit the Liberty Health 360 and/or Company 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 Sum Insured opted.

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No sum payable under this Policy shall carry interest except as required by section 9(6) of the Protection of Policy Holder's Interest, Regulation 2002 where by payment of the claim amount due shall be made within 7 days from the date of acceptance of the offer of settlement by the Insured/ Insured Person. In case of any delay in payment, the Company shall be liable to 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.

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

c) Claim Service Assurance:

Cashless Service Assurance: If the Insured / Insured person notifies a cashless facility request by sending the Pre-Authorization form duly filled in and signed through email, fax to the Company / Liberty Health 360 or its representative then within 6 Hours of the actual receipt of such a request the Company will respond with:

- i. Approval, or
- ii. Rejection

If such request has been notified during office hours (9am to 6pm) on Monday to Friday and the Company/Liberty Health 360 fails to either approve or reject or seek further information after the expiry of 6 Hours from the actual receipt of such a request then the Company shall be liable to pay the Insured for the delay in the following manner:

- i. For Delay beyond 6 hours INR1500/-
- ii. The Maximum amount the Company shall be liable to pay for any delay, in respect of a single hospitalization, shall at no time exceed INR1500/-

The Company will not be liable to make any payments under the above clause in case of any natural event or manmade disturbance which impedes the Company's ability to make a decision or communicate such decision to the Insured/Insured Person.

Any amount paid under the Clause will not affect the Sum Insured as specified in the Schedule. That the Company's liability to make payments under the Clause shall at all times be restricted to the amounts specified including the maximum amount specified therein and the Insured shall not be entitled to any sum whatsoever, in excess of those amounts. That any Payment made under this clause by the Company will not account to any admission of liability for a claim notified by the Insured. Service Assurance is applicable only to the first response on a single claim and no subsequent correspondence.

d) 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.

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 (where nomination is not available)

Pre and Post-hospitalisation medical expenses

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year policy.

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- 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.

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

Applicable to all claims under the Policy:

- 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.
- If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- The Policy - excludes the Standard List of excluded items -attached in the Policy document.
- We shall make the payment of claim that has been admitted as payable by Us under 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. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. 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 IRDA (Protection of Policyholders Regulation), 2002, 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' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

F. General Terms And Conditions

- 1. Disclosure of information norm** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis- representation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/ Insured Person/s or any one acting on his/their behalf to obtain a benefit under this Policy.
- 2. Observance of Terms and Conditions** - The due observance and fulfillment of the terms, conditions and Endorsements, including the payment of premium of this Policy and compliance with specified claims procedure insofar as they relate to anything to be done or complied with by the Insured shall be a Condition Precedent to any liability of the Company to make any payment under this Policy.
- 3. Alterations to the Policy** - This Policy together with the Policy Schedule constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written Endorsement signed and stamped by the Company.
- 4. Material Change** - Material information to be disclosed includes every matter that the Insured/s are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to the Company in order to accept the risk of insurance and if so on what terms. The Insured/s must exercise the same duty to disclose those matters to the Company before the Renewal, extension, variation, endorsement or reinstatement of the contract.
- 5. Records to be maintained** - The Insured Person/s shall keep an accurate record containing all relevant medical records and shall allow the Company to inspect such record. The Insured Person/s shall furnish such information to the Company as may be required under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.
- 6. Notice of charge** - The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person/s, his/her/their Nominees or legal representatives, as the case may be, of any Medical expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.
- 7. Multiple Policies** - If two or more policies are taken by you/insured person(s) during a period from one or more insurers to indemnify treatment costs, you/ insured person(s) shall have the right to require a settlement of your claim in terms of any of your policies.
 - a) In all such cases, the Insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
 - b) Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy/ies.
 - c) If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you/insured person(s) shall have the right to choose insurers from whom you/insured person(s) wants to claim the balance amount.

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d) In cases where you/insured person(s) has/have policies from more than one insurer to cover the same risk on indemnity basis, you/insured person(s) shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy

- 8. Fraudulent Claims** - If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof or if any fraudulent means or devices are used by the Insured/Insured Person/s or any one acting on his / her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection all benefits under this Policy shall be forfeited.
- 9. Renewal** - The Policy shall ordinarily be renewable except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Policy will automatically terminate at the end of the Policy Period. However Grace period of 30 days for renewing the Policy is provided under this Policy. Any claim/loss during the Grace period will not be covered.

We are under no obligation to give notice that it is due for Renewal or to renew it on the same terms whether as to premium or otherwise. All Renewal applications and requisite premium shall be given to us on or before the Policy Period end date and in any event before the expiry of the Grace Period. The Insured/s must exercise the same duty to disclose to the Company before the Renewal of any variation, Alterations like increase/ decrease in Sum Insured or Change in Plan, addition/deletion of members, medical condition of such additional members basis which the renewal premium can stand revised.

The Insured shall give the Company written notice along with Renewal Application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with Renewal application it shall be deemed that there is no material change to the risk. No Renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

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.

Insured Person/s could avail of policy renewal in terms of the applicable Portability norms governing such renewals and the same would be renewed in accordance with the Company's underwriting policy.

We are not under any obligation to Renew your Policy on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Age) will be done with the approval of the IRDA and will be intimated to You.

Sl. No.	No. of years of continuous insurance cover with previous insurer(s)	Waiting period to be served with new insurer in number of days/years upon Portability		
		30 days waiting period	2 years waiting period	4 years waiting period for PED
1	1 Year	NIL	1 Year	3 Years
2	2 Years	NIL	NIL	2 Years
3	3 Years	NIL	NIL	1 Year
4	4 Years	NIL	NIL	NIL

- 10. Entry Age** - Minimum entry Age:Adult –18 years and 91 days for children; Maximum entry Age: 65 Years

Child/children below 25 years of age can be covered provided either of the parents is insured under the policy.

- 11. Increase in Sum Insured or Change in Plan/Optional Cover** - Sum Insured can be enhanced or Policy Plan or Optional Covers can be changed 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 subject to medical clearance called for analysing sub-standard risk, by the Company. In all such case of increase in the Sum Insured, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced
- 12. Sub-standard Risk** - Proposals where the Health status is adverse, as revealed in the Proposal form and/or followed by health check-up may be accepted at the sole discretion of the Company with an increased risk rating which shall not exceed 100% of normal slab premium per diagnosis / medical condition and not over 200% of normal slab premium per person. Applicable for all subsequent renewal(s) involving age slab changes and increase in Sum Insured.

If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing, then Pre-Existing Condition Exclusion (1.c) shall be applicable. In all such cases, we would send a communication letter to the Proposer and obtain his/her consent before acceptance of the Proposal.

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13. Pre Policy Health Check Up - The Company may require Individuals to undergo Pre Policy health check-up based on the Sum Insured or age bands or an adverse medical history revealed in the Proposal form at our network list of diagnostic centers as available on our website. The result of these tests will be valid for a period of 3 months from the date of tests performed.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

If the proposal is accepted we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

14. Cancellation/Termination - This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

- **Cancellation by Insurer:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact. The Company may, in the event of non-cooperation of the Insured/ Insured person/s cancel this Policy, by giving 15 days' notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.
- **Cancellation by Insured/ Insured Person:** The Insured may elect to cancel the Policy by giving 15 days' notice in writing to the Company. If no claim has been made under the Policy then the Company shall from the date of receipt of notice cancel the Policy and refund the premium for the balance Policy period as per the Table below;

Cancellation period	1 Year Policy	2 Year Policy	3 Year Policy
Up to 1 Month	75%	87.50%	92.00%
Up to 3 Months	50%	75.00%	83.00%
Up to 6 Months	25%	62.50%	75.00%
Up to 9 Months	NIL	50.00%	67.00%
Up to 12 Months	NIL	42.00%	55.00%
Up to 15 Months	NIL	25.00%	50.00%
Up to 18 Months	NIL	12.50%	42.00%
Up to 24 Months	NIL	NIL	30.00%
Up to 30 Months	NIL	NIL	8.00%
Up to 36 Months	NIL	NIL	NIL

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 cover, 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.

15. Withdrawal of Product - In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of IRDAI (Health Insurance) Regulations 2016, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain Renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.

16. Free Look Cancellation - A period of 15 days from the date of receipt of Policy document is available to review the terms, conditions and exclusions of the Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation if he has any objections to any of the terms, conditions and exclusions. The company shall refund the premium paid after adjusting the amounts spent on medical examination of the Insured person/s, Stamp Duty Charges and proportionate risk premium in case the risk has already commenced. Cancellation will be allowed only if there are no claims reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is available only at the time of inception of the first Policy contract with us and not at the time of Renewal of the Policy.

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17. Continuity Benefits -

- a. **Portability:** If You are insured continuously and without interruption under any other similar health insurance indemnity policy issued by Indian General and/or Standalone Health Insurer's individual insurance policy 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 issued by IRDAI.
- b. **For Child/children:** covered with Us shall have the option to continue renewal by migrating to a suitable policy at the end of the specified 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.

18. Disclaimer - It is being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

19. Area of Validity - The Policy shall provide for eligible medical treatment taken within India & all the benefits under the Policy shall be payable in Indian rupees only.

20. Policy Disputes - The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to, by both the Insured and the Company to be subject to Indian law. Each party agrees to be subject to the executive jurisdiction of the High Court of Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

21. Arbitration - If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

22. Notice - Every notice and communication to the Company required by this Policy shall be in writing, within specified time and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

23. Electronic Transaction - The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

24. Premium on Installment basis -

- a. Notwithstanding anything to the contrary in the Policy, the Company as a matter of facility to the Insured, agrees to accept payment of premium by installments. Premium can be paid in either Monthly, Quarterly or Half Yearly installments (as indicated in Table below) subject to approval and acceptance by the Company. 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%

- b. Notwithstanding the provisions of the preceding Clause, upon non-payment of any installment on its due date, this Policy shall cease to operate from the time and date of the default in payment of the installment and no liability shall attach under this Policy for any claim occurring thereafter, nor shall any refund of premium become due under the Policy.

SECURE HEALTH CONNECT POLICY WORDINGS

- c. The Policy can be revived within the relaxation period (as indicated in the Table below) by payment of the Installment due subject however to the condition that no liability shall attach under this Policy for any claim occurring during the period when the Policy is deemed to have ceased to operate following default in payment of Installment premium due under the Policy.

Installment Frequency	Relaxation Period
Monthly	15 Days
Quarterly	15 Days
Half yearly	15 Days
Annual	Grace Period

- d. Additionally, in the event of claim during the currency of this Policy from any cause whatsoever, all the subsequent installments applicable to the respective Insured member/s shall immediately become due and payable notwithstanding anything to the contrary here in above contained.

NOTE : IT IS NOT OBLIGATORY ON THE PART OF THE INSURERS TO GIVE ANY NOTICE TO THE INSURED FOR PAYMENT OF PREMIUM INSTALMENT.

25. Notices - Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or fax to:

In case of Insured - As mentioned in the schedule

In case of the Company:

Liberty General Insurance Limited
10th Floor, Tower A, Peninsula Business Park,
Ganpat Rao Kadam Marg,
Lower Parel, Mumbai – 400013.
Phone: +91 22 6700 1313
Fax : +91 22 6700 1606

Notice and instruction will be deemed served 7 days after posting or immediately upon recipient in the case of hand delivery, fax or e-mail.

26. Customer Service - If at any time the Insured requires any clarification or assistance, the insured may contact the offices of the Company at the address specified during normal business hours.

G. Discount Parameters

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought.

- 1. Family Discount:** A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available to each member under the policy
- 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.

H. Grievance Redressal Procedure

We assure the best customer service from our end to our valued Insured/Insured Person(s) and request you to adopt following procedure in case of any service related query or grievance.

You may communicate your query or grievances by sending a letter to below mentioned address or to your nearest branch or email at below mentioned email ID or by calling at our below mentioned call center number.

SECURE HEALTH CONNECT POLICY WORDINGS

Customer Care Cell

Liberty General Insurance Limited
 10th Floor, Tower A, Peninsula Business Park, Ganpat Rao Kadam Marg, Lower Parel, Mumbai-400013
 E-mail: care@libertyinsurance.in
 Toll Free No.:1800 266 5844

Please include your Policy number in all your communication with the Company. This will help us resolve the issue more efficiently.

The Company had a separate channel to address the grievances of Senior Citizens insured/ insured person(s)

If You are not satisfied with redressal of Your grievance, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of the Ombudsman offices are mentioned below;

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in</p>	<p>State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@gbic.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in</p>	<p>State of Orissa.</p>

SECURE HEALTH CONNECT POLICY WORDINGS

CONTACT DETAILS	JURISDICTION
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p>	<p>State of Delhi</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p>GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>

SECURE HEALTH CONNECT POLICY WORDINGS

CONTACT DETAILS	JURISDICTION
<p>HYDERABAD</p> <p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599</p> <p>Email:- bimalokpal.hyderabad@gbic.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p>JAIPUR</p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363</p> <p>Email:- bimalokpal.jaipur@gbic.co.in</p>	<p>State of Rajasthan.</p>
<p>KOLKATA</p> <p>Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341</p> <p>Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>
<p>LUCKNOW</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310.</p> <p>Email:- bimalokpal.lucknow@gbic.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar</p>
<p>MUMBAI</p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052</p> <p>Email:- bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>

SECURE HEALTH CONNECT POLICY WORDINGS

CONTACT DETAILS	JURISDICTION
<p>NOIDA Office of the Insurance Ombudsman, BhagwanSahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, GautamBudh Nagar, Noida</p> <p>Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, GautamBudh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shaml, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.</p> <p>Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320</p> <p>Email:- bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

The updated grievances redressal procedure shall be provided on the website of the Company and is subject to change in compliance with guidelines/regulations issued by Insurance Regulatory and Development Authority of India.

SECURE HEALTH CONNECT POLICY WORDINGS

Secure Health Connect: Benefit Schedule

GENERAL DETAILS	
Age Group	Minimum Age at Entry (Adult) - 18 Years Maximum Age at Entry (Adult) - 65 Years Children between 91 days and 25 years can be insured provided either parent is getting insured under the Policy
Sum Insured	INR 2 lakh – 15 lakh
Renewal	Life Long
Family discount	10% if two or more family members are covered on Individual Sum Insured basis
Tenure	1/ 2/ 3 years
Option	Individual Or Family Floater Sum Insured basis
Family members	Individual Sum Insured - Family members as stated in the Policy schedule can cover in a single Policy on Individual Sum Insured basis Family Floater Basis- Self + Spouse + max upto 3 children can be covered under a single Sum Insured.

Sr. No	Policy Plans Coverage's Description	Secure Basic Sum Insured (INR) 2,3,4,5 lakhs	Secure Elite Sum Insured (INR) 2,3,4,5,7.5,10 lakhs	Secure Supreme Sum Insured (INR) 3,4,5,7.5,10 lakh	Secure Complete Sum Insured (INR) 2,3,4,5,7.5,10,15 lakh
1	In-patient Hospitalization Covers Hospitalization expenses for a period more than 24 hours as an In-patient. Room rent/ICU and associated charges available as per the Plan opted.	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 3000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 6000 / day whichever is lower	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 5000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 6000 / day whichever is lower	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 5000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 7500 / day whichever is lower	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 2500/day whichever is lower ICU sub limit: 2 % of Sum Insured or maximum up to INR 5000/day whichever is lower
2	Pre - Hospitalization Medical expenses incurred prior to the covered Hospitalization	30 DAYS Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.	30 DAYS Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.	45 DAYS Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 45 days.	No Sub limits applicable
		45 DAYS Medical Expenses up to 1 % of Sum Insured accrued up to maximum 45 days.	45 DAYS Medical Expenses up to 1 % of Sum Insured accrued up to maximum 45 days.	60 DAYS Medical Expenses up to 1.5 % of Sum Insured accrued up to maximum 60 days	No Sub limits applicable
3	Post - Hospitalization Medical expenses incurred after the covered Hospitalization	45 DAYS Medical Expenses up to 1 % of Sum Insured accrued up to maximum 45 days.	45 DAYS Medical Expenses up to 1 % of Sum Insured accrued up to maximum 45 days.	60 DAYS Medical Expenses up to 1.5 % of Sum Insured accrued up to maximum 60 days	No Sub limits applicable
4	Day care Procedures 405 day care procedures undertaken in a hospital/day care Centre in less than 24 hours due to Technological advancement	✓	✓	✓	✓
5	Emergency Local Road Ambulance Charges Emergency Ambulance charges for transferring to the nearest Hospital	1% of SI , subject to max INR 1,000 per Insured per year	1% of SI , subject to max INR 2,000 per Insured per year	1% of SI , subject to max INR 3,000 per Insured per year	✗

UIN : LVGHLIP18065V011718

Insurance is the subject matter of the solicitation. Product: Secure Health Connect Policy. Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

SECURE HEALTH CONNECT POLICY WORDINGS

Sr. No	Policy Plans Coverage's Description		Secure Basic	Secure Elite	Secure Supreme	Secure Complete
			Sum Insured (INR) 2,3,4,5 lakhs	Sum Insured (INR) 2,3,4,5,7.5,10 lakhs	Sum Insured (INR) 3,4,5,7.5,10 lakh	Sum Insured (INR) 2,3,4,5,7.5,10,15 lakh
6	Daily Cash Allowance	Daily cash allowance of up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is applicable	✗	✗	✗	INR 500 / per day
7	Cumulative Bonus	Auto increase in Sum Insured for every claim free year	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 25% Max up to 100%
8	Sub limits on Medical Expenses	Disease wise sublimit as per the Annexure attached	✓	✓	✓	✓
9	Co-pay	Non-network Hospital: 10 % Co-pay Insured above 60 years: 10% Co-Pay	✓	✓	Co-Pay Not Applicable	✓
10	Health Check up	Per Insured Person 18 yrs. and above limited to max 2 adult Insured/s, Health Check up at every 2 continuous claim free renewal.	✓	✓	✓	✓
11	Stay Fit Perks	Additional perks on every block of two claim free Policy renewals with Us as per the SI and Plan opted. This will be accumulated in your Policy automatically and may be utilized after the 2nd claim free Policy renewal against any deduction as applicable under the Policy	SI up to INR 5 Lakh: Lump sum amount of INR 3000	SI up to INR 5 Lakh: Lump sum amount of INR 4000	SI up to INR 5 Lakh: Lump sum amount of INR 5000	SI up to INR 5 Lakh: Lump sum amount of INR 4000
				SI above INR 5 Lakh: Lump sum amount of INR 5000	SI above INR 5 Lakh: Lump sum amount of INR 7000	SI above INR 5 Lakh: Lump sum amount of INR 5000
Optional Cover (s)						
1	Reload of Sum Insured	Sum Insured can be reloaded equivalent to the original Sum Insured opted.	✓	✓	✓	✓
2	Enhanced Cumulative Bonus	Total Cumulative Bonus (Cumulative Bonus + Add on Cumulative Bonus) per year shall be enhanced by opting this option and as per the Plan opted.	Per Year: 20% Max upto 100%	Per Year: 25% Max upto 100%	Per Year: 30% Max upto 150%	✗
3	Waiver of Medical Expenses Sub limits	Sub limits as specified in the Annexure are waived off by opting this Optional Cover	✓	✓	✓	✓
Waiting Period(s)						
1	30 days	30 days	✓	✓	✓	✓
2	2 Years	2 Years	✓	✓	✓	✓
3	Pre-existing Diseases (PED)	4 Years	✓	✓	✓	✓

UIN : LVGHLIP18065V011718

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SECURE HEALTH CONNECT POLICY WORDINGS

POLICY DISCOUNTS

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought.

1. Family Discount: A Family discount of 10% will be given to each member if 2 or more 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.
1. Employee Discount/: 10% discount if the client is an employee of the Company.
3. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy through Our Website.

SUB LIMITS ON MEDICAL EXPENSES

The Medical Expenses incurred during any Hospitalization due to the below listed treatments shall be limited to actual expenses or up to the Sub limits (whichever is less) as stated below. All values are in INR. Excluding taxes.

Procedure / Treatment	Policy Plans			
	Secure Basic	Secure Elite	Secure Supreme	Secure Complete
Cataract	20,000	30,000	40,000	40,000
Hysterectomy	35,000	45,000	55,000	55,000
Removal of gall bladder	35,000	45,000	55,000	55,000
Surgery for piles	20,000	30,000	40,000	40,000
Surgery for fissure, fistula and sinus	20,000	30,000	40,000	40,000
Surgery for nasal septum correction	20,000	30,000	40,000	40,000
Angiography invasive	15,000	20,000	30,000	30,000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	80,000	120,000	150,000	150,000
Appendectomy	30,000	40,000	50,000	50,000
D & C	10,000	15,000	20,000	20,000
Hernia	35,000	45,000	55,000	55,000
Deviated Nasal Septum	35,000	45,000	55,000	55,000
Surgery for renal stone	35,000	45,000	55,000	55,000
Prostate Surgery TURP	75,000	100,000	120,000	120,000
Coronary Artery Bypass Grafting (CABG)	100,000	150,000	200,000	200,000
Total Knee replacement	80,000	120,000	150,000	150,000
Total Hip replacement	80,000	120,000	150,000	150,000

SECURE HEALTH CONNECT POLICY WORDINGS

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:

ENT

- 1 Stapedotomy
- 2 Myringoplasty(Type I Tympanoplasty)
- 3 Revision stapedectomy
- 4 Labyrinthectomy for severe Vertigo
- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringotomy with Grommet Insertion
- 8 ympanoplasty (Type III)
- 9 Stapedectomy under LA
- 10 Revision of the fenestration of the inner ear.
- 11 Tympanoplasty (Type IV)
- 12 Endolymphatic Sac Surgery for Meniere's Disease
- 13 Turbinectomy
- 14 Removal of Tympanic Drain under LA
- 15 Endoscopic Stapedectomy
- 16 Fenestration of the inner ear
- 17 Incision and drainage of perichondritis
- 18 Septoplasty
- 19 Vestibular Nerve section
- 20 Thyroplasty Type I
- 21 Pseudocyst of the Pinna - Excision
- 22 Incision and drainage - Haematoma Auricle
- 23 Tympanoplasty (Type II)
- 24 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone
- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision & Drainage of Retro Pharyngeal Abscess
- 33 UvuloPalatoPharyngoPlasty
- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion
- 38 Vocal Cord lateralisation Procedure

- 39 Incision & Drainage of Para Pharyngeal Abscess
- 40 Transoral incision and drainage of a pharyngeal abscess
- 41 Tonsillectomy with adenoidectomy
- 42 Tracheoplasty

Ophthalmology

- 43 Incision of tear glands
- 44 Other operation on the tear ducts
- 45 Incision of diseased eyelids
- 46 Excision and destruction of the diseased tissue of the eyelid
- 47 Removal of foreign body from the lens of the eye.
- 48 Corrective surgery of the entropion and ectropion
- 49 Operations for pterygium
- 50 Corrective surgery of blepharoptosis
- 51 Removal of foreign body from conjunctiva
- 52 Biopsy of tear gland
- 53 Removal of Foreign body from cornea
- 54 Incision of the cornea
- 55 Other operations on the cornea
- 56 Operation on the canthus and epicanthus
- 57 Removal of foreign body from the orbit and the eye ball.
- 58 Surgery for cataract
- 59 Treatment of retinal lesion
- 60 Removal of foreign body from the posterior chamber of the eye

Oncology

- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy
- 67 Infusional Chemotherapy
- 68 CCRT-Concurrent Chemo + RT
- 69 2D Radiotherapy
- 70 3D Conformal Radiotherapy
- 71 IGRT- Image Guided Radiotherapy
- 72 IMRT- Step & Shoot
- 73 Infusional Bisphosphonates

SECURE HEALTH CONNECT POLICY WORDINGS

LIST OF DAY CARE PROCEDURES/TREATMENTS

- 74 IMRT- DMLC
- 75 Rotational Arc Therapy
- 76 Tele gamma therapy
- 77 FSRT-Fractionated SRT
- 78 VMAT-Volumetric Modulated Arc Therapy
- 79 SBRT-Stereotactic Body Radiotherapy
- 80 Helical Tomotherapy
- 81 SRS-Stereotactic Radiosurgery
- 82 X-Knife SRS
- 83 Gammaknife SRS
- 84 TBI- Total Body Radiotherapy
- 85 intraluminal Brachytherapy
- 86 Electron Therapy
- 87 TSET-Total Electron Skin Therapy
- 88 Extracorporeal Irradiation of Blood Products
- 89 Telecobalt Therapy
- 90 Telecesium Therapy
- 91 External mould Brachytherapy
- 92 Interstitial Brachytherapy
- 93 Intracavity Brachytherapy
- 94 3D Brachytherapy
- 95 Implant Brachytherapy
- 96 Intravesical Brachytherapy
- 97 Adjuvant Radiotherapy
- 98 Afterloading Catheter Brachytherapy
- 99 Conditioning Radiotherapy for BMT
- 100 Extracorporeal Irradiation to the Homologous Bone grafts
- 101 Radical chemotherapy
- 102 Neoadjuvant radiotherapy
- 103 LDR Brachytherapy
- 104 Palliative Radiotherapy
- 105 Radical Radiotherapy
- 106 Palliative chemotherapy
- 107 Template Brachytherapy
- 108 Neoadjuvant chemotherapy
- 109 Adjuvant chemotherapy
- 110 Induction chemotherapy
- 111 Consolidation chemotherapy
- 112 Maintenance chemotherapy
- 113 HDR Brachytherapy

Plastic Surgery

- 114 Construction skin pedicle flap
- 115 Gluteal pressure ulcer-Excision
- 116 Muscle-skin graft, leg
- 117 Removal of bone for graft
- 118 Muscle-skin graft duct fistula
- 119 Removal cartilage graft
- 120 Myocutaneous flap
- 121 Fibro myocutaneous flap
- 122 Breast reconstruction surgery after mastectomy
- 123 Sling operation for facial palsy
- 124 Split Skin Grafting under RA
- 125 Wolfe skin graft
- 126 Plastic surgery to the floor of the mouth under GA

Urology

- 127 AV fistula - wrist
- 128 URSL with stenting
- 129 URSL with lithotripsy
- 130 CystoscopicLitholapaxy
- 131 ESWL
- 132 Haemodialysis
- 133 Bladder Neck Incision
- 134 Cystoscopy & Biopsy
- 135 Cystoscopy and removal of polyp
- 136 Suprapubiccystostomy
- 137 percutaneous nephrostomy
- 139 Cystoscopy and "SLING" procedure.
- 140 TUNA- prostate
- 141 Excision of urethral diverticulum
- 142 Removal of urethral Stone
- 143 Excision of urethral prolapse
- 144 Mega-ureter reconstruction
- 145 Kidney renoscopy and biopsy
- 146 Ureter endoscopy and treatment
- 147 Vesico ureteric reflux correction
- 148 Surgery for pelvi ureteric junction obstruction
- 149 Anderson hynes operation
- 150 Kidney endoscopy and biopsy
- 151 Paraphimosis surgery

SECURE HEALTH CONNECT POLICY WORDINGS

LIST OF DAY CARE PROCEDURES/TREATMENTS

- 152 Injury prepuce- circumcision
- 153 Frenular tear repair
- 154 Meatotomy for meatal stenosis
- 155 Surgery for fournier's gangrene scrotum
- 156 Surgery filarial scrotum
- 157 Surgery for watering can perineum
- 158 Repair of penile torsion
- 159 Drainage of prostate abscess
- 160 Orchiectomy
- 161 Cystoscopy and removal of FB
- Neurology**
- 162 Facial nerve physiotherapy
- 163 Nerve biopsy
- 164 Muscle biopsy
- 165 Epidural steroid injection
- 166 Glycerol rhizotomy
- 167 Spinal cord stimulation
- 168 Motor cortex stimulation
- 169 Stereotactic Radiosurgery
- 170 Percutaneous Cordotomy
- 171 Intrathecal Baclofen therapy
- 172 Entrapment neuropathy Release
- 173 Diagnostic cerebral angiography
- 174 VP shunt
- 175 Ventriculoatrial shunt
- Thoracic surgery**
- 176 Thoracoscopy and Lung Biopsy
- 177 Excision of cervical sympathetic Chain Thoracoscopic
- 178 Laser Ablation of Barrett's oesophagus
- 179 Pleurodesis
- 180 Thoracoscopy and pleural biopsy
- 181 EBUS + Biopsy
- 182 Thoracoscopy ligation thoracic duct
- 183 Thoracoscopy assisted empyaema drainage
- Gastroenterology**
- 184 Pancreatic pseudocyst EUS & drainage
- 185 RF ablation for barrett's Oesophagus
- 186 ERCP and papillotomy
- 187 Esophagoscope and sclerosant injection
- 188 EUS + submucosal resection
- 189 Construction of gastrostomy tube
- 190 EUS + aspiration pancreatic cyst
- 191 Small bowel endoscopy (therapeutic)
- 192 Colonoscopy ,lesion removal
- 193 ERCP
- 194 Colonoscopy stenting of stricture
- 195 Percutaneous Endoscopic Gastrostomy
- 196 EUS and pancreatic pseudo cyst drainage
- 197 ERCP and choledochoscopy
- 198 Proctosigmoidoscopy volvulus detorsion
- 199 ERCP and sphincterotomy
- 200 Esophageal stent placement
- 201 ERCP + placement of biliary stents
- 202 Sigmoidoscopy w / stent
- 203 EUS + coeliac node biopsy
- General Surgery**
- 204 Infected keloid excision
- 205 Incision of a pilonidal sinus / abscess
- 206 Axillary lymphadenectomy
- 207 Wound debridement and Cover
- 208 Abscess-Decompression
- 209 Cervical lymphadenectomy
- 210 Infected sebaceous cyst
- 211 Inguinal lymphadenectomy
- 212 Incision and drainage of Abscess
- 213 Suturing of lacerations
- 214 Scalp Suturing
- 215 infected lipoma excision
- 216 Maximal anal dilatation
- 217 Piles
- A) Injection Sclerotherapy
- B) Piles banding
- 218 Liver Abscess- catheter drainage
- 219 Fissure in Ano- fissurectomy
- 220 Fibroadenoma breast excision
- 221 Oesophageal varices Sclerotherapy
- 222 ERCP - pancreatic duct stone removal
- 223 Perianal abscess I&D
- 225 Fissure in anosphincterotomy
- 226 UGI scopy and Polypectomyoesophagus

SECURE HEALTH CONNECT POLICY WORDINGS

LIST OF DAY CARE PROCEDURES/TREATMENTS

- | | |
|---|---|
| 227 Breast abscess I & D | 266 Photodynamic therapy or esophageal tumour and Lung tumour |
| 228 Feeding Gastrostomy | 267 Excision of Cervical RIB |
| 229 Oesophagoscopy and biopsy of growth oesophagus | 268 Laparoscopic reduction of intussusception |
| 230 UGI scopy and injection of adrenaline, sclerosants- bleeding ulcers | 269 Microdochetomy breast |
| 231 ERCP - Bile duct stone removal | 270 Surgery for fracture Penis |
| 232 Ileostomy closure | 271 Sentinel node biopsy |
| 233 Colonoscopy | 272 Parastomal hernia |
| 234 Polypectomy colon | 273 Revision colostomy |
| 235 Splenic abscesses Laparoscopic Drainage | 274 Prolapsed colostomy- Correction |
| 236 UGI SCOPY and Polypectomy stomach | 275 Testicular biopsy |
| 237 Rigid Oesophagoscopy for FB removal | 276 Laparoscopic cardiomyotomy(Hellers) |
| 238 Feeding Jejunostomy | 277 Sentinel node biopsy malignant melanoma |
| 239 Colostomy | 278 laparoscopic pyloromyotomy(Ramstedt) |
| 240 Ileostomy | |
| 241 colostomy closure | Orthopedics |
| 242 Submandibular salivary duct stone removal | 279 Arthroscopic Repair of ACL tear knee |
| 243 Pneumatic reduction of intussusception | 280 Closed reduction of minor Fractures |
| 244 Varicose veins legs - Injection sclerotherapy | 281 Arthroscopic repair of PCL tear knee |
| 245 Rigid Oesophagoscopy for Plummer vinson syndrome | 282 Tendon shortening |
| 246 Pancreatic Pseudocysts Endoscopic Drainage | 283 Arthroscopic Meniscectomy - Knee |
| 247 ZADEK's Nail bed excision | 284 Treatment of clavicle dislocation |
| 248 Subcutaneous mastectomy | 285 Arthroscopic meniscus repair |
| 249 Excision of Ranula under GA | 286 Haemarthrosis knee- lavage |
| 250 Rigid Oesophagoscopy for dilation of benign Strictures | 287 Abscess knee joint drainage |
| 251 Eversion of Sac | 288 Carpal tunnel release |
| a) Unilateral | 289 Closed reduction of minor dislocation |
| b) Bilateral | 290 Repair of knee cap tendon |
| 252 Lord's plication | 291 ORIF with K wire fixation- small bones |
| 253 Jaboulay's Procedure | 292 Release of midfoot joint |
| 254 Scrotoplasty | 293 ORIF with plating- Small long bones |
| 255 Surgical treatment of varicocele | 294 Implant removal minor |
| 256 Epididymectomy | 295 K wire removal |
| 257 Circumcision for Trauma | 296 POP application |
| 258 Meatoplasty | 297 Closed reduction and external fixation |
| 259 Intersphincteric abscess incision and drainage | 298 Arthrotomy Hip joint |
| 260 Psoas Abscess Incision and Drainage | 299 Syme's amputation |
| 261 Thyroid abscess Incision and Drainage | 300 Arthroplasty |
| 262 TIPS procedure for portal hypertension | 301 Partial removal of rib |
| 263 Esophageal Growth stent | 302 Treatment of sesamoid bone fracture |
| 264 PAIR Procedure of Hydatid Cyst liver | 303 Shoulder arthroscopy / surgery |
| 265 Tru cut liver biopsy | 304 Elbow arthroscopy |
| | 305 Amputation of metacarpal bone |

SECURE HEALTH CONNECT POLICY WORDINGS

LIST OF DAY CARE PROCEDURES/TREATMENTS

- | | |
|--|--|
| 306 Release of thumb contracture | 346 Sternomastoid Tenotomy |
| 307 Incision of foot fascia | 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy |
| 308 Calcaneum spur hydrocort injection | 348 Excision of soft tissue rhabdomyosarcoma |
| 309 Ganglion wrist hyalase injection | 349 Mediastinal lymph node biopsy |
| 310 Partial removal of metatarsal | 350 High Orchiectomy for testis tumours |
| 311 Repair / graft of foot tendon | 351 Excision of cervical teratoma |
| 312 Revision/Removal of Knee cap | 352 Rectal-Myomectomy |
| 313 Amputation follow-up surgery | 353 Rectal prolapse (Delorme's procedure) |
| 314 Exploration of ankle joint | 354 Orchidopexy for undescended testis |
| 315 Remove/graft leg bone lesion | 355 Detorsion of torsion Testis |
| 316 Repair/graft achilles tendon | 356 Lap.Abdominal exploration in cryptorchidism |
| 317 Remove of tissue expander | 357 EUA + biopsy multiple fistula in ano |
| 318 Biopsy elbow joint lining | 358 Cystic hygroma - Injection treatment |
| 319 Removal of wrist prosthesis | 359 Excision of fistula-in-ano |
| 320 Biopsy finger joint lining | |
| 321 Tendon lengthening | Gynaecology |
| 322 Treatment of shoulder dislocation | 360 Hysteroscopic removal of myoma |
| 323 Lengthening of hand tendon | 361 D&C |
| 324 Removal of elbow bursa | 362 Hysteroscopic resection of septum |
| 325 Fixation of knee joint | 363 Thermal Cauterisation of Cervix |
| 326 Treatment of foot dislocation | 364 MIRENA insertion |
| 327 Surgery of bunion | 365 Hysteroscopic adhesiolysis |
| 328 Intra articular steroid injection | 366 LEEP |
| 329 Tendon transfer procedure | 367 Cryocauterisation of Cervix |
| 330 Removal of knee cap bursa | 368 Polypectomy Endometrium |
| 331 Treatment of fracture of ulna | 369 Hysteroscopic resection of fibroid |
| 332 Treatment of scapula fracture | 370 LLETZ |
| 333 Removal of tumor of arm/ elbow under RA/GA | 371 Conization |
| 334 Repair of ruptured tendon | 372 Polypectomy cervix |
| 335 Decompress forearm space | 373 Hysteroscopic resection of endometrial polyp |
| 336 Revision of neck muscle(Torticollis release) | 374 Vulval wart excision |
| 337 Lengthening of thigh tendons | 375 Laparoscopic paraovarian cyst excision |
| 338 Treatment fracture of radius & ulna | 376 Uterine artery embolization377 Bartholin Cyst excision |
| 339 Repair of knee joint | 378 Laparoscopic cystectomy |
| | 379 Hymenectomy(imperforate Hymen) |
| Paediatric surgery | 380 Endometrial ablation |
| 340 Excision Juvenile polyps rectum | 381 Vaginal wall cyst excision |
| 341 Vaginoplasty | 382 Vulval cyst Excision |
| 342 Dilatation of accidental caustic stricture oesophageal | 383 Laparoscopic paratubal cyst excision |
| 343 Presacral Teratomas Excision | 384 Repair of vagina (vaginal atresia) |
| 344 Removal of vesical stone | 385 Hysteroscopy, removal of myoma |
| 345 Excision Sigmoid Polyp | 386 TURBT |

SECURE HEALTH CONNECT POLICY WORDINGS

LIST OF DAY CARE PROCEDURES/TREATMENTS

387 Ureterocoele repair - congenital internal	397 Replace PICC cath (peripherally inserted central catheter)
388 Vaginal mesh For POP	398 Insertion catheter, intra anterior
389 Laparoscopic Myomectomy	399 Insertion of Portacath
390 Surgery for SUI	
391 Repair recto- vagina fistula	Dental
392 Pelvic floor repair(excluding Fistula repair)	400 Splinting of avulsed teeth
393 URS + LL	401 Suturing lacerated lip
394 Laparoscopic oophorectomy	402 Suturing oral mucosa
	403 Oral biopsy in case of abnormal tissue presentation
Critical care	404 FNAC
395 Insert non- tunnel CV cath	405 Smear from oral cavity
396 Insert PICC cath (peripherally inserted central catheter)	

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition

Standard List Of Excluded Items

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable

SECURE HEALTH CONNECT POLICY WORDINGS

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
17	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable

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TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/Liberty Health 360 then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
65	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
66	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified

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TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDUREE	Xclusion in policy unless otherwise specified
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
73	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON	Not Payable-Part of Dressing Charges

SECURE HEALTH CONNECT POLICY WORDINGS

Standard List Of Excluded Items

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
91	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
99	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges

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TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable

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S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
EXTERNAL DURABLE DEVICES		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable

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TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable Pre-operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable

SECURE HEALTH CONNECT POLICY WORDINGS

Standard List Of Excluded Items

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	LIBERTY HEALTH 360 CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable

SECURE HEALTH CONNECT POLICY WORDINGS

Standard List Of Excluded Items

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid.

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