



GOOD HEALTH LEADS TO A GOOD LIFE!

WE INSURE BOTH!

Mera Mediclaim Plan is an Individual, Non-Linked, Non-Participating, Pure Risk Premium, Combi Insurance Plan (UIN: 117Y102V01). Policyholders are advised to familiarize themselves with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy. Please read the Sales brochure carefully before concluding any sale. This product is jointly offered by PNB Met Life India Insurance Company" and "Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited)". The risks of this 'Combi Product' are distinct and are assumed / accepted by respective insurance companies. The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits "Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited)" and for life insurance benefits "PNB MetLife India Insurance Company". The policyholders of the 'Combi Product' are eligible to continue with either part of the policy, discontinuing the other during the policy term. Goods and service Tax (GST) shall be levied as per the prevailing tax laws which are subject to change from time. "Tax benefits are as per the Income Tax Act, 1961, & are subject to amendments made thereto from time to time. Please consult your tax consultant for more details". AD-F/2020-21/742.

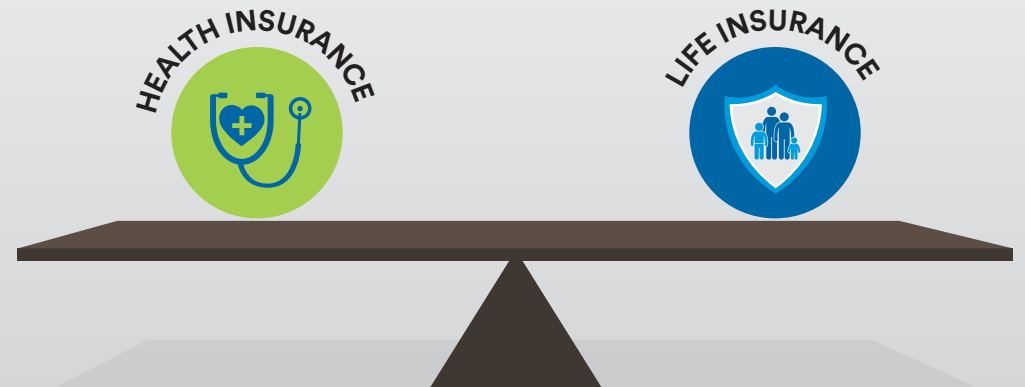
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PNB METLIFE INSURANCE AND CARE HEALTH INSURANCE

Individual, Non-Linked, Non-Participating, Pure Risk Premium, Combi Insurance Plan

PNB MetLife Insurance and Care Health Insurance have joined hands to help you in protecting your and your family's health and ensuring a secure financial future for your loved ones, even when you are not around.

Mera Mediclaim Plan is a solution that offers you the benefits of both health and life insurance in a single plan which is simple, comprehensive and flexible

WHY MERA MEDICLAIM PLAN?

Health is the most important asset you have and every aspect of your life revolves around good health. Any adverse impact on your health can risk your dreams and goals, and can put significant financial burden on you and your family.

The last half a decade has seen rapid change in the way we live due to modern lifestyle and the trappings that come with it. There are some of the most common major illnesses we face today. While these major health events certainly take a physical toll, they often also create a substantial financial burden. Presenting the Mera Mediclaim Plan, a tailor-made insurance plan that provides you with a comprehensive Life and Health cover and safeguards you and your family against financial risks arising out of any defined unforeseen medical emergency



WITH MERA MEDICLAIM PLAN



Get health and life cover under a single plan: You no longer have to manage separate health insurance and Life insurance plans for you and your family's well being



Get discount of 7.5% on the combined premium



Get cashless treatments: You no longer have to run around paying off hospital bills and then following up for reimbursements



Get rewarded for every claim-free year



Save tax – Avail tax benefits on premiums paid under Sections 80C, 80D and benefits received under section 10(10D) of the Income Tax Act, as per prevailing tax laws

KEY BENEFITS



Ease of cashless treatment and settlement of claims directly by the Company

Health:

- Wide range of Sum Insured options
- Cover for Pre and Post hospitalization medical expenses
- Family floater- Cover for you and your family under a single plan
- Ease of cashless treatment and settlement of claims directly by the Company
- Upto 150% increase in Sum Insured ¹Automatic recharge of Sum Insured if claim amount exhausts your coverage (this feature can be availed unlimited times by availing "Unlimited Automatic Recharge (optional cover)
- Covers non-allopathic treatments like Ayurveda, Homeopathy, Unani & Sidha up to a specified limit and varies with plan chosen
- Covers more than 540 day care treatments
- Option to avail personal accident cover
- Annual Health Check-up for all insured members including children

¹Incremental increase every year is applicable on Base Sum Insured with No Claim Bonus and No Claim Bonus Super (Optional cover) in 5 consecutive claim-free years.

Protection:

- Choose your protection against Death or terminal illness
- Secure your family's future:
 - o Opt for Lumpsum payout through Lumpsum option
- Get double protection with Income options – Monthly income PLUS 100 times of Monthly income as Lumpsum:
 - o Opt for Fixed Income option and get:
 - Level Monthly income for 10 years
 - o Opt for Increasing Income and get:
 - Increasing monthly income for 10 years
- Choose to get your money back in case of survival:
 - o Opt for 'With Return of Premiums' and get your premiums back on survival²
- Decide your legacy and protect your family³
 - o Choose single or multiple nominees
 - o Select percentage entitlement to each nominee
- Save tax – Avail tax benefits on premiums paid and benefits received, as per prevailing tax laws



²'With Return of Premiums' option will be available at an additional premium.

³Nomination will be in accordance with Section 39 please refer extract provided at the end of the sales literature and the policy document

HOW DOES MERA MEDICLAIM PLAN WORK?

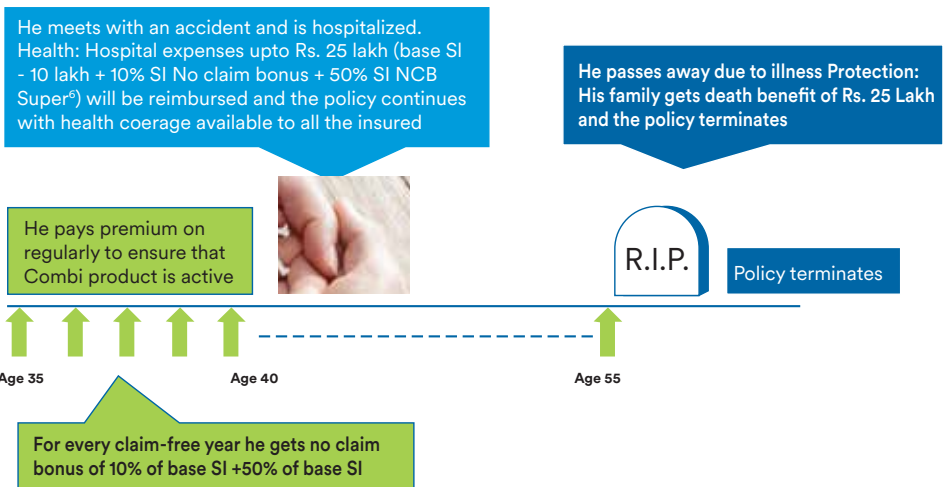
Illustration 1:

Mr. Pandit is 35 year old and wants to ensure complete protection for him and his loved ones from illness and death. He buys Mera Mediclaim Plan (Protection and health benefit) and chooses the plan as mentioned below:

Category	Plan option	Sum assured (Rs.)	Policy Term (yrs.)	Premium (Rs.)
Protection	Benefit option 1: Lumpsum	25 Lakh	30	7,600
	Care 4	10 Lakh	⁴ Life Long Renewal	7,004
Health	No Claim Bonus super			700
Combi discount				1148
Total Premium payable⁵				14156

Mr. Pandit meets with an accident in the 6th Policy year and is hospitalized for the same.

⁴Policyholder has the right to continue with health part of policy even after completion of life cover through Portability option as a standalone product.



⁵Premium calculated for healthy male life age 35 yrs (single life). All premiums shown are exclusive of GST

⁶Incremental increase every year is applicable on Base Sum Insured

ELIGIBILITY CRITERIA

Product specification	Protection		Health	
	Minimum	Maximum	Minimum	Maximum
Age at entry (Years) ⁷	18	65	Individual : 5 years Floater : 91 Days with at least 1 Insured Person of age 18 years or above	65
Maximum age at maturity ⁷ (Years)	28	80	Lifelong on continuous renewals ⁴	
Policy Term (Years)	10	40 (30, if 'with return of premiums' option is chosen)	1/2/3	
Basic Sum Assured (Rs.)	25 Lakh	No limit, subject to underwriting	3/4/5/7/10/15/20/25/30/40/50/60/75 /100/150/200/300/600Lakh ⁸	
Premium Payment mode	Yearly / Half-yearly/ Quarterly / Monthly ⁹			

⁷Age of the Proposer should be 18 years or above

⁸other Sum Insured also available

⁹Monthly mode is available for Standing Instruction/direct debit options (including ECS, ACH)

Protection:

Premium Paying Term (PPT) (Years)	Regular pay	
Annualized Premium (Rs.)	3,885	No limit, subject to maximum Sum Assured
Only for Option 3 – Fixed income Option & Option 4 – Increasing income Option		
Income payout term (years)	10	

Health:

How can You cover Yourself	Individual basis (maximum up to 6 Persons having equal Sum Insured) or Floater basis
Floater combinations	1 Adult + 1 Child OR 1 Adult + 2 Children OR 1 Adult + 3 Children OR 1 Adult + 4 Children OR 2 Adults + 1 Child OR 2 Adults + 2 Children OR 2 Adults + 3 Children OR 2 Adults + 4 Children
Who are covered (Relationship with respect to the Proposer)	<p>1. Individual: Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest.</p> <p>2. Family Floater: Self, Legally married spouse, son, daughter, father, mother, employee and his/her dependents (Legally married Spouse, Children & Parents) or any other relationship having an insurable interest.</p>

Notes:

- Child would be ported to an individual policy (having a separate Sum Insured) and treated as an adult Insured Person, upon attaining 25 years of age, at the time of renewal.
- All the Age calculations are as per "Age Last Birthday" as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Covers.

WHAT ARE THE PLAN OPTIONS/BENEFITS AVAILABLE?

Mera Mediclaim Plan provides you both protection and health benefits.

Section 1: Life insurance

Option 1	Lump sum
Option 2	Life partner
Option 3	Fixed income
Option 4	Increasing income

The Life Partner Option will not be available under the Combi plan.

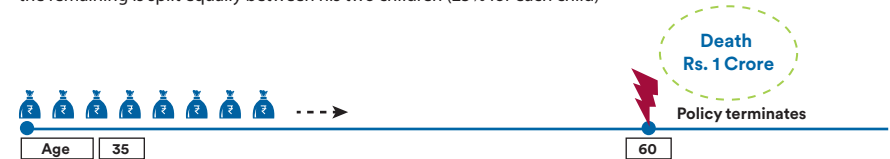
LET'S SEE HOW THESE OPTIONS WORK:

Case I

Ankur, 35 years old, non smoker, chooses policy term of 30 years. He opts for :

1	Benefit Option Option 1 - Lump sum	Death / Terminal illness cover of Rs. 1 crore
2	Additional Benefit with Return of Premiums	Annual premium : Rs. 27,700

As part of the Family Protection Benefit, Ankur nominates his wife for 50% share of the total death benefit and the remaining is split equally between his two children (25% for each child)



- If 'with Return of Premiums' option is not chosen, annual premium would be Rs. 14,900
- Premiums are exclusive of taxes and assuming lifeassured is in good health
- The policy terminates after payout of death or terminal illness benefit, whichever is earlier
- In case Ankur survives till maturity, he gets back all premiums paid (excluding extra premiums and taxes)

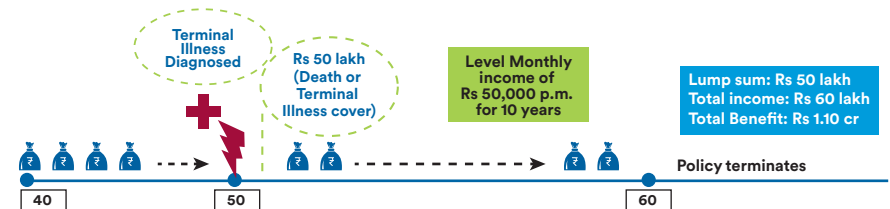
Please refer complete sales brochure before concluding the sale

Case II

Vaani, 40 years old, non smoker, chooses policy term of 30 years. She opts for :

1	Benefit Option Option 3 - Fixed income	Monthly income: Rs. 50,000 Death or Terminal illness cover: 100 times of monthly income (Rs. 50 lakh)
2	Additional Benefit with Return of Premiums	Annual premium : Rs. 30,580

As part of the **Family Protection Benefit**, Vaani nominates her mother for 40% share of the total death benefit, her daughter for 30% and her husband for 30%



- If 'with Return of Premiums' option is not chosen, annual premium would be Rs. 16,060
- Premiums are exclusive of taxes and assuming lifeassured is in good health
- The policy terminates after payout of last installment of monthly income. In case Vaani survives till maturity, she gets back all premiums paid (excluding extra premiums and taxes)

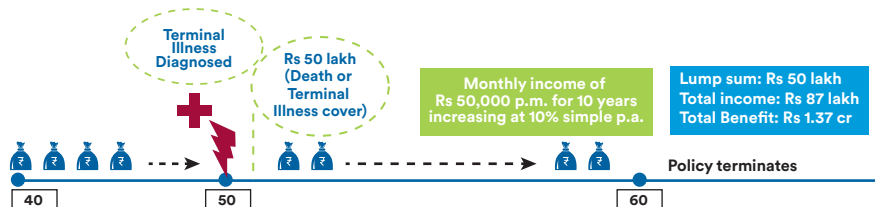
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Case III

Rahul, 35 years old, non smoker, chooses policy term of 30 years. He opts for :

1	Benefit Option Option 4 - increasing income	Monthly income: Rs. 50,000 Death or Terminal illness cover: 100 times of monthly income (Rs. 50 lakh)
2	Additional Benefit None	Annual premium : Rs. 16,851

As part of the **Family Protection Benefit**, Rahul nominates his mother for 50% share of the total death benefit, his wife for 50%



- If 'with Return of Premiums' option is not chosen, annual premium would be Rs. 31,510
- Premiums are exclusive of taxes and assuming life assured is in good health
- The policy terminates after payment of last installment of monthly income

Please refer complete sales brochure before concluding the sale

LIFE INSURANCE BENEFITS IN DETAILS

Death or Terminal Illness Benefit

Death or Terminal Illness Benefit shall be payable according to the benefit option chosen by policyholder at inception. Benefit option, once chosen, cannot be altered during the term.

Option 1 - Lump sum

At inception, you have to choose the lump sum payable immediately on first occurrence of Death or diagnosis of Terminal Illness of the life assured during the policy term. This lump sum amount is equal to Sum Assured on Death.

Option 2 – Life partner

Both the Policyholder (the first life) and his/her spouse (the second life) are covered.

At inception, you have to choose the lump sum payable immediately on first occurrence of Death or diagnosis of Terminal Illness of the first life during the policy term. The cover to the Second life shall be equal to 50% of the lumpsum amount chosen for the first life, subject to a maximum of Rs. 1 Crore.

The lump sum amount payable in respect of each life is equal to Sum Assured on Death in respect of either life.

The following table summarizes the death or terminal illness benefit under different scenarios in this option:

On first occurrence of death or diagnosis of terminal illness for the first life	<ul style="list-style-type: none"> • Sum Assured on Death in respect of first life is payable as a lump sum • The policy continues with future premium being waived • On subsequent occurrence of death or diagnosis of terminal illness of the Second life, the Sum Assured on Death in respect of Second Life is paid. • The policy terminates with the payment of this amount.
On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life,	<ul style="list-style-type: none"> • Sum Assured on Death in respect of second life is payable as a lump sum • The policy shall continue with reduced premiums with respect to First life • On subsequent occurrence of death or diagnosis of terminal illness of the first life, the Sum Assured on Death in respect of first Life is paid. • The policy terminates with the payment of this amount.
On first occurrence of death or diagnosis of terminal illness of both the lives simultaneously	<ul style="list-style-type: none"> • Sum Assured on Death in respect of both the first life and the second life will be paid as lump sum and the policy is terminated.

Note :

- Once Option 2 – Life partner is chosen the policyholder cannot discontinue the coverage of the particular life, unless it is due to the events as mentioned above.
- Option 2 – Life partner shall only be available where the Basic Sum Assured of First Life is greater than or equal to Rs. 50 lakhs.
- Cover for second life would be available upon payment of additional premiums.

Life Partner option will not be available under Mera Mediclaim Plan.

Option 3 - Fixed income

At inception, you have to choose the Monthly Income amount. On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death is equal to lump sum amount (equal to 100 times of Monthly Income chosen at the time of inception) payable immediately plus fixed Monthly Income payable over 10 years (120 months) in installments, where the first installment of monthly income will be payable one month from date of death of the life assured. The policy terminates with the payment of the last installment of Monthly Income.

Option 4 - Increasing income

At inception, you have to choose the Monthly Income amount. On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death is equal to lump sum amount (equal to 100 times of Monthly Income chosen at the time of inception) payable immediately plus increasing Monthly Income payable over 10 years (120 months) in installments increasing at 10% simple per annum, where the first installment of monthly income will be payable one month from date of death of the life assured. The policy terminates with the payment of the last installment of Monthly Income.

FOR OPTION 1 – LUMP SUM, OPTION 3 – FIXED INCOME, AND OPTION 4 – INCREASING INCOME

Sum Assured on Death shall be defined as higher of

- 10 times the Annualized Premium
- Basic sum assured
- 105% of total premiums paid as on date of death or diagnosis of terminal illness.

For Option 2 – Life partner

Sum Assured on Death in respect of first life shall be defined as Higher of

- 10 times the Annualized Premium in respect of first life
- Basic sum assured in respect of first life
- 105% of total premiums paid in respect of first life, as on date of death or diagnosis of terminal illness.

Sum Assured on Death in respect of second life shall be defined as Higher of

- 10 times the Annualized Premium in respect of second life
- Basic sum assured in respect of second life
- 105% of total premiums paid in respect of second life, as on date of death or diagnosis of terminal illness.

Where **Basic Sum Assured** is the absolute amount to be paid on death and is equal to “Lump Sum” amount payable immediately plus Total Monthly Income (if any) payable over 120 months on first occurrence of death or diagnosis of Terminal Illness

Please refer section ‘Terms and conditions’ for the details of terminal illness

Life Partner option will not be available under Mera Medclaim Plan.

ADDITIONAL BENEFIT

RETURN OF PREMIUMS

If you choose the ‘With Return of Premiums’ option, then on survival till maturity of the policy, you will receive maturity benefit which is equal to the sum assured on maturity. This option is available on payment of additional premiums.

MATURITY BENEFIT

Maturity benefit is payable only if ‘with Return of Premiums’ option is chosen.

Maturity benefit is equal to sum assured on maturity.

For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income, Sum Assured on Maturity is the absolute amount of benefit guaranteed to be paid on maturity, which is 100% of total premiums paid.

For Option 2 – Life partner, the following table summarizes the maturity benefit under different scenarios:

On survival of both lives till maturity	Sum Assured on Maturity in respect of both lives, which is the absolute amount of benefit guaranteed to be paid on maturity and is equal to 100% of total premiums paid in respect of both life cover.
In case of death or diagnosis of terminal illness of the First Life, and survival of Second Life till maturity	Sum Assured on Maturity in respect of the Second Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total additional premiums paid (including premiums which are waived and paid by the insurance company) for Second Life cover
In case of death or diagnosis of terminal illness of the Second Life, and survival of First Life till maturity	Sum Assured on Maturity in respect of the First Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total premiums paid for First Life cover

Life Partner option will not be available under Mera Medclaim Plan.

The total premiums paid means total of all the premiums received, excluding any extra premium, any rider premium and taxes

No maturity benefit will be paid under ‘without Return of Premiums’ option.

The Policy terminates with the payment of maturity benefit.

NON-FORFEITURE BENEFITS

SURRENDER BENEFIT

Surrender benefit is payable only if 'with Return of Premiums' option is chosen.

If all installment premiums have been paid for at least first two consecutive years, the policy shall acquire a surrender value.

The policy will be terminated once it is surrendered. The surrender value payable shall be higher of guaranteed surrender value and special surrender value as given below:

Guaranteed Surrender Value (GSV) = GSV Factor multiplied by Total premiums paid.

The total premiums paid considered in calculation of GSV are premiums excluding tax, rider premium and underwriting extra premiums paid, if any.

Option 2- Life partner: The total premiums paid with respect to each life considered in calculation of GSV are premiums with respect to each life excluding tax, rider premium and underwriting extra premiums paid, if any.

Special Surrender Value (SSV) is calculated as Maturity Paid-up Sum Assured x SSV factor, Where Maturity Paid-up Sum Assured for,

- Without Return of Premiums: zero
- With Return of Premium (For Option 1 – Lump sum , Option 3 – Fixed income, and Option 4 – Increasing income): The absolute amount of benefit guaranteed to be paid on maturity, which is 100% of total premiums paid.
- With Return of Premiums (For Option 2- Life partner): The absolute amount of benefit guaranteed to be paid on maturity with respect to each life, which is 100% of total premiums paid (including premiums which are waived and paid by us or the insurance company if any) with respect to each life.

The applicable surrender value factors vary according to the policy term and policy year of surrender.

PAID-UP BENEFITS

If a policy has acquired a non-zero surrender value and no future installment premiums are paid, the policy will continue as a paid up policy with reduced benefits, however the policyholder shall have the option to surrender the policy.

Paid-up policy is a default non forfeiture benefit. Such Paid-up policies can be revived within five (5) years from the due date of first unpaid premium by payment of all due installment premiums together with interest, at prevailing rate of interest. Once Policy becomes Paid-up and is not revived till the end of the revival period it will continue to be in Paid-up status.

The benefits to be paid in case of Paid-up policies are as follows.

DEATH OR TERMINAL ILLNESS BENEFIT

For **Option 1 – Lump sum**

Paid-Up Sum Assured on Death is payable, where paid-up sum assured on death is defined as:

Sum Assured on Death * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

The policy terminates with the payment of this claim amount.

For **Option 2 – Life partner**

<p>On first occurrence of death or diagnosis of terminal illness for the first life</p>	<p>· Paid – up Sum Assured on Death in respect of first life is payable as a lump sum where paid-up sum assured on death is defined as, Sum Assured on Death in respect of first life * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term)</p> <p>· On subsequent occurrence of death or diagnosis of terminal illness of the Second life, paid – up Sum Assured on Death in respect of Second Life is paid and the policy terminates</p>
<p>On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life,</p>	<p>· Paid – up Sum Assured on Death in respect of second life is payable as a lump sum where paid-up sum assured on death is defined as, Sum Assured on Death in respect of second life * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term)</p> <p>· On subsequent occurrence of death or diagnosis of terminal illness of the first life, paid – up Sum Assured on Death in respect of first Life shall be payable and the policy terminates</p>
<p>On first occurrence of death or diagnosis of terminal illness of both the lives simultaneously</p>	<p>· Paid – up Sum Assured on Death in respect of both the first life and the second life will be paid as lump sum and the policy is terminated.</p>

For Option 3 – Fixed income and Option 4 – Increasing income

Paid-Up Sum Assured on Death is payable, which is equal to Sum Assured on Death * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

Paid-Up Sum Assured on Death is defined as

- 10 times the Annualized Premium * (t / n)
- Paid-Up Basic sum assured, which is the “Lump Sum * (t / n)” amount payable immediately plus Total Monthly Income * (t / n) payable over 120 months on first occurrence of death or diagnosis of Terminal Illness.

- 105% of total premiums paid as on date of death.

Where, “t” refers the Number of Installment Premiums paid and “n” refers the Number of Installment Premiums payable during the Premium Payment Term. The policy terminates with the payment of the last installment of Monthly Income.

MATURITY BENEFIT

Paid – up sum assured on maturity is payable as Maturity benefit.

Maturity benefit is payable only if ‘with Return of Premiums’ option is chosen.

For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income, Paid - up Sum Assured on Maturity is the absolute amount of benefit guaranteed to be paid on maturity, which is 100% of total premiums paid till the policy becomes paid-up.

On survival of both lives till maturity	Paid – up Sum Assured on Maturity in respect of both lives, which is the absolute amount of benefit guaranteed to be paid on maturity and is equal to 100% of total premiums paid in respect of both life cover till the policy becomes paid-up
In case of death or diagnosis of terminal illness of the First Life, and survival of Second Life till maturity	Paid – up Sum Assured on Maturity in respect of the Second Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total additional premiums paid (including premiums which are waived and paid by insurance company) for Second Life cover till the policy becomes paid-up
In case of death or diagnosis of terminal illness of the Second Life, and survival of First Life till maturity	Paid – up Sum Assured on Maturity in respect of the First Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to 100% of total premiums paid for First Life cover till the policy becomes paid - up

The total premiums paid are the premiums excluding taxes and extra premiums paid, if any.

The Policy terminates with the payment of maturity benefit.

Paid up Sum Assured on Maturity is zero if ‘without Return of Premiums’ option is chosen.

TERMINAL ILLNESS

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two independent medical practitioners’ specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners’ specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. The policy terminates with the payment of terminal illness benefit.

The definition of medical practitioner will be in line with Guidelines on Standardization in Health Insurance, and as defined below:

A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India 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. The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy.

OTHER BENEFITS

Special benefits for Women

The policy also offers special premium rates for a female life assured.

Flexible premium payment modes & modal factors

You may elect to pay premiums by Yearly, Half Yearly, or Monthly mode subject to the minimum annualized premium under each mode.

Modal factors on annualized premium will be applicable as per the table below:

Premium Paying Mode	Modal Factor
Half Yearly	0.5131
Monthly	0.0886

Alteration between different modes of premium payment is allowed at any Policy Anniversary on request.

Benefits for higher sum assured

Special premium rates will be offered upon choosing higher sum assured, depending on sum assured slabs. The available sum assured slabs are Rs. 25 lakhs – Rs. 49.99 lakhs, Rs. 50 lakhs – Rs. 99.99 lakhs, Rs. 1 crore – Rs. 1.99 crore, Rs. 2 crore and above.

Loans

There is no policy loan available in this plan.

Premium discontinuance

In case of ‘Without Return of Premiums’ option, if due Installment Premium is not paid in full within the Grace Period, then the Policy shall Lapse and the insurance cover will cease.

In case of ‘With Return of Premiums’ option, if the installment premiums for two consecutive years are not paid in full, the policy lapses at the end of the grace period and the risk cover will cease immediately.

Revival

A lapsed policy may be revived, during the Policy Term, within a Revival Period of five years from the date of first unpaid premium by submitting proof of continued insurability as per Board approved underwriting policy and making the payment of all due premiums together with interest payment at such rate as may be prevailing at the time of the payment.

The rate of interest is calculated as the 10 Year G-Sec rate plus 100 basis points, rounded up to the nearest 50 basis points. The Company will review the rate on an annual basis in April based on the prevailing G-Sec rate. However, under special circumstances where G-Sec rate changes in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, the company shall review the rate based on the prevailing G-Sec rate. .

This formula will be reviewed annually and only altered subject to prior approval of IRDA of India. Currently, the Company charges 7.5% p.a. interest on revivals. Please contact us to know the prevailing rate of interest for revival of policies.

Revival of the policy is subject to Board approved underwriting policy. A surrendered policy cannot be revived.

Termination

The Policy will be terminated on the earliest of the following:

- The date on which the Benefits payable on Surrender are settled under the Policy.
- At the expiry of revival period, when the Policy has not been revived and provided the said Policy has not acquired any Paid-Up Value
- On payment of the Death Benefit, Terminal Illness Benefit, or Maturity Benefit (only if 'with return of premiums' option is selected), whichever is applicable

Section 2 - Health Insurance Benefits

BENEFITS AT A GLANCE

- Hospitalization Expenses
- Daily Allowance
- Organ Donor Cover
- Automatic Recharge
- Alternative Treatments
- Global Coverage (excluding U.S.A.)
- Vaccination Cover
- Maternity Cover
- Pre & Post Hospitalization Medical Expenses
- Ambulance Cover
- Domiciliary Hospitalization
- Second Opinion
- No Claims Bonus
- Annual Health Check-up
- Care Anywhere

OPTIONAL COVERS

- Global coverage – Total
- No Claims Bonus Super
- Everyday Care
- Travel Plus
- Daily Allowance+
- International Second Opinion
- Reduction in PED Wait Period
- Air Ambulance Cover
- Unlimited Automatic Recharge
- Deductible Option
- Smart Select
- OPD Care
- Personal Accident
- Addl. Sum Insured for Accidental Hospitalization
- Extension of Global coverage

SPECIAL FEATURES

- Preventive Care through Annual Health Check-up
 - Wide Range of Sum Insured Options
 - Feature to get discount in Premium by choosing Deductible Option & Smart Select
 - Feature to get discount in Premium by choosing Longer Tenure Options
 - Feature to reduce PED Wait Period
- * The features vary with the plan
- The Eligibility Criteria, Benefits & Optional Covers mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
 - In this document, words like “We”, “Us” or “Our/Ours” represents the Insurer i.e., “Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited)” and “You” or “Your/Yours” represents the “Proposer” or “Insured Person(s)”.
 - All the Benefits and Optional Covers will be applicable only during the Policy Period considering all the terms, conditions, exclusions, Wait Periods, sub-limits and maximum up to limits specified under the section – ‘Schedule of Benefits’.
 - Admissibility of a Claim under Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 7 (Automatic Recharge), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 3 (Unlimited Automatic Recharge), Optional Cover 7 (Smart Select), Optional Cover 9 (Daily Allowance+) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization) and Optional Cover 15 (Air Ambulance Cover). The event giving rise to a Claim under Benefit 1 shall be within the Policy Period for the Claim of such Benefit to be accepted.
 - Our maximum, total and cumulative liability in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.

- On Floater Basis, our maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Total Sum Insured.
- For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus (Benefit 10), No Claims Bonus Super (Optional Cover 4) and Additional Sum Insured for Accidental Hospitalization (Optional Cover 11). (NOTE: This clause is not applicable to Optional Cover 10: Personal Accident).
 - All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
 - Our liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
- Any Claim paid for Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), and Optional Covers namely Optional Cover 1 (Global Coverage – Total), Optional Cover 2 (Travel Plus), Optional Cover 6 ('Everyday Care' except Health Care Services), Optional Cover 7 (Smart Select), Optional Cover 8 (OPD Care), Optional Cover 9 (Daily Allowance+), Optional Cover 14 (Extension of Global Coverage), and Optional Cover 15 (Air Ambulance Cover), shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
- The Co-payment (as applicable) shall be borne by You on each Claim which will be applicable on Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total), Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).
 - If age of Insured Person or eldest Insured Person (in case of Floater) is 61 years or more, we provide an option to Insured Person / Policyholder, to choose for co-payment option of 20% per claim (over & above any other co-payment, if any) which applies to such Insured Person or all Insured Persons (in case of Floater) and thereby get a discount of 20% in Premium to be paid.
 - The Co-payment shall be applicable to each and every Claim made, for each Insured Person.

- Deductible Option (if opted) is applicable on the Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage – excluding U.S.A.), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).
- Hospitalization or Medical Expenses which are 'Medically Necessary' only shall be admissible under the Policy.

1. BENEFITS IN DETAIL

1. Benefit 1: Hospitalization Expenses:

(i) In-Patient care: Hospitalization for at least 24 hours - If you are admitted to a hospital for in-patient care which should be Medically Necessary, for a minimum period of 24 consecutive hours, we will pay, maximum up to Sum Insured, for the medical expenses incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.

(ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries don't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay for all such day care treatments as per Annexure-I to Prospectus, maximum up to Sum Insured.

(iii) Advance Technology Methods: The Company will indemnify the Insured Person up to Sum Insured for expenses incurred under Benefit 1 (Hospitalization Expenses) for treatment taken through following advance technology methods:

- a. Uterine Artery Embolization and HIFU
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- f. Intra vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio surgeries
- i. Bronchical Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM - (Intra Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2. Benefit 2: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses:

(i) Pre-Hospitalization Medical Expenses:

Examination, tests and medication - Sometimes the procedures that finally lead you to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 30 days immediately before the Date of Your Admissible Hospitalization, provided that we shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date.

(ii) Post-Hospitalization Medical Expenses:

Back home and till you are back on your feet - The expenses don't end once you are discharged. There might be follow-up visits to your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 60 days immediately after the Date of Discharge of Your Admissible Hospitalization.

3. Benefit 3: Daily Allowance:

It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay Daily Allowance - a fixed lump sum amount, for each completed day (24 hours) of hospitalization, payable for a maximum of 5 consecutive days per Hospitalization, so that you can meet these expenses without a bother and as suits you best.

4. Benefit 4: Ambulance Cover:

It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount per hospitalization, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

5. Benefit 5: Organ Donor Cover:

We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to a specified amount for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.

'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor. Clause 4.2 (25) under Permanent Exclusions of Section 2, is superseded to the extent covered under this Benefit.

6. Benefit 6: Domiciliary Hospitalization:

Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you up to a specified amount, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect of a claim made under this Benefit.

Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:

- (i) Asthma;
- (ii) Bronchitis;
- (iii) Chronic Nephritis and Chronic Nephritic Syndrome;
- (iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis;
- (v) Diabetes Mellitus and Diabetes Insipidus;
- (vi) Epilepsy;
- (vii) Hypertension;
- (viii) Influenza, cough or cold;
- (ix) All Psychiatric or Psychosomatic Disorders;
- (x) Pyrexia of unknown origin for less than 10 days;
- (xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
- (xii) Arthritis, Gout and Rheumatism.

7. Benefit 7: Automatic Recharge:

A refill is always welcome! So your sum insured is reinstated just when you need it the most.

If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire sum insured immediately, once in the policy year.

This re-instated amount can be used for future claims which are not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year.

- For any single Claim during a Policy Year the maximum Claim amount payable shall be sum of:
 - Sum Insured
 - No Claims Bonus (Benefit – 10)

- No Claims Bonus Super (Optional Cover – 4)
 - Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
- During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:
- Sum Insured
 - No Claims Bonus (Benefit – 10)
 - No Claims Bonus Super (Optional Cover – 4)
 - Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
 - Automatic Recharge(Benefit – 7)
- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating ‘Automatic Recharge’.
- The Recharge is applicable only for Benefit 1 (Hospitalization Expenses).

8. Benefit 8: Second Opinion:

We take your illnesses as seriously as you do. If you are suffering from a serious illness (namely Benign Brain Tumor, Cancer, End Stage Lung Failure, Myocardial Infarction, Coronary Artery Bypass Graft, Heart Valve Replacement, Coma, End Stage Renal Failure, Stroke, Major Organ Transplant, Paralysis, Motor Neuron Disease, Multiple Sclerosis, Major Burns & Total Blindness) and feel uncertain about your diagnosis or wish to get a second opinion within India from a doctor on your medical reports for any other reason, we arrange one for you, free of cost, without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Major Illness / Injury per Policy year.

9. Benefit 9: Alternative Treatments:

It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, we will pay You up to a specified amount for medical expenses incurred by You towards Your in-patient admission in a Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions, in India, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy. Clause 4.2 (19) under Permanent Exclusions of Section 2, is superseded to the extent covered under this Benefit.

10. Benefit 10: No Claims Bonus:

If no Claim has been paid by Us in the expiring Policy Year, we raise a cheer to your good health in the form of a bonus for you. You receive a flat increase of 10 per cent in your sum insured for the next Policy year. In any case the No Claims bonus will not exceed 50% of the Sum insured under the policy and in the event there is a claim in a policy year, then the No Claims bonus accrued will be reduced by 10% of the sum insured but in no case shall

the Total Sum insured be less than the Sum insured. For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad. The Recharge amount ('Automatic Recharge' & 'Unlimited Automatic Recharge') shall not be considered while calculating 'No Claims Bonus'. Along with the Benefits (Base Covers) under the Policy, accrued 'No Claims Bonus' can be utilized for Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

11. Benefit 11: Global Coverage (excluding U.S.A.):

Through this benefit, you can avail Hospitalization expenses incurred outside India, anywhere in the world excluding United States of America, maximum up to Sum Insured. A mandatory Co-Payment of 10% per Claim is applicable, which will be in addition to any other co-payment (if any) applicable in the Policy. This Benefit is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year. The Medical expenses payable shall be limited to Maternity Cover and Hospitalization Expenses (i.e., In-Patient Care and Day Care Treatment) only.

12. Benefit 12: Annual Health Check-up:

Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!!

To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network Provider or other Service Providers specifically empanelled with us to provide the services in India for all the Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

(a) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to Rs.75 Lac for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Plan
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	Care 2, Care 3 & Care 8
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	Care 4 & Care 9
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	Care 5 & Care 6

(b) Medical Tests covered in the Annual Health Check-up, applicable for Care 7, for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

Infection Markers	Lipid Profile
Complete Blood Count(CBC)	Cholesterol
ESR	LDL
ABO Group & Rh Type	HDL
Urine Routine	Triglycerides
Stool Routine	VLDL
Liver Function Test	Kidney Function Test
S Bilirubin (Total/Direct)	Creatinine
SGPT	Blood Urea Nitrogen
SGOT	Uric Acid
GGT	
Alkaline Phosphatase	
Total Protein	
Albumin : Globulin	
Lung Function Markers	Diabetes Markers
Lung Function Test	Hba1c
Cardiac Markers	Imaging Tests
Treadmill Test	X-Ray – Chest
ECG	Ultrasound Abdomen

(c) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date for all Plans except Care 1, are as follows :-

List of Medical Tests covered as a part of Annual Health Check-up

Physical Examination (Height, Weight and Body Mass Index (BMI)), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)

13. Benefit 13: Vaccination Cover

As they rightly say, Prevention is better than Cure! We too strongly believe in the same!!

We will pay you up to a specified amount, towards the Vaccination expenses for all the Insured Persons up to 18 years of age, as prescribed in the National Immunization Schedule (NIS) for protection against Diphtheria, Pertussis, Tetanus, Polio, Measles, Hepatitis B and Tuberculosis, which fall under category of Vaccine preventable diseases as follows:

S. No	Vaccine& its presentation	Protection against	S. No	Vaccine& its presentation	Protection against
1	BCG (Bacillus Calmette Guerin)- Lyophilized vaccine	Tuberculosis	5	Measles - Lyophilized vaccine	Measles
2	OPV (Oral Polio Vaccine)- Liquid vaccine	Poliomyelitis	6	TT (Tetanus Toxoid) – Liquid vaccine	Tetanus
3	Hepatitis B – Liquid Vaccine	Hepatitis B	7	JE vaccination Lyophilized vaccine	Japanese Encephalitis (Brain fever)
4	DPT (Diphtheria, Pertussis and Tetanus Toxoid) – Liquid vaccine	Diphtheria, Pertussis and Tetanus	8	Hib (given as pentavalent containing Hib + DPT + Hep B) – Liquid vaccine	Hib Pneumonia and Hib meningitis

14. Benefit 14: Care Anywhere

After all, it's your health, and we stand by every decision you take in its interest.

For specific diseases / ailments (namely Cancer, End Stage Renal Failure, Benign Brain Tumor, Total Blindness, Major Organ Transplant, End Stage Lung Disease, Heart Valve Replacement, Coronary Artery Bypass Graft, Stroke, Myocardial Infarction, Major Burns & Coma) we ensure that You have access to one of the best healthcare services out of India, anywhere in the world!

Payment for medical expenses for specific diseases / ailments under this Benefit shall be made only if prior written notice of at least 7 days is given to us.

15. Benefit 15: Maternity Cover

Pregnancy is undoubtedly one of the most beautiful and significantly life-altering events in a Women's life! Thus through Maternity Cover, we will pay up to a specified amount, for the Medical Expenses associated with Hospitalization of an Insured Person for the delivery of a child, subject to the conditions specified below:

- Claims will not be admissible for any expenses incurred for diagnosis / treatment related to any Maternity Expenses until 24 months since the inception of the first Policy with us.
- This Benefit is available only under Floater cover type for all Insured Persons of age 18 years or above.
- Clause 4.2 (4) under Permanent Exclusions of Section 2, is superseded to the extent covered under this Benefit.

2. OPTIONAL COVERS

You can opt for the following Optional covers either at the inception of the policy or at the time of renewal:-

1. Optional Cover 1: Global Coverage – Total

A comprehensive Insurance should not have many restrictions in terms of where to avail the treatment in case of your ill health. So, we thought of offering you a health insurance which has sky as its limit. Through this Optional Cover, you can avail treatment under Maternity Cover and Hospitalization i.e., In-Patient care and Day Care Treatment outside India, anywhere in the world (including United States of America).

This Optional Cover stands as an extension to Benefit 12 – Global Coverage (excluding U.S.A.)

2. Optional Cover 2: Travel Plus:

A friend in need is a friend indeed!

Imagine you visit a foreign land and due to unforeseen circumstances, you fall sick and it becomes a situation of medical emergency or you realize that you misplaced your passport or you suddenly realize that your Baggage is lost after Checking-into the common carrier or may it be Repatriation of Mortal Remains or Medical Evacuation, your health insurance cover will come to your rescue to serve as a protection shield on that foreign land in such contingencies. Having this Policy with you will be as good as taking a friend along, who stands by you, the moment you need a companionship the most.

This Optional Cover is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year.

The following is the detailed list of Benefits provided to you under Travel Plus, which are valid outside India.

2.1. Worldwide In-Patient Cover (for emergency): If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury which leads to an emergency medical situation, you will be eligible to avail in-patient care in a 'Single Private Room' in a Hospital through this Policy, maximum up to limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim. 'Day Care Treatment', 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered under the purview of this cover.

2.2. Worldwide OPD Cover: If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury, you will be eligible to avail out-patient care through this Policy, maximum up to limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim.

2.3. Loss of Passport: If you lose your original passport, and you incur expenses towards obtaining a duplicate or new passport, we will pay you for such incurred expenses, maximum up to the limits specified.

The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim.

2.4. Loss of Checked-in Baggage: We will pay you up to specified limit for the market value for cost of replacement of the entire baggage and its contents if the entire Checked-In Baggage is lost whilst in custody of the Common Carrier.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds Rs.5,000/-, Our liability shall be limited to Rs.5,000/- only. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person and all the pieces of Checked-in Baggage are not lost, then our liability shall be restricted to 0.5% of the Sum Insured or Rs. 10,000 (whichever is lesser).

2.5. Repatriation of Mortal Remains: We will pay You, up to limits specified, for the costs of repatriation of the mortal remains of the Insured Person back to the Place of Residence or for a local burial or cremation at the place where death has occurred, if your demise happens solely and directly due to an Insurable event.

2.6. Medical Evacuation: Even the best-planned trips don't always go as planned!

May it be a quick weekend trip or a well-planned dream Holiday!!

As explained in Emergency Medicine, the golden hour is a time period lasting for one hour following traumatic injury being sustained by a casualty or medical emergency, during which there is the highest likelihood that prompt medical treatment will prevent death. It is well established that the patient's chances of survival are greatest if they receive care within a short period of time after a severe injury.

We will pay you, up to specified limit, for the reasonable cost incurred towards your Medical Evacuation in an Emergency condition through an Ambulance, which includes Air Ambulance or any other transportation and evacuation services to the nearest Hospital. This also includes necessary medical care en-route forming part of the treatment, for any Illness contracted or Injury sustained by you. Payment under this Benefit is subject to a Claim for the same Illness or Injury being admitted by Us under Benefit 2.2.1 (Worldwide In-Patient Cover (for Emergency)).

Note for Deductible under 'Worldwide In-Patient Cover (for emergency)', 'Worldwide OPD Cover' and 'Loss of Passport' of Optional Cover 'Travel Plus' – Once the claimed amount is converted into Indian Rupees, the deductible (in INR) will be applied to calculate the final pay-out to the Claimant.

3. Optional Cover 3: Unlimited Automatic Recharge:

This Optional Cover is an extension to Benefit – 7, “Automatic Recharge”. Through this Optional Cover, your sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire sum insured unlimited times in a policy year. This re-instated amount can be used for future/further claims, not related to the Illness / Injury for which the claim has been made during the same Policy year.

Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.

No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating ‘Unlimited Automatic Recharge’.

4. Optional Cover 4: No Claims Bonus Super:

For every year that you enjoy un-interrupted good health, your No Claims Bonus Super keeps building up!

This Optional Cover serves as an extension to No Claims Bonus (Benefit – 10). In a particular year, if this option is chosen by you and we have not paid any claim, we raise a cheer to your good health in the form of a No Claims Bonus Super for you. You receive an increase of 50 percent flat in your Sum Insured, which is over & above the Sum Insured accrued under No Claims Bonus (Benefit – 10), for the next Policy year. In any case the No Claims Bonus Super will not exceed 100% of the Sum insured and in the event there is a claim paid in a policy year, then the No Claims bonus Super accrued will be reduced by 50% of the Sum insured but in no case shall the Total Sum Insured be reduced than the Sum Insured. The Recharge amount (‘Automatic Recharge’ & ‘Unlimited Automatic Recharge’) shall not be considered while calculating ‘No Claims Bonus Super’. Along with the Benefits (Base Covers) under the Policy, accrued ‘**No Claims Bonus Super can be utilized for** Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, ‘No Claims Bonus Super’ would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

5. Optional Cover 5: Deductible Option:

Win-Win Situation!

We give you an option of choosing a deductible along with your Plan, which will help you reduce the amount of Premium to be paid!!

Deductible is the claim amount (as specified) which is to be borne by You under this Policy. Deductible would apply on an aggregate basis in a Policy Year.

We shall be liable only once the aggregate amount of all the claims exceed the Deductible.

Illustration for applicability of Deductible in the same Policy Year

(Amount in Rupees)

Sr. No	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	500,000	100,000	75,000	125,000	100,000	-	100,000	100,000
2	500,000	100,000	75,000	250,000	300,000	-	225,000	275,000
3	500,000	100,000	250,000	400,000	400,000	150,000	350,000	-

6. Optional Cover 6: Everyday Care:

We understand that healthcare needs are not only limited to hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and if the option is chosen by you, We will provide the following Everyday Care Services (the “Services”) to You during the Policy Year, under this Optional Cover:-

(i) Out Patient consultations:

You may avail out-patient treatment at any of our Network Service Provider, up to a maximum limit of 1% of Sum Insured. For the purpose of this Benefit, a flat Co-payment of 20% per consultation is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(ii) Diagnostic Examinations:

You may avail Diagnostic Examination facilities anywhere within our Network, up to a maximum limit of 1% of Sum Insured, as prescribed by a Medical Practitioner. For the purpose of this Benefit, a flat Co-payment of 20% per Diagnostic Examination is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(iii) Health Care Services which include only the following:

- Doctor Anytime /Free Health Helpline:** You may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting Us on the helpline details specified on Our website.
- Health Portal:** You may access health related information and services available through Our website.
- Health & Wellness Offers:** You may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Service Providers (which are listed on Our website).

Network Service Provider means any person, organization, institution that has been empanelled with us to provide Services specified under this Optional Cover to the Insured Person.

7. Optional Cover 7: Smart Select:

This Optional Cover provides you a discount in the premium you pay!

By choosing this Optional Cover and thereby getting a discount of 15% on the Premium payable, you can avail Medical Treatment at any hospital listed under Annexure – IV to the Prospectus.

However, if you avail Medical Treatment in hospitals other than those mentioned under Annexure – IV to the Prospectus, then you shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

NOTE: For an updated list of Hospitals mentioned under Annexure – IV to the Prospectus, please refer to our Website.

8. Optional Cover 8: OPD Care:

We understand how trivial but important are bills pertaining to OPD consultations, diagnostics and medicines. Collectively, they can sum-up to cause a major financial impact.

Hence through this Optional Cover, we will pay you, through Reimbursement facility only, maximum up to a specified limit, for the following Out-patient care Services during the Policy Year -

- (a) Out Patient consultations
- (b) Diagnostic Examinations
- (c) Pharmacy

Note: Coverage for Optional Cover 'OPD Care' is provided for entire Policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable / reimbursed by Us. However, claim can be filed with Us, only twice during that Policy year, as and when that Insured Person may deem fit.

9. Optional Cover 9: Daily Allowance+:

It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay a fixed lump sum amount (as chosen by You), for each completed day (24 hours) of hospitalization, payable for a maximum of 30 days in a Policy Year, so that you can meet these expenses without a bother and as suits you best.

In case you are hospitalized in an ICU, we would pay twice the amount chosen by You.

The Payment under this Optional Cover will be in addition to any payment made under Benefit 3 (Daily Allowance).

NOTE: At one point of time, an Insured Person cannot stay both in a regular Hospital room as well as in an ICU room. Hence, only either one of the rooms would be considered for pay-out as per the Insured Person's room occupancy in the Hospital.

10. Optional Cover 10: Personal Accident:

Accidents are never foreseen as they mean! But a stitch in time can save nine!!

A little plan for such unforeseen events can protect the interests of your beneficiaries in a big way.

This Optional Cover can be chosen by You for yourself, Spouse & Dependent children, only if they are insured under this Policy and You (for yourself) have opted for such Cover. (Proposer's Dependent parents are not eligible to for coverage under this Optional Cover 'Personal Accident').

Maximum coverage amount which can be chosen by the Proposer for oneself ranges from 'Sum Insured' to '10 times of the Sum Insured' (subject to a maximum of Rs.3 Crore)

in multiples of Lacs only. (NOTE: Sum Insured mentioned here is the Sum Insured pertaining to the base plan)

Optionally, if You wish to cover your Spouse or Children under this Optional Cover, the coverage amount is as follows:

- i. For Spouse:50% of the Coverage amount chosen for You
- ii. Per Child:25% of the Coverage amount chosen for You (If opted for 'Per Child', cover should be taken for all dependent children under this Policy)

This Optional Cover includes two Benefits namely "Accidental Death" and "Permanent Total Disablement" which are explained below and are applicable to events arising worldwide.

Accidental Death

We shall pay 100% of the coverage amount of the Insured Person, in the event of his / her Death on account of an Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.

Permanent Total Disablement (PTD)

We shall pay up to the coverage amount of the Insured Person as specified below in case of his / her permanent total disablement on account of any Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per table below:

Sr. No.	Insured Events	% of coverage amount of the Insured Person under this Optional Cover
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV in the table above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

For the purpose of this Benefit only:

- (i) “Hemiplegia” means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- (ii) “Paraplegia” means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- (iii) “Quadriplegia” means complete and irrecoverable paralysis of all four limbs.

11. Optional Cover 11: Additional Sum Insured for Accidental Hospitalization:

In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Period, We shall automatically provide an additional Sum Insured equal to the Sum Insured for In-patient Care for that Insured Person who is hospitalized, provided that:

- i. The ‘additional Sum Insured for Accidental Hospitalization’ shall be utilized only after the Sum Insured has been completely exhausted;
- ii. The total amount payable under such Claim shall not exceed the sum total of the Sum Insured, No Claims Bonus, No Claims Bonus Super (if opted) and ‘additional Sum Insured for Accidental Hospitalization’;
- iii. The ‘additional Sum Insured for Accidental Hospitalization’ shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;
- iv. The ‘additional Sum Insured for Accidental Hospitalization’ shall be applied only once during the Policy Period.

12. Optional Cover 12: International Second Opinion

“International Second Opinion” is an extension to Benefit 8 (Second Opinion) and hence all the provisions stated under the Benefit – ‘Second Opinion’, holds good for this Optional Cover as well, except that the geographical scope of coverage for this Optional Cover is applicable to worldwide excluding India only.

13. Optional Cover 13: Reduction in PED Wait Period

Choosing this Optional Cover reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.

Hence all the provisions stated under Clause 4.1 (iii) of Section 2, holds good for this Optional Cover as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after just 24 months of continuous coverage has elapsed, since the inception of the first Policy with us.

NOTE: This Optional Cover will be available only at the time of inception of the Policy and only for the Sum Insured chosen at that time.

14. Optional Cover 14: Extension of Global Coverage

There may be times when our heart asks for more!

For those who feel the need for an extended duration of coverage under Benefit 15 ‘Global Coverage (excluding USA)’ and Optional Cover 1 ‘Global Coverage – Total’, the duration of coverage will be extended to 90 continuous days in a single trip and maximum 180 days on a cumulative basis, by opting this Optional Cover.

15. Optional Cover 15: Air Ambulance Cover

Through this cover, we will pay you up to the amount specified for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance.

General Note applicable to all the Optional Covers:

Coverage amount limits for Optional Cover 2 ‘Travel Plus’, Optional Cover 6 ‘Everyday Care’, Optional Cover 8 ‘OPD Care’, Optional Cover 10 ‘Personal Accident’, Optional Cover 11 ‘Additional Sum Insured for Accidental Hospitalization’ and Optional Cover 15 ‘Air Ambulance Cover’ are covered over and above the ‘Sum Insured’.

3. SCHEDULE OF BENEFITS

Plan Name	Care 1	Care 2	Care 3	Care 4
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L 4 L \ 4.5 L	3 L \ 3. 5 L \	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Tenure	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years
Benefits				
Hospitalization Expenses (In-Patient Care & Day Care Treatment)				
- In-Patient Care	up to SI	up to SI	up to SI	up to SI
- Day Care Treatment	up to SI	up to SI	up to SI	up to SI
Pre-Hospitalization Medical Expenses and Post- Hospitalization Medical Expenses	Pre-Hospitalization for 30 days &	Pre-Hospitalization for 30 days &	Pre-Hospitalization for 30 days &	Pre-Hospitalization for 30 days &
	Post- Hospitalization for 60 days; Maximum up to SI	Post- Hospitalization for 60 days; Maximum up to SI	Post- Hospitalization for 60 days; Maximum up to SI	Post- Hospitalization for 60 days; Maximum up to SI
Daily Allowance	Rs. 250 per day; Max. 5 days per hospitalization covered	Rs. 500 per day; Max. 5 days per hospitalization covered	Rs. 500 per day; Max. 5 days per hospitalization covered	×
Ambulance Cover	Up to Rs 1,000 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 2,000 per hospitalization
Organ Donor Cover	×	Up to Rs 50,000	Up to Rs 50,000	Up to Rs 1 Lac
Domiciliary Hospitalization	×	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days
Automatic Recharge	×	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)
Second Opinion	×	×	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year
Alternative Treatments	×	×	Up to Rs 15,000	Up to Rs 20,000

Care 5	Care 6	Care 7	Care 8	Care 9
15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years
Benefits				
Hospitalization Expenses (In-Patient Care & Day Care Treatment)				
up to SI	up to SI	up to SI	up to SI	up to SI
up to SI	up to SI	up to SI	up to SI	up to SI
Pre-Hospitalization for 30 days &	Pre-Hospitalization for 30 days &	Pre-Hospitalization for 30 days &	Pre- Hospitalization for 30 days &	Pre-Hospitalization for 30 days &
Post- Hospitalization for 60 days; Maximum up to SI	Post- Hospitalization for 60 days; Maximum up to SI	Post- Hospitalization for 60 days; Maximum up to SI	Post- Hospitalization for 60 days; Maximum up to SI	Post- Hospitalization for 60 days; Maximum up to SI
×	×	×	Rs. 500 per day; Max. 5 days per hospitalization covered	×
Up to Rs 2,500 per hospitalization	Up to Rs 3,000 per hospitalization	Up to Rs 5,000 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 2,000 per hospitalization
Up to Rs 2 Lacs	Up to Rs 3 Lacs	Up to Rs 5 Lacs	Up to Rs 50,000	Up to Rs 1 Lacs
Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days
Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)
Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year
Up to Rs 30,000	Up to Rs 40,000	Up to Rs 50,000	Up to Rs 15,000	Up to Rs 20,000

Plan Name	Care 1	Care 2	Care 3	Care 4
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L

BENEFITS				
No Claims Bonus (NCB)		10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)
Global Coverage (excluding USA); Coverage outside India & USA - 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year.	X	X	X	X
Annual Health Check-up		Annual	Annual	Annual
Vaccination Cover				
Care Anywhere				
Maternity Cover (Available only under Floater Cover Type for all Insured Persons of age 18 years or above with a wait period of 24 months)				

OPTIONAL COVERS				
Global Coverage – Total				

Travel Plus (For all the 6 Benefits under 'Travel Plus', duration of coverage is 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year)

i. Worldwide In-Patient Cover (for emergency)	X	X	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim
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Care 5	Care 6	Care 7	Care 8	Care 9
15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L

10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)
X	X	Up to SI for Hospitalization Expenses & up to the limit specified under 'Maternity Cover' towards Maternity expenses; With a 10% co-payment per Claim	X	X
Annual	Annual	Annual	Annual	Annual
		Up to Rs.10,000		
	Up to Sum Insured			
	up to Rs 1 Lac	up to Rs 2 Lacs;		

		Geographical scope of Benefit 'Global Coverage (excluding USA)' is extended to USA also		
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Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim	Up to Rs. 20 Lacs ; Deductible of Rs. 5,000 per Claim	X	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim
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Plan Name	Care 1	Care 2	Care 3	Care 4
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
ii. Worldwide OPD Cover	✗	✗	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim
iii. Loss of Passport	✗	✗	up to 1% of SI ; Deductible of Rs. 2,500 per Claim	up to 1% of SI ; Deductible of Rs. 2,500 per Claim
Loss of Checked- in Baggage	✗	✗	up to 1% of SI	up to 1% of SI
v. Repatriation of Mortal Remains	✗	✗	Up to SI	Up to SI
vi. Medical Evacuation	✗	✗	Up to SI	Up to SI
Unlimited Automatic Recharge	✗	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)
No Claims Bonus Super (NCBS)		50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)
Deductible Option– on an aggregate basis per Policy Year (in Rs.)	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L
Everyday Care (With a flat co- payment of 20% per consultation / diagnostic examination)	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services

Care 5	Care 6	Care 7	Care 8	Care 9
15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim	Up to Rs. 20 Lacs; Deductible of Rs. 5,000 per Claim	✗	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim
up to 1% of SI or Rs. 20,000 (whichever is lesser); Deductible of Rs. 2,500 per Claim	up to Rs. 20,000; Deductible of Rs. 2,500 per Claim	✗	up to 1% of SI ; Deductible of Rs. 2,500 per Claim	up to 1% of SI ; Deductible of Rs. 2,500 per Claim
up to 1% of SI or Rs. 20,000 (whichever is lesser)	up to Rs. 20,000	✗	up to 1% of SI	up to 1% of SI
Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	✗	Up to SI	Up to SI
Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	✗	Up to SI	Up to SI
Up to SI (unlimited times)	Up to SI (unlimited times)	✗	Up to SI (unlimited times)	Up to SI (unlimited times)
50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)		50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)
5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L
Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services

Plan Name	Care 1	Care 2	Care 3	Care 4
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Smart Select	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim
OPD Care (Re-imbursment towards claims incurred in a policy year can be claimed only twice during that policy year)	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy
Daily Allowance+	X	X	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)
Personal Accident This Optional Cover can be chosen by Proposer for oneself, Spouse & Dependent children, only if they are Insured under this Policy and the Proposer (for oneself) has opted for such Cover	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)
Additional Sum Insured for Accidental Hospitalization	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident
International Second Opinion	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year

Care 5	Care 6	Care 7	Care 8	Care 9
15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim	-For listed Hospitals : Up to SI; -Other Hospitals : Up to SI with an additional co-payment of 20% per claim
Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy
Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	X	X	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)
- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)
Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident		Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident
Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Up to SI (unlimited times)

Plan Name	Care 1	Care 2	Care 3	Care 4
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Reduction in PED Wait Period	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years
Extension of Global Coverage (Applicable to : -Benefit – ‘Global Coverage (excluding USA)’; -Optional Cover – ‘Global Coverage – Total’)				
Air Ambulance Cover	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs

Wait Periods

Initial Wait Period	30 Days	30 Days	30 Days	30 Days
Named ailments	24 months	24 months	24 months	24 months
Pre-existing Diseases	48 months	48 months	48 months	48 months

Sub-limits

Room Rent / Room Category	Up to 1% of SI per day	Up to 1% of SI per day	Up to 1% of SI per day	Single Private Room
ICU Charges	Up to 2% of SI per day	Up to 2% of SI per day	Up to 2% of SI per day	No Sub-limit
Treatment of Cataract	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit
Treatment of Total Knee Replacement	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit

Care 5	Care 6	Care 7	Care 8	Care 9
15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years
		Duration of Coverage will be extended to 90 continuous days in a single trip and Max. 180 days on a cumulative basis		
up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs

30 Days	30 Days	30 Days	30 Days	30 Days
24 months	24 months	24 months	24 months	24 months
48 months	48 months	48 months	48 months	48 months

Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Up to 1% of SI per day	Single Private Room (Max. Up to 1% of SI per day)
No Sub-limit	No Sub-limit	No Sub-limit	Up to 2% of SI per day	Up to 2% of SI per day
No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 20,000 per eye	Up to Rs. 30,000 per eye
No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 80,000 per knee	Up to Rs. 1 Lac per knee

Plan Name	Care 1	Care 2	Care 3	Care 4		Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L		15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Treatment for each and every Ailment / Procedure mentioned below:- i.Surgery for treatment of all types of Hernia ii.Hysterectomy iii.Surgeries for Benign Prostate Hypertrophy (BPH) iv.Surgical treatment of stones of renal system	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit		No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 50,000	Up to Rs. 65,000
Treatment for each and every Ailment / Procedure mentioned below:- Treatment of Cerebrovascular and Cardiovascular disorders Treatments/ Surgeries for Cancer Treatment of other renal complications and Disorders Treatment for breakage of bones	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit		No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 2 Lacs	Up to Rs. 2.5 Lacs
Co-payment	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above		Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above

Notes:

- All the Sum Insured mentioned are on a Policy Year basis.
- If the Room Category/ Room Rent eligibility is 'Single Private Room (upgradable to next level)', it means such up-gradation will trigger only if Single Private Room is not available in the Hospital at the time of admission and our liability will arise only after accepting required documented proof for such Room unavailability. In case such documented proof is not furnished, then the maximum eligible Room Category would be considered as 'Single Private Room' only.
- If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

EXCLUSIONS:

1. Waiting Periods:

(i) First 30-Day waiting Period – Code – Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

(ii) Specific Waiting Period– Code – Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
 3. Benign Prostatic Hypertrophy
 4. Cataract
 5. Dilatation and Curettage
 6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers

7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcerst
14. Parkinson's or Alzheimer's disease or Dementia

(iii) Pre-existing Disease – Code – Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
 - (iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly
 - (v) If Coverage for Benefits (in case of change in Product Plan) or Optional Covers are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Covers, from the time of such renewal.
 - (vi) For specific Covers offered on a global basis namely Benefit 11 'Global Coverage (excluding USA)', Optional Cover 1 'Global Coverage – Total' and Optional Cover 2 'Travel Plus', first 30 day Waiting Period defined as per Clause 4.1 (i) does not apply on the foreign land, in case the Insured Person travels abroad.

2. Permanent Exclusions:

The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy.

- a. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Prospectus).
- b. Investigation & Evaluation(Code- Excl04)
 - i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

3. Rest Cure, rehabilitation and respite care- Code- Excl05

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4. Obesity/ Weight Control(Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

5. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

6. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

7. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

8. Breach of law: Code- Excl10

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

9. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.

10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

11. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

12. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

13. Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

14. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

16. Maternity: Code Excl18

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
17. 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.
 18. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
 19. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
 20. Treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
 21. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
 22. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
 23. All preventive care (except eligible and entitled for Benefits – 12: Annual Health Check-up), Vaccination (except eligible and entitled for Benefit – 13: Vaccination Cover), including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
 24. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
 25. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery (This exclusion is only applicable for Care Plan 1).
 26. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
 27. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
 28. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while

sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.

29. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
30. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
31. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.
32. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
33. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
34. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
35. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
36. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
37. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
38. Expenses incurred on advanced treatment methods other than as mentioned in clause 2.1 (iv)
39. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

(i) Additional Exclusions Applicable To 'Travel Plus' (Optional Cover 2)

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

- 1) Medical treatment taken outside the Country of Residence if that is the sole reason or one of the reasons for the journey.
- 2) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
- 3) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Policy Period.
- 4) Degenerative or oncological (Cancer) diseases.
- 5) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- 6) Any expenses related to services, including Physiotherapy, provided by Chiropractitioner; and the expenses on prostheses / prosthetics (artificial limbs).
- 7) Traveling against the advice of a Medical Practitioner; or receiving, or is supposed to receive, medical treatment; or having received terminal prognosis for a medical condition; Or taking part or is supposed to participate in war like or peace keeping operation.

(ii) Additional Exclusions applicable to 'Loss of Checked-in Baggage' under 'Travel Plus' (Optional Cover 2):

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

- 1) Any partial loss or damage of any items contained in the Checked-In Baggage.
- 2) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
- 3) Any loss due to damage to the Checked-In Baggage.
- 4) Any loss of the Checked-In Baggage sent in advance or shipped separately.
- 5) Valuables (Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals).

(iii) Additional Exclusions applicable to 'Personal Accident' (Optional Cover 10):

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- 1) Any pre-existing injury or physical condition;
- 2) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
- 3) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- 4) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;
- 5) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
- 6) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
- 7) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
- 8) Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
- 9) Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
- 10) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- 11) Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the schedule of Policy Certificate.

(iv) Additional exclusion for Benefits / Optional Covers, which are applicable 'outside India':

Under the Benefits 'Care Anywhere', 'Global Coverage (excluding USA)', Optional Covers 'Global Coverage – Total' and 'Worldwide In-Patient Cover (for Emergency)' of Optional Cover 'Travel Plus', 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered as a part of those respective Benefits / Optional Covers.

5. Portability & Migration (For Health Insurance)

Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been

continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link:

<https://www.careinsurance.com/other-disclosures.html>

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration

For Detailed Guidelines on Migration, kindly refer the link:

<https://www.careinsurance.com/other-disclosures.html>

6. Claims Procedure and Management for Health Insurance

This section explains you about procedures involved to file a valid Claim and related processes involving us to manage the Claim. All the procedures and processes such as pre-requisite for filing an admissible Claim, Duties of a Claimant, Documents to be submitted for filing a valid Claim, Claim Settlement Facilities, You intimating the Claim to us, Progressive order for Assessment of Claims by us, settlement of payable Claim Amount by us to you (in case of Reimbursement Facility) and/or Hospital (in case of Cashless Facility) and related terms of Payment, are explained herein.

6.1 Pre-requisite for admissibility of a Claim:

Any claim being made by you or your attendant during Hospitalization on your behalf, should mandatorily comply with the following conditions and in case of non-compliance of any kind, we shall not be bound to accept the Claim:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, medical expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by us as an Insured Person except for a Nominee.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium Clause by their respective due dates.
- (iv) The Claimant should not be a minor or of unsound mind or on drug administration or influenced by any means of coercion and to exploit us while making the Claim.
- (v) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

6.2 Claim settlement - Facilities

(i) Cashless Facility:

We extend Cashless Facility as a mode to indemnify the medical expenses incurred by you at a Network Provider. For this purpose, you will be issued a "Health card" at the time of first Policy purchase, which has to be preserved and produced at any of Network Provider in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (a) Submission of Pre-authorization Form:** A Pre-authorization form as prescribed by IRDAI, which is available on our Website or with the Network Provider, has to be duly filled and signed by you and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.
- (b) Identification Documents:** The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes.

Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.

- (c) Our Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for your Hospitalization.

(d) Our Authorization:

- (i) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of you shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.
- (ii) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to you, if any, as applicable.
- (iii) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

- (e) Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of your Hospitalization and all other information and documentation specified under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before your discharge from Hospital.

- (f) Our Rejection:** If we do not authorize the Cashless Facility due to insufficient Sum

Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by you to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to your Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. You can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

(g) Network Provider related: We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, you may refer to the list of Network Providers available on our website or at the call center.

(h) Claim Settlement: For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(i) Claims incurred outside India: Our Assistance Service Provider should be intimated for availing Cashless Facility outside India under Benefit 11 (Global coverage (excluding USA), Benefit 14 (Care Anywhere), Optional Cover 1 (Global coverage – Total), Optional Cover 2 (Travel Plus) and Optional Cover 12 (International Second Opinion).

(ii) Re-imbusement Facility

(a) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically state that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clauses 6.4 and 6.5, shall be submitted to us at Your own expense, immediately and in any event within 15 days of your discharge from Hospital.

(b) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.

(c) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.

(d) For Claim settlement under reimbursement, we will pay the Policyholder. In the event of death of the Policyholder, we will pay the nominee and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of our liability under the Policy.

6.3 Duties of a Claimant/ Insured Person in the event of Claim

(a) It is agreed and understood that as a Condition Precedent for a Claim to be

considered under this Policy:

(i) You shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.

(ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

(iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 (Claims Procedure and Management) of the Policy.

(iv) The Insured Person will, at our request, submit himself / herself for a medical examination by our nominated Medical Practitioner as often as we consider reasonable and necessary. The cost of such examination will be borne by us.

(v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect your medical and Hospitalization records and to investigate the facts and examine you.

(vi) We shall be provided with complete necessary documentation and information which we have requested to establish our liability for the Claim, its circumstances and its quantum.

6.4 Claims Intimation

Upon the occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to our liability under the Policy, all of the following shall be undertaken:

(i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, we shall be notified with full particulars within 48 hours from the date of occurrence of event either at Our call center or in writing.

(ii) Claim must be filed within 15 days from the date of discharge from the hospital.

Note: 6.4 (i) and 6.4 (ii) are precedent to admission of liability under the policy.

(iii) The following details are to be disclosed to us at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury;
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by us.

- (iv) In case of an Emergency Hospitalization, We shall be notified either at the Our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

6.5 Documents to be submitted for filing a valid Claim

- (a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims:

- (i) Duly filled and signed Claim form by the Insured Person;
- (ii) Copy of Photo ID of Insured Person;
- (iii) Medical Practitioner's referral letter advising Hospitalization;
- (iv) Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
- (v) Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
- (vi) Original bills from pharmacy/chemists;
- (vii) Original pathological/diagnostic test reports/radiology reports and payment receipts;
- (viii) Operation Theatre Notes;
- (ix) Indoor case papers;
- (x) Original investigation test reports and payment receipts supported by Doctor's reference slip;
- (xi) Ambulance Receipt;
- (xii) MLC/FIR report, Post Mortem Report if applicable and conducted;
- (xiii) Any other document as required by us to assess the Claim.

Note: We may give a waiver to one or few of the above or below mentioned documents depending upon the case.

- (b) Additional Documents to be submitted for any Claim under 'Loss of Passport' which is a part of 'Travel Plus' (Optional Cover 2) :

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Copy of the police report
- (ii) Details of the attempts made to trace the passport;
- (iii) Statement of claim for the expenses incurred;
- (iv) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

- (c) Additional Documents to be submitted for any Claim under 'Loss of Checked-in Baggage' which is a part of 'Travel Plus' (Optional Cover 2) :

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Property irregularity report issued by the appropriate authority.
- (ii) Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.
- (iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage

- (d) Additional Documents to be submitted for any Claim under 'Repatriation of the mortal remains' which is a part of 'Travel Plus' (Optional Cover 2) :

It is a condition precedent to Our liability under this Benefit that the following information and documents shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
- (ii) Copy of the postmortem certificate, if conducted;
- (iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
- (iv) In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

- (e) Additional Documents to be submitted for any Claim under 'Medical Evacuation' which is a part of 'Travel Plus' (Optional Cover 2) :

- (i) It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
- (ii) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of evacuation.
- (iii) Documentary proof for expenses incurred towards the Medical Evacuation.

- (f) Additional Documents to be submitted for any Claim under 'Air Ambulance Cover' (Optional Cover 15):

- (i) It is a condition precedent to Our liability under this Optional Cover that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

(ii) Medical reports and transportation details issued by the air ambulance service provider, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of air ambulance services.

(iii) Documentary proof for expenses incurred towards availing Air Ambulance services.

(g) We will accept bills/invoices which are made in the Insured Person's name only.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.6 Claim Assessment

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, we may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

(i) If a Room accommodation has been opted for where the Room Rent or Room Category is higher than your eligible limit, then the Associate Medical Expenses payable shall be pro-rated as per the applicable limits. 'Associate Medical Expenses' means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category in a Hospital:

I. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;

II. Fees charged by surgeon, anesthetist, Medical Practitioner;

Note: Note: Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

(ii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible where the Claim amount is within the Deductible. Similarly, if 'Deductible per claim' is applicable, our liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded

(iii) Co-payment shall be applicable on the amount payable by us.

(c) The Claim amount assessed in Clause 6.6 (b) above would be deducted from the following amounts in the following progressive order:

(i) Sum Insured;

(ii) Additional Sum Insured for Accidental Hospitalization (if applicable);

(iii) No Claims Bonus (if applicable);

(iv) No Claims Bonus Super (if applicable);

(v) Automatic Recharge (if applicable);

(vi) Unlimited Automatic Recharge (if applicable).

(d) All claims incurred in India are dealt by Us directly.

6.7 Payment Terms

(a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.

(b) We shall have no liability to make payment of a Claim under the Policy in respect of you during the Policy Period, once your Total Sum Insured is exhausted.

(c) We shall settle any Claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by us. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you, we shall make payment within 7 days from the date of receipt of such acceptance.

(d) If you suffer a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

(e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs

(f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

7. SALIENT FEATURES

1. Policy Term

The Policy term can be one, two or three years.

2. Premium

The premium charged under the Policy depends upon the Plan opted, Sum Insured, Co-payment, Deductible chosen, Age band, cover type (individual / floater), number of Insured persons in the Policy, Policy Term, optional cover(s) opted and the health status of the individual.

For premium calculation of floater policies, age of eldest Insured Person would be considered.

The premium rates for the plans offered are annexed hereto with the prospectus.

3. Underwriting Loading

Based on the Underwriter's assessment of the extra risk on account of medical conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Policyholder for their consent before issuance of the Policy. Loading will not exceed 100% of Premium (all the applicable loadings are additive in nature). Criteria for such loading are

objectively mentioned in the Underwriting Manual.

In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Our call center or visit any of Our branch.

4. Tax Benefit

The Insured Person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

5. Renewal Terms

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- (a) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- (b) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- (c) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- (d) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period
- (e) No loading shall apply on renewals based on individual claims experience.

6. Premium Installment Facility

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

1. Grace Period of 15 days would be given to pay the installment premium due for the policy
2. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company
3. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
4. No interest will be charged If the installment premium is not paid on due date.
5. In case of installment premium due not received within the grace period, the policy will get cancelled

6. In the event of a claim, all subsequent premium installments shall immediately become due and payable. (This clause will not apply to claims arising under 'Annual Health Check-up', 'Second Opinion', 'Vaccination Cover' and 'International Second Opinion' benefits)

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

Note: Tenure Discount will not be applicable if the Insured Person has opted for Premium Payment in Installments.

7. Cancellation / Termination

(a) The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Policy Tenure –	Policy Tenure –	Policy Tenure –
	1 Year	2 Years	3 Years
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.50%
18 months to 24 months	N.A.	0.00%	33.00%
24 months to 30 months	N.A.	N.A.	8.00%
Beyond 30 months	N.A.	N.A.	0.00%

(b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

(c) The Company may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

(a) In case of demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, we will renew the Policy subject to the appointment of a policyholder provided that:
 - 1) Written notice in this regard is given to us before the Policy Period End Date; and
 - 2) A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.
- (b) In case Premium Installment mode is opted for, then:
 - (a) If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then the Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy

8. Multiple policies

- (a) In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person 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) Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- (c) If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- (d) Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

9. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days (30 days in case of

distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- a. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- b. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate .
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

11. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDA, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

8. PRE-POLICY ISSUANCE MEDICAL CHECK-UP

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the plan, age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by Us in case You opt for a 2 year or 3 year tenure and Your proposal is accepted. We shall bear 50% of the cost of medical tests in case You opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such Insured Person to undergo tele-underwriting which may include specific tests, as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if Your proposal is accepted.

The test is to be taken as per the corresponding grid:(Amount in Rupees)

Age/Sum Insured including Deductible	Up to 5 Lacs	Above 5 Lacs and below 15 Lacs	15 Lacs to 30 Lacs	Above 30 Lacs and below 100 Lacs	100 Lacs and above
Up to 17 years	No Medical Tests		Medical Examination Report	Medical Examination Report	For Floater Policy – Medical Examination Report; For Individual Policy – Set 2
18 to 24 years			Set 1	Set 2	Set 6
25 to 45 years			Set 5	Set 7	Set 9
46 Years and above	Set 3	Set 4	Set 5	Set 8	Set 10

The Pre-policy Issuance Medical check-up test grid is as follows:

Category	Medical Tests
Set 1	MER, CBC, FBS, RUA, SGPT, S. Creatinine
Set 2	MER, CBC, FBS, RUA, ECG, USG, S. Creatinine
Set 3	MER, CBC &ESR, FBS / HbA1c, T.Cholesterol, ECG, SGPT, S. Creatinine
Set 4	MER, CBC &ESR, FBS / HbA1c, T.Cholesterol, TMT, SGPT, S. Creatinine
Set 5	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
Set 6	MER, CBC, FBS, RUA, 2DEcho, USG, S. Creatinine
Set 7	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine, USG abd/pelvis (M&F)
Set 8	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M&F), PSA (M)
Set 9	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M&F), CEA, PSA (M), PAP(F)
Set 10	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG (M&F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH

The explanation of the medical tests mentioned above, are as follows:

MER	Medical Examination Report
CBC with ESR	Complete Blood Count with Erythrocyte Sedimentation Rate
RUA	Routine and Microscopic Urine Analysis
HbA1C	Glycosylated Hemoglobin
S. Cholesterol	Serum Cholesterol
Lipids	Fasting Lipid Profile
ECG	Electro Cardio Gram
SGPT	Serum Glutamic Pyruvic Transaminase
S. Creatinine	Serum Creatinine
TMT	Treadmill Test
2 D Echo	2D Echocardiography
LFT	Liver Function Test
PSA	Prostate Specific Antigen
HBsAg	Hepatitis B Surface Antigen/Australian Antigen
PAP	Papnicolaou Test
USG abd / Pelvis	Ultrasonography abdomen and Pelvis
TSH	Thyroid Stimulating Hormone
PFT	Pulmonary Function Test
CEA	Carcino Embryonic Antigen
RFT	Renal Function Test
T.Cholesterol	Total Cholestrol

9. SCHEDULE OF DISCOUNTS

Sr. No	Description	Parameters	Rates
1	Family Discount - This discount shall be applicable if 2 to 6 persons of the same family are covered in the same policy, on individual Sum Insured basis	No. of persons	Discount
		2 or 3 members	5.00%
		4, 5 or 6 members	10.00%
2	Cross Sell / Loyalty Discount (Discount given if you have any continuing retail policy of CHI for last 6 months)	-	10.00%
3	Discount for multi-year policies (on single premium)	Tenure	Discount
	2 year rate = Annual Rate x 2 x (1 - Discount applicable)	2 Year	7.50%
	3 year rate = Annual Rate x 3 x (1 - Discount applicable)	3 Year	10.00%
4	Discount for Employees and / or their dependents of :	-	15.00%
	A. Corporation Bank & its subsidiaries / affiliates		
	B. Union Bank of India & its subsidiaries / affiliates		

Notes:- Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible under Optional Cover – 5) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

– All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 35% of the Premium).

EXCLUSIONS

For Life Insurance:

Suicide Exclusion:

If the Life Assured's death is due to suicide within 12 months from the date of commencement of risk or from date of revival of the policy, the Nominee or beneficiary of the policy will be entitled to at least 80% of the total Premiums paid under the Policy till the date of death or the Surrender Value available as on the date of death, whichever is higher, provided the Policy is in Inforce Status.

TERMS AND CONDITIONS COMMON TO BOTH HEALTH AND LIFE INSURANCE

FREE LOOK PERIOD

a. For Life Insurance

A free look period of 15 days (30 days for Distance Marketing) from the date of receipt of the policy document is provided under this product. In case the Policyholder is not satisfied with the terms and conditions of the policy, he / she may send a written notice stating the reasons for cancellation to the Company. The Company shall refund the installment Premiums paid subject to a deduction of a proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and stamp duty charges.

b. For Health Insurance

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days (30 days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

- c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

GRACE PERIOD:

a) For Life Insurance

- i) Premium that is not received in full by us by its due date may be paid in full during the Grace Period. In the event of the Life Assured's death during the Grace Period, the Death Benefit shall be payable in full in accordance with clause 3.2.2(Life Part-Section 2)
- ii) A period of 15 days from the Installment Premium due date if the Installment Premium is payable monthly and 30 days for all other frequencies for payment of Installment Premium. The Policy shall continue to be in force with the insurance cover without any interruption as per terms of the policy during the Grace Period

b) For Health Insurance

At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period

WITHDRAWAL OF TIE-UP

In case of withdrawal of tie-up between PNB MetLife India Insurance Company Limited and Care Health Insurance, at any time, for any reason and with the prior approval of the IRDA of India, the Policyholder will be intimated at least 90 days in advance about the withdrawal of the tie-up. In such an event, the policy holder may continue to enjoy the benefits of both the components of this Combi product till expiry of policy term. At the next premium due date, the policy holder also has the choice of continuing with either of the two separate components with the respective insurer. In case at the next premium due date, the policyholder opts to not continue with Combi or discontinue either portion of the risk coverage, the Combi discount shall not be applicable for future premiums payable.

DISCOUNT ON COMBINED PREMIUMS

If you buy this Combi product, discount of 7.5% on premiums paid towards both Life and Health will be offered as compared to the individual policy purchased under Life & Health. At any time during the validity of the policy, the Customer decides to opt out of the insurance coverage of one of the Insurer, the discount, if any, being offered to such Customer under the Combi-Product(s) shall not be available on future premiums.

DISCONTINUANCE OF INSURANCE:

The Insured has the option to continue with either section of the policy discontinuing the other section during the policy term. The continuation of benefits as provided under each section would be available provided there is no break in coverage.

The policy holder also has the option of porting-out to another health policy as per provisions of Portability Clause of this document.

In these scenarios the Combi policy will cease to exist.

TAX BENEFITS

Tax benefits under this plan may be available as per the provisions and conditions of the Income Tax Act, 1961 and are subject to any changes made in the tax laws in future. Please consult your tax advisor for advice on the availability of tax benefits for the premiums paid and proceeds received under the policy.

NOMINATION

Nomination shall be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. Nomination of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874

ASSIGNMENT – APPLICABLE FOR LIFE INSURANCE

Assignment shall be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. Assignment of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

GRIEVANCE SECTION

For Health:

In case of any grievance the insured person may contact the company through

Website: www.careinsurance.com

Toll free: 1800-102-4488

E-mail: customerfirst@careinsurance.com

Courier: Any of Company's Branch Office or corporate office

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

- (b) If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at Care Health Insurance Limited, Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon, Haryana – 122001

For updated details of grievance officer, kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

- (c) If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://ligms.irda.gov.in/>

For Life: In case You have any query or complaint or grievance, You may

Call us Toll-free at 1-800-425-6969,

Visit our Website: www.pnbmetlife.com,

Email: indiaservice@pnbmetlife.co.in or

Write to us: 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

Please address Your queries or complaints to our customer services department, and Your grievances to our grievance redressal officer on the address referred above, who are authorized to review Your queries or complaints or grievances and address the same. Please note that only an officer duly authorized by Us has the authority to resolve Your queries or complaints or grievances. We shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling You this Policy.

In case You are not satisfied with Our decision, or have not received any response within 10 days, You may contact the IRDA of India by any of the following means for resolution:

IRDA of India Grievance Call Centre (IGCC) Toll Free No.: 155255

You can register Your complaint online at <http://www.igms.irda.gov.in>
You can write or fax Your complaints to:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

9th Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Telangana

Fax No.: +91-40- 6678 9768 E-mail ID: complaints@irda.gov.in

For complete details on the Grievance Redressal Procedure please refer to the Policy Terms and Conditions.

ABOUT PNB METLIFE AND CARE HEALTH INSURANCE

PNB MetLife India Insurance Company Limited (PNB MetLife) is one of the leading life insurance companies in India. PNB MetLife has as its shareholders MetLife International Holdings LLC (MIHL), Punjab National Bank Limited (PNB), Jammu & Kashmir Bank Limited (JKB), M. Pallonji and Company Private Limited and other private investors, MIHL and PNB being the majority shareholders. PNB MetLife has been present in India since 2001.

PNB MetLife brings together the financial strength of a leading global life insurance provider, MetLife, Inc., and the credibility and reliability of PNB, one of India's oldest and leading nationalised banks. The vast distribution reach of PNB together with the global insurance expertise and product range of MetLife makes PNB MetLife a strong and trusted insurance provider.

For more information, visit www.pnbmetlife.com

Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) **Care Health Insurance** (CHI) is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With CHI's operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance currently offers products in the retail segment for Health

Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates.

The organization has been adjudged the 'Best Health Insurance Company' at the ABP News-BFSI Awards & 'Best Claims Service Leader of the Year – Insurance India Summit & Awards. Care Health Insurance has also received the 'Editor's Choice Award for Best Product Innovation' at Finnoviti and was conferred the 'Best Medical Insurance Product Award' at The FICCI Healthcare Awards.

Best Health Insurance Company - ABP News – BFSI Awards 2015, Best Claims Service Leader of the Year - Insurance India Summit & Awards 2018, Best Product Innovation - Editor's Choice Award Finnoviti 2013, Best Medical Insurance Product - FICCI Healthcare Awards 2015

For more details visit: www.careinsurance.com

Disclaimer: This is only a summary of the features of 'Mera Mediclaim'. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

EXTRACT OF SECTION 41 OF THE INSURANCE ACT, 1938, AS AMENDED FROM TIME TO TIME STATES

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer
- (2) Any Person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

FRAUD AND MISREPRESENTATION

Treatment will be as per Section 45 of the Insurance Act, 1938 as amended from time to time (applicable for Life Insurance).

- ✓ Please read this Sales brochure carefully before concluding any sale.
- ✓ This product brochure is only indicative of terms, conditions, warranties and exceptions contained in the insurance policy. The detailed Terms and Conditions are contained in the Policy Document.

BEWARE OF SPURIOUS/FRAUD PHONE CALLS!

- IRDAI is not involved in activities like selling policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

PNB MetLife India Insurance Company Limited,
Registered office: Unit No. 701, 702 & 703, 7th Floor,
West Wing, Raheja Towers, 26/27 M G Road,
Bangalore -560001,
IRDA of India Registration number 117.
CI No.: U66010KA2001PLC028883
Call us Toll-free at 1-800-425-6969,
Website: www.pnbmetlife.com,
Email: indiaservice@pnbmetlife.co.in or
Write to us: 1st Floor, Techniplex -1, Techniplex
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Website: www.careinsurance.com

Phone: 1800-102-4488 | 1800-102-6655

ANNEXURE I - LIST OF DAY CARE SURGERIES

1. Cardiology Related:

1. CORONARY ANGIOGRAPHY

2. Critical Care Related:

2. INSERT NON- TUNNEL CV CATH
3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5. INSERTION CATHETER, INTRA ANTERIOR
6. INSERTION OF PORTACATH

3. Dental Related:

7. SPLINTING OF AVULSED TEETH
8. SUTURING LACERATED LIP
9. SUTURING ORAL MUCOSA
10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11. FNAC
12. SMEAR FROM ORAL CAVITY

4. ENT Related:

13. MYRINGOTOMY WITH GROMMET INSERTION

14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15. REMOVAL OF A TYMPANIC DRAIN
16. KERATOSIS REMOVAL UNDER GA
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24. FENESTRATION OF THE INNER EAR
25. REVISION OF A FENESTRATION OF THE INNER EAR
26. PALATOPLASTY
27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
29. TONSILLECTOMY WITH ADENOIDECTOMY
30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31. REVISION OF A TYMPANOPLASTY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34. MASTOIDECTOMY
35. RECONSTRUCTION OF THE MIDDLE EAR
36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40. OTHER OPERATIONS ON THE NOSE
41. NASAL SINUS ASPIRATION
42. FOREIGN BODY REMOVAL FROM NOSE
43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44. ADENOIDECTOMY
45. LABYRINTHECTOMY FOR SEVERE VERTIGO
46. STAPEDECTOMY UNDER GA
47. STAPEDECTOMY UNDER LA
48. TYMPANOPLASTY (TYPE IV)

49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50. TURBINECTOMY
51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDRIITIS
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYMPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
74. RF ABLATION FOR BARRETT'S OESOPHAGUS
75. ERCP AND PAPILOTOMY
76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS + SUBMUCOSAL RESECTION
78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS + ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81. COLONOSCOPY ,LESION REMOVAL
82. ERCP

83. COLONOSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

6. General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY
98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS
100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP
105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106. SURGICAL TREATMENT OF HEMORRHOIDS
107. OTHER OPERATIONS ON THE ANUS
108. ULTRASOUND GUIDED ASPIRATIONS
109. SCLEROTHERAPY, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY
115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION

117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING
123. INFECTED LIPOMA EXCISION
124. MAXIMAL ANAL DILATATION
125. PILES
126. A)INJECTION SCLEROTHERAPY
127. B)PILES BANDING
128. LIVER ABSCESS- CATHETER DRAINAGE
129. FISSURE IN ANO- FISSURECTOMY
130. FIBROADENOMA BREAST EXCISION
131. OESOPHAGEAL VARICES SCLEROTHERAPY
132. ERCP - PANCREATIC DUCT STONE REMOVAL
133. PERIANAL ABSCESS I&D
134. PERIANAL HEMATOMA EVACUATION
135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136. BREAST ABSCESS I& D
137. FEEDING GASTROSTOMY
138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139. ERCP - BILE DUCT STONE REMOVAL
140. ILEOSTOMY CLOSURE
141. COLONOSCOPY
142. POLYPECTOMY COLON
143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144. UGI SCOPY AND POLYPECTOMY STOMACH
145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146. FEEDING JEJUNOSTOMY
147. COLOSTOMY
148. ILEOSTOMY
149. COLOSTOMY CLOSURE
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE

155. ZADEK'S NAIL BED EXCISION
156. SUBCUTANEOUS MASTECTOMY
157. EXCISION OF RANULA UNDER GA
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159. EVERSION OF SAC
160. UNILATERAL
161. ILATERAL
162. LORD'S PLICATION
163. JABOULAY'S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY
167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168. PSOAS ABSCESS INCISION AND DRAINAGE
169. THYROID ABSCESS INCISION AND DRAINAGE
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
171. ESOPHAGEAL GROWTH STENT
172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. TRU CUT LIVER BIOPSY
174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175. EXCISION OF CERVICAL RIB
176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177. MICRODOCHECTOMY BREAST
178. SURGERY FOR FRACTURE PENIS
179. SENTINEL NODE BIOPSY
180. PARASTOMAL HERNIA
181. REVISION COLOSTOMY
182. PROLAPSED COLOSTOMY- CORRECTION
183. TESTICULAR BIOPSY
184. LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186. LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)

7. Gynecology Related:

187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
188. INCISION OF THE OVARY
189. INSUFFLATIONS OF THE FALLOPIAN TUBES

190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
191. DILATATION OF THE CERVICAL CANAL
192. CONISATION OF THE UTERINE CERVIX
193. THERAPEUTIC CURETTAGE WITH
COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY/
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE
VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA
204. D&C
205. HYSTEROSCOPIC RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIOLYSIS
209. LEEP
210. CRYOCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY(IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARATUBAL CYST EXCISION

226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTOMY
232. SURGERY FOR SUI
233. REPAIR RECTO- VAGINA FISTULA
234. PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
235. URS + LL
236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS

8. Neurology Related:

238. FACIAL NERVE PHYSIOTHERAPY
239. NERVE BIOPSY
240. MUSCLE BIOPSY
241. EPIDURAL STEROID INJECTION
242. GLYCEROL RHIZOTOMY
243. SPINAL CORD STIMULATION
244. MOTOR CORTEX STIMULATION
245. STEREOTACTIC RADIOSURGERY
246. PERCUTANEOUS CORDOTOMY
247. INTRATHECAL BACLOFEN THERAPY
248. ENTRAPMENT NEUROPATHY RELEASE
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250. VP SHUNT
251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY

261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHTHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. GAMMAKNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. AFTERLOADING CATHETER BRACHYTHERAPY
292. CONDITIONING RADIOTHERAPY FOR BMT
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294. RADICAL CHEMOTHERAPY
295. NEOADJUVANT RADIOTHERAPY
296. LDR BRACHYTHERAPY
297. PALLIATIVE RADIOTHERAPY
298. RADICAL RADIOTHERAPY

299. PALLIATIVE CHEMOTHERAPY
300. TEMPLATE BRACHYTHERAPY
301. NEOADJUVANT CHEMOTHERAPY
302. ADJUVANT CHEMOTHERAPY
303. INDUCTION CHEMOTHERAPY
304. CONSOLIDATION CHEMOTHERAPY
305. MAINTENANCE CHEMOTHERAPY
306. HDR BRACHYTHERAPY

10. Operations on the salivary glands & salivary ducts:

307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309. RESECTION OF A SALIVARY GLAND
310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

11. Operations on the skin & subcutaneous tissues:

312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317. FREE SKIN TRANSPLANTATION, DONOR SITE
318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319. REVISION OF SKIN PLASTY
320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
321. CHEMOSURGERY TO THE SKIN.
322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
324. EXCISION OF BURSITIS
325. TENNIS ELBOW RELEASE

12. Operations on the Tongue:

326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE

- 327. PARTIAL GLOSSECTOMY
- 328. GLOSSECTOMY
- 329. RECONSTRUCTION OF THE TONGUE
- 330. OTHER OPERATIONS ON THE TONGUE

13. Ophthalmology Related:

- 331. SURGERY FOR CATARACT
- 332. INCISION OF TEAR GLANDS
- 333. OTHER OPERATIONS ON THE TEAR DUCTS
- 334. INCISION OF DISEASED EYELIDS
- 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
- 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
- 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
- 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
- 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
- 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
- 341. INCISION OF THE CORNEA
- 342. OPERATIONS FOR PTERYGIUM
- 343. OTHER OPERATIONS ON THE CORNEA
- 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
- 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
- 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
- 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
- 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
- 349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
- 350. ANTERIOR CHAMBER PARACENTESIS/
CYCLODIATHERMY/CYCLOCRYOTHERAPY/
GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED
OPERATIONS TO TREAT GLAUCOMA
- 351. ENUCLEATION OF EYE WITHOUT IMPLANT
- 352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL
GLAND
- 353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
- 354. BIOPSY OF TEAR GLAND
- 355. TREATMENT OF RETINAL LESION

14. Orthopedics Related:

- 356. SURGERY FOR MENISCUS TEAR

- 357. INCISION ON BONE, SEPTIC AND ASEPTIC
- 358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS
WITH OSTEOSYNTHESIS
- 359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
- 360. REDUCTION OF DISLOCATION UNDER GA
- 361. ARTHROSCOPIC KNEE ASPIRATION
- 362. SURGERY FOR LIGAMENT TEAR
- 363. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
- 364. REMOVAL OF FRACTURE PINS/NAILS
- 365. REMOVAL OF METAL WIRE
- 366. CLOSED REDUCTION ON FRACTURE, LUXATION
- 367. REDUCTION OF DISLOCATION UNDER GA
- 368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
- 369. EXCISION OF VARIOUS LESIONS IN COCCYX
- 370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
- 371. CLOSED REDUCTION OF MINOR FRACTURES
- 372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
- 373. TENDON SHORTENING
- 374. ARTHROSCOPIC MENISCECTOMY - KNEE
- 375. TREATMENT OF CLAVICLE DISLOCATION
- 376. HAEMARTHROSIS KNEE- LAVAGE
- 377. ABSCESS KNEE JOINT DRAINAGE
- 378. CARPAL TUNNEL RELEASE
- 379. CLOSED REDUCTION OF MINOR DISLOCATION
- 380. REPAIR OF KNEE CAP TENDON
- 381. ORIF WITH K WIRE FIXATION- SMALL BONES
- 382. RELEASE OF MIDFOOT JOINT
- 383. ORIF WITH PLATING- SMALL LONG BONES
- 384. IMPLANT REMOVAL MINOR
- 385. K WIRE REMOVAL
- 386. POP APPLICATION
- 387. CLOSED REDUCTION AND EXTERNAL FIXATION
- 388. ARTHROTOMY HIP JOINT
- 389. SYME'S AMPUTATION
- 390. ARTHROPLASTY
- 391. PARTIAL REMOVAL OF RIB
- 392. TREATMENT OF SESAMOID BONE FRACTURE
- 393. SHOULDER ARTHROSCOPY / SURGERY

- 394. ELBOW ARTHROSCOPY
- 395. AMPUTATION OF METACARPAL BONE
- 396. RELEASE OF THUMB CONTRACTURE
- 397. INCISION OF FOOT FASCIA
- 398. CALCANEUM SPUR HYDROCORT INJECTION
- 399. GANGLION WRIST HYALASE INJECTION
- 400. PARTIAL REMOVAL OF METATARSAL
- 401. REPAIR / GRAFT OF FOOT TENDON
- 402. REVISION/REMOVAL OF KNEE CAP
- 403. AMPUTATION FOLLOW-UP SURGERY
- 404. EXPLORATION OF ANKLE JOINT
- 405. REMOVE/GRAFT LEG BONE LESION
- 406. REPAIR/GRAFT ACHILLES TENDON
- 407. REMOVE OF TISSUE EXPANDER
- 408. BIOPSY ELBOW JOINT LINING
- 409. REMOVAL OF WRIST PROSTHESIS
- 410. BIOPSY FINGER JOINT LINING
- 411. TENDON LENGTHENING
- 412. TREATMENT OF SHOULDER DISLOCATION
- 413. LENGTHENING OF HAND TENDON
- 414. REMOVAL OF ELBOW BURSA
- 415. FIXATION OF KNEE JOINT
- 416. TREATMENT OF FOOT DISLOCATION
- 417. SURGERY OF BUNION
- 418. INTRA ARTICULAR STEROID INJECTION
- 419. TENDON TRANSFER PROCEDURE
- 420. REMOVAL OF KNEE CAP BURSA
- 421. TREATMENT OF FRACTURE OF ULNA
- 422. TREATMENT OF SCAPULA FRACTURE
- 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
- 424. REPAIR OF RUPTURED TENDON
- 425. DECOMPRESS FOREARM SPACE
- 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
- 427. LENGTHENING OF THIGH TENDONS
- 428. TREATMENT FRACTURE OF RADIUS & ULNA
- 429. REPAIR OF KNEE JOINT

15. Other operations on the mouth & face:

- 430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
- 431. INCISION OF THE HARD AND SOFT PALATE
- 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
- 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
- 434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:

- 435. EXCISION OF FISTULA-IN-ANO
- 436. EXCISION JUVENILE POLYPS RECTUM
- 437. VAGINOPLASTY
- 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
- 439. PRESACRAL TERATOMAS EXCISION
- 440. REMOVAL OF VESICAL STONE
- 441. EXCISION SIGMOID POLYP
- 442. STERNOMASTOID TENOTOMY
- 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
- 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA
- 448. RECTAL-MYOMECTOMY
- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT

17. Plastic Surgery Related:

- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBRO MYOCUTANEOUS FLAP

- 461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
- 462. SLING OPERATION FOR FACIAL PALSY
- 463. SPLIT SKIN GRAFTING UNDER RA
- 464. WOLFE SKIN GRAFT
- 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

18. Thoracic surgery Related:

- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS
- 469. PLEURODESIS
- 470. THORACOSCOPY AND PLEURAL BIOPSY
- 471. EBUS + BIOPSY
- 472. THORACOSCOPY LIGATION THORACIC DUCT
- 473. THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE

19. Urology Related:

- 474. HAEMODIALYSIS
- 475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
- 476. EXCISION OF RENAL CYST
- 477. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
- 478. INCISION OF THE PROSTATE
- 479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
- 481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 482. RADICAL PROSTATOVESICULECTOMY
- 483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 484. OPERATIONS ON THE SEMINAL VESICLES
- 485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
- 486. OTHER OPERATIONS ON THE PROSTATE
- 487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 488. OPERATION ON A TESTICULAR HYDROCELE
- 489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
- 490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 491. INCISION OF THE TESTES
- 492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
- 493. UNILATERAL ORCHIDECTOMY

- 494. BILATERAL ORCHIDECTOMY
- 495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
- 496. RECONSTRUCTION OF THE TESTIS
- 497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
- 498. OTHER OPERATIONS ON THE TESTIS
- 499. EXCISION IN THE AREA OF THE EPIDIDYMIS
- 500. OPERATIONS ON THE FORESKIN
- 501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
- 502. AMPUTATION OF THE PENIS
- 503. OTHER OPERATIONS ON THE PENIS
- 504. CYSTOSCOPICAL REMOVAL OF STONES
- 505. CATHETERISATION OF BLADDER
- 506. LITHOTRIPSY
- 507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
- 508. EXTERNAL ARTERIO-VEIN SHUNT
- 509. AV FISTULA - WRIST
- 510. URSL WITH STENTING
- 511. URSL WITH LITHOTRIPSY
- 512. CYSTOSCOPIC LITHOLAPAXY
- 513. ESWL
- 514. BLADDER NECK INCISION
- 515. CYSTOSCOPY & BIOPSY
- 516. CYSTOSCOPY AND REMOVAL OF POLYP
- 517. SUPRAPUBIC CYSTOSTOMY
- 518. PERCUTANEOUS NEPHROSTOMY
- 519. CYSTOSCOPY AND "SLING" PROCEDURE.
- 520. TUNA- PROSTATE
- 521. EXCISION OF URETHRAL DIVERTICULUM
- 522. REMOVAL OF URETHRAL STONE
- 523. EXCISION OF URETHRAL PROLAPSE
- 524. MEGA-URETER RECONSTRUCTION
- 525. KIDNEY RENOSCOPY AND BIOPSY
- 526. URETER ENDOSCOPY AND TREATMENT
- 527. VESICO URETERIC REFLUX CORRECTION
- 528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
- 529. ANDERSON HYNES OPERATION
- 530. KIDNEY ENDOSCOPY AND BIOPSY

531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

Note: This list is not exhaustive, only illustrative. Due to Technological advancement any treatment considered by the Indian Medical Council as Day Care surgery / procedure, such treatments would also be considered for Day care surgeries / procedured.

ANNEXURE – II

Sr. List of Expenses Generally Excluded ("Non-medical") No. in Hospital Indemnity Policy

List I – Optional Items

- 1 BABY FOOD
- 2 BABY UTILITIES CHARGES
- 3 BEAUTY SERVICES
- 4 BELTS/ BRACES
- 5 BUDS
- 6 COLD PACK/HOT PACK
- 7 CARRY BAGS
- 8 EMAIL / INTERNET CHARGES
- 9 FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
- 10 LEGGINGS
- 11 LAUNDRY CHARGES
- 12 MINERAL WATER
- 13 SANITARY PAD
- 14 TELEPHONE CHARGES
- 15 GUEST SERVICES
- 16 CREPE BANDAGE
- 17 DIAPER OF ANY TYPE
- 18 EYELET COLLAR
- 19 SLINGS

- 20 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
- 21 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
- 22 Television Charges
- 23 SURCHARGES
- 24 ATTENDANT CHARGES
- 25 EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
- 26 BIRTH CERTIFICATE
- 27 CERTIFICATE CHARGES
- 28 COURIER CHARGES
- 29 CONVEYANCE CHARGES
- 30 MEDICAL CERTIFICATE
- 31 MEDICAL RECORDS
- 32 PHOTOCOPIES CHARGES
- 33 MORTUARY CHARGES
- 34 WALKING AIDS CHARGES
- 35 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
- 36 SPACER
- 37 SPIROMETRE
- 38 NEBULIZER KIT
- 39 STEAM INHALER
- 40 ARMSLING
- 41 THERMOMETER
- 42 CERVICAL COLLAR
- 43 SPLINT
- 44 DIABETIC FOOT WEAR
- 45 KNEE BRACES (LONG/ SHORT/ HINGED)
- 46 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
- 47 LUMBO SACRAL BELT
- 48 NIMBUS BED OR WATER OR AIR BED CHARGES
- 49 AMBULANCE COLLAR
- 50 AMBULANCE EQUIPMENT
- 51 ABDOMINAL BINDER
- 52 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
- 53 SUGAR FREE Tablets
- 54 CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
- 55 ECG ELECTRODES
- 56 GLOVES
- 57 NEBULISATION KIT
- 58 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]

- 59 KIDNEY TRAY
- 60 MASK
- 61 OUNCE GLASS
- 62 OXYGEN MASK
- 63 PELVIC TRACTION BELT
- 64 PAN CAN
- 65 TROLLY COVER
- 66 UROMETER, URINE JUG
- 67 AMBULANCE
- 68 VASOFIX SAFETY

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

- 1 BABY CHARGES (UNLESS SPECIFIED/INDICATED)
- 2 HAND WASH
- 3 SHOE COVER
- 4 CAPS
- 5 CRADLE CHARGES
- 6 COMB
- 7 EAU-DE-COLOGNE / ROOM FRESHNERS
- 8 FOOT COVER
- 9 GOWN
- 10 SLIPPERS
- 11 TISSUE PAPER
- 12 TOOTH PASTE
- 13 TOOTH BRUSH
- 14 BED PAN
- 15 FACE MASK
- 16 FLEXI MASK
- 17 HAND HOLDER
- 18 SPUTUM CUP
- 19 DISINFECTANT LOTIONS
- 20 LUXURY TAX
- 21 HVAC
- 22 HOUSE KEEPING CHARGES
- 23 AIR CONDITIONER CHARGES
- 24 IM IV INJECTION CHARGES
- 25 CLEAN SHEET
- 26 BLANKET/WARMER BLANKET
- 27 ADMISSION KIT
- 28 DIABETIC CHART CHARGES

- 29 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
- 30 DISCHARGE PROCEDURE CHARGES
- 31 DAILY CHART CHARGES
- 32 ENTRANCE PASS / VISITORS PASS CHARGES
- 33 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
- 34 FILE OPENING CHARGES
- 35 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
- 36 PATIENT IDENTIFICATION BAND / NAME TAG
- 37 PULSEOXYMETER CHARGES

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

- 1 HAIR REMOVAL CREAM
- 2 DISPOSABLES RAZORS CHARGES (for site preparations)
- 3 EYE PAD
- 4 EYE SHEILD
- 5 CAMERA COVER
- 6 DVD, CD CHARGES
- 7 GAUSE SOFT
- 8 GAUZE
- 9 WARD AND THEATRE BOOKING CHARGES
- 10 ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
- 11 MICROSCOPE COVER
- 12 SURGICAL BLADES, HARMONICSCALPEL,SHAVER
- 13 SURGICAL DRILL
- 14 EYE KIT
- 15 EYE DRAPE
- 16 X-RAY FILM
- 17 BOYLES APPARATUS CHARGES
- 18 COTTON
- 19 COTTON BANDAGE
- 20 SURGICAL TAPE
- 21 APRON
- 22 TORNIQUET
- 23 ORTHOBUNDLE, GYNAEC BUNDLE

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

- 1 ADMISSION/REGISTRATION CHARGES
- 2 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
- 3 URINE CONTAINER
- 4 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
- 5 BIPAP MACHINE
- 6 CPAP/ CAPD EQUIPMENTS

- 7 INFUSION PUMP– COST
- 8 HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
- 9 NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
- 10 HIV KIT
- 11 ANTISEPTIC MOUTHWASH
- 12 LOZENGES
- 13 MOUTH PAINT
- 14 VACCINATION CHARGES
- 15 ALCOHOL SWABES
- 16 SCRUB SOLUTION/STERILLIUM
- 17 Glucometer & Strips
- 18 URINE BAG

List V – Additional Non Payable Items

- 1 BRUSH
- 2 COSY TOWEL
- 3 MOISTURISER PASTE BRUSH
- 4 POWDER
- 5 BARBER CHARGES
- 6 OIL CHARGES
- 7 BED UNDER PAD CHARGES
- 8 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
- 9 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
- 10 HOME VISIT CHARGES
- 11 DONOR SCREENING CHARGES
- 12 BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
- 13 BLADE
- 14 MAINTAINANCE CHARGES
- 15 PREPARATION CHARGES
- 16 WASHING CHARGES
- 17 MEDICINE BOX
- 18 COMMODE
- 19 Digestion gels
- 20 NOVARAPID
- 21 VOLINI GEL/ ANALGESIC GEL
- 22 ZYTEE GEL
- 23 AHD
- 24 VISCO BELT CHARGES
- 25 EXAMINATION GLOVES
- 26 OUTSTATION CONSULTANT'S/ SURGEON'S FEES
- 27 PAPER GLOVES
- 28 REFERAL DOCTOR'S FEES
- 29 SOFNET
- 30 SOFTOVAC
- 31 STOCKINGS

ANNEXURE III

LIST OF HOSPITALS WHERE CLAIM WILL NOT BE ADMITTED

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar, New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala,Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Hospital Name	Address
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr. Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi

Hospital Name	Address
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash 1 , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41 , Noida , Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road , Ahmedabad , Gujarat
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
Hospital Name	Address
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6,Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi

Hospital Name	Address
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Hospital Name	Address
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21,Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 ,Behind Cambridge School , Indirapuram, Ghaziabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc,60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat

Hospital Name	Address
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Notes:

- For an updated list of Hospitals, please visit the Company's website.
- Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

ANNEXURE IV –LIST OF HOSPITALS WHERE CO-PAYMENT OF 20% IS NOT APPLICABLE UNDER OPTIONAL COVER “SMART SELECT”

Hospital Name	Address
Chaudhry Eye Centre & Lazer Vision	No.4802, No.24,Bharat Ram Road,Ansari Road, Daryaganj, New Delhi-110002, Delhi
Sanjeevan Medical Research Centre Pvt. Ltd.	4869/24,Ansari Road, Daryaganj,New Delhi-110002,Delhi
Shree Jeewan Hospital	67/1, New Rohtak Road,Karol Bagh,New Delhi-110005,Delhi
Fortis Jessa Ram Hospital	R.B.Seth Jessa Ram Hospital, West Extension Area,Karol Bagh,New Delhi-110005,Delhi
Jeewan Hospital & Nursing Home Pvt. Ltd.	150, Gate No 1Jeevan Nagar,New Delhi-110014,Delhi
Handa Nursing Home	57,Near Swadeshi Motor, Raja Garden,New Delhi-110015,Delhi
Khetarpal Hospital	F-95 Bali Nagar, Bali Nagar,New Delhi-110015,Delhi
Sawan Neelu Angel'S Nursing Home	J-293, Near Main Road,Saket,New Delhi-110017,Delhi
M.K.W.Hospital	T-Block Community Centre, Rajouri Garden,Rajouri Garden,New Delhi-110027,Delhi
Behl Hospital	B-128, Naraina Vihar,New Delhi-110028,Delhi
Kuber Hospital	No.12, Chanderlok Enclave,Pitampura,New Delhi-110034,Delhi
Satyabhama Hospital Pvt. Ltd.	RZ-10,Naresh Park Najafgarh Road,Nangloi,New Delhi-110041,Delhi
Bhagat Chandra Hospital	R.Z.F.1/1, Near Dwarka Flyover,Palam Davri Road,Mahavir Enclave,New Delhi-110045, Delhi
Ashok Nursing Home	F-3/15-16, Vijay Chowk,Krishna Nagar,New Delhi-110051
Ganesh Ortho Trauma & Medical Centre	F-15/7, Near BSES Office,Krishna Nagar,New Delhi-110051,Delhi
Panchsheel Hospitals Pvt. Ltd.	C3/64 A, Yamuna Vihar,New Delhi-110053,Delhi
Amar Leela Hospital Pvt. Ltd.	B-1/6,Main Najafgarh Road, Nearby East Metro Station,Janakpuri,New Delhi-110058,Delhi
Genesis Hospital Pvt. Ltd.	C-1/130, Near Mata Chanan Devi Hospital,Janakpuri,New Delhi-110058,Delhi
Orchid Hospital	C-3/91,92, Janakpuri,New Delhi-110058,Delhi
Pawan Gandhi Health Care Pvt. Ltd.	C-5D-51, Om Vihar,Uttam Nagar,New Delhi-110059,Delhi
Sehgal Neo Hospital	R-364,Meera Bagh, Outer Ring Road,Paschim Vihar,New Delhi-110063,Delhi
Hospital Name	Address
Jeewan Hospital And Nursing Home	150, Gate No 2Jeevan Nagar,New Delhi-110014,Delhi
Samvit Health Care	Plot No.1,Sohna Road,Islampur, Near Rajiv Chowk,Islampur,Gurgaon-122001,Haryana
Saraswati Hospital	299/2,Old Delhi Road, Gurgaon,Gurgaon-122001,Haryana

Hospital Name	Address
Sethi Hospital Pvt. Ltd.	No.301-302/4, Model Town,Basai Road,Gurgaon-122001,Haryana
Kriti Hospital	Plot No.196, Sec-56,Behind Jalvayu Towers,Saraswati Vihar,Gurgaon-122002,Haryana
Ganesh Hospitals Pvt. Ltd.	LI-C/3, Near Kalagiri Chowk,Nehru Nagar,Ghaziabad-201001,Uttar Pradesh
Pushpanjali Crosslay Hospital	W-3,Sector-1, Vaishali,Ghaziabad-201010,Uttar Pradesh
Ambay Hospital-A Unit Of Navodya Hospital & Research	No 1,Near St.Thomas School, Sahibabad,Lajpat Nagar 4,Ghaziabad-201005,Uttar Pradesh
Gargi Hospital-Unit Of Kaushalya Medical & Research Centre Pvt. Ltd.	R-9,182, Near Alt Centre,Near Sector-10 Market,Raj Nagar,Ghaziabad-201002,Uttar Pradesh
Bhatia Nursing Home	Punjabi Mohalla,Near Gupta Hotel, Mohna Road,Punjabi Mohalla,Ghaziabad-201010,Uttar Pradesh
Paras Hospital	130 Sector 4, Vaishali,Ghaziabad-201010,Uttar Pradesh
I-Care Eye Hospital	E-3A, Sector 26,Noida-201301,Uttar Pradesh
Samvedana Health Services Pvt.Ltd.	B 206 A, Sector- 48,Sector 48,Noida-201301,Uttar Pradesh
Navin Hospitals Pvt. Ltd.	N.H.3,Pocket 2, Greater Noida,Alpha 2,Noida-201308,Uttar Pradesh
Ram Lal Kundan Lal Orthopaedic Hospital	Bungalow Plot No-8, Pandu Nagar,Parpar Ganj Road,Off Mother Dairy,Patparganj,New Delhi-110091,Delhi
Shreya Eye Centre	D-163, Surajmal Vihar,New Delhi-110092,Delhi
Malik Radix Health Care	C-218, Nirmal Vihar,Vikas Marg,Dayanand Vihar,New Delhi-110092,Delhi
Dr.M.L.Gupta Memorial Centre	5E/4 B.P.Railway Road, New Industrial Township 1,Faridabad-121001,Haryana
Aggarwal Medical Centre	Jiwan Nagar Gaunchi, Sector 55-F,Jiwan Nagar Gaunchi,Faridabad-121001,Haryana
C.K.Memorial Kapoor Hospital	No.3B/8A, DAV College Road,Near Eros Institute,Near Chimni Bai Dharamshala,New Industrial Township 1,Faridabad-121001,Haryana
Ashwani Hospital	No.8-D-1, Sector 11,Near H.U.D.A.Market,Sector 11,Faridabad-121001,Haryana
Hospital Name	Address
Shivmani Hospital	5E/9,B.P.N.I.T, Near Neelam Chowk,New Industrial Township 1,Faridabad-121001,Haryana
Anuj Hospital	No.2159-2161,Near Old Market, Old Faridabad,Sector 16,Faridabad-121002,Haryana
Gupta Nursing Home	House No: 160,Sector 16-A, Near Capital Bus Stand,Sector 16,Faridabad-121002,Haryana
Sirohi Medical Centre Pvt.Ltd.	Clinic Plot No.4&5, Sector 3,Faridabad-121004,Haryana

Hospital Name	Address
Lohan Children Hospital	5 C,B.P, N.I.T,Sector 14,Faridabad-121007,Haryana
National Institute Of Medical Sciences	Sector 23-A, Near Sector-23 Market,Near Navchetna Hospital,Sector 23,Faridabad-121005,Haryana
Ghai Hospital	Plot No 29, Sector 9,Faridabad-121006,Haryana
Geeta Hospital	Near H.U.D.A.Market, Near Water Tank,Sector 28,Faridabad-121008,Haryana
Jaipur Golden Hospital	2,Institutional Area, Sector 3,Rohini ,New Delhi-110085,Delhi
Lall Eye Care Centre	New Railway Road, Civil Lines,Gurgaon-122001,Haryana
Mamta Hospital	877/2,Mata Road, Near Workshop,Civil Lines,Gurgaon-122001,Haryana
Metro Heart Institute-Metro Speciality HospitalS Pvt. Ltd.	Sector -16 A, Sector 16A,Faridabad-121002,Haryana
Narinder Mohan Hospital And Heart Center	Near Mohan Nagar Chowk,Near Police Station, Opposite P.N.B.Bank,Mohan Nagar,Ghaziabad-201007,Uttar Pradesh
Paras Hospitals	C-1,Sushantlok, Sushant Lok Phase 1,Gurgaon,Gurgaon-122009,Haryana
St.Stephen's Hospital	St.Stephen's Hospital Marg,Nawab Ganj, Opposite Tis Hazari Metro Station,Tis Hazari,New Delhi-110054,Delhi
Tirupati Stone Centre and Hospital	6,Gagan Vihar,Near Karkardooma Court, Vikas Marg,New Delhi,New Delhi-110051,Delhi
Virmani Hospital Pvt. Ltd.	Plot No.8,Commertial Complex, L.S.C.,Mayur Vihar Phase 2,New Delhi-110091,Delhi
Navjyoti Eye Centre	No.90, Near Golcha Cinema,Daryaganj,New Delhi-110002,Delhi
Jeewan Mala Hospital Pvt. Ltd.	67/1,New Rohtak Road, Karol Bagh,New Delhi-110005,Delhi
Bharti Eye Foundation	No.1/3, Near Metro Station,Patel Nagar (E),New Delhi-110008,Delhi
Hospital Name	Address
Rockland Hospitals Ltd	B-33-34,Qutab Institutional Area, Ber Sarai,New Delhi-110016,Delhi
Dr Patnaik's Laser Eye Institute	C2, Near Moolchand Hospital,Lajpat Nagar 2,New Delhi-110024,Delhi
Bajaj Eye Care Centre	No.101,Vikas Surya Plot No.7,DDA Community Centre, Road No 44,Pitampura,New Delhi-110034,Delhi
Khandelwal Hospital And Urology Centre	B-16, Main Road East Krishna Nagar,Krishna Nagar,New Delhi-110051,Delhi
B M Gupta Nursing Home Pvt. Ltd.	H-11,15, Arya Samaj Road,Uttam Nagar,New Delhi-110059,Delhi

Hospital Name	Address
Mohan Eye Institute	11-B,Ganga Ram Hospital Marg, Old Rajendra Nagar,New Delhi-110060,Delhi
EYE Q Super Speciality Eye Hospital	4306, DLF Phase 4,Saraswati Vihar,Gurgaon-122002,Haryana
Ayushman Hospital	Plot-No 2, H.L.Galleria, Sector 12,Dwarka,New Delhi-110075,Delhi
Santom Hospital Pvt. Ltd.	D-5-6,Outer Ring Road, Prashant Vihar,New Delhi-110085,Delhi
Aastha Eye Centre	No.5-R/5, Behind Neelam Petrol Pump,New Industrial Township 1,Faridabad-121001,Haryana
Surya Ortho & Trauma Centre	No.5,R/5, New Industrial Township 1,Faridabad-121001,Haryana
Aar Pee Hospital	1276-P, Near Barkal Chowk, Sector 28, Faridabad-121008,Haryana
Perfect Wellness Pvt. Ltd. ,Eye Centre	Plot No.7, Sector 27 A, Main Mathura Road, Near Badkhal Road, Sector 27A, Faridabad-121011,Haryana
Dr Nand Lal Sharma Memorial Hospital	701, Sector-8, Sector 6, Faridabad-121006,Haryana
Eye Care Centre	1368-B, 14/15, Dividing Road, Sector 14, Faridabad-121007,Haryana
Vision Eye Centre	No.12/27, Near Arya Samaj Mandir, Patel Nagar, New Delhi-110008, Delhi
Ahuja Laser Eye Centre	No.212, Paramanand Colony, GTB Nagar, New Delhi-110009, Delhi
Vasan Eye Care Hospital	No.36-B, Parvtesh Tower, Pusa Road, Opposite Metro Pillar No.125, Karol Bagh, New Delhi-110005, Delhi
Sumitra Hospital	A-119A, Near Prakash Hospital, Sector 35, Noida-201301, Uttar Pradesh
Maharaja Agrasen Hospital	N.H.-10, West Punjabi Bagh, Punjabi Bagh, New Delhi-110026, Delhi
Hospital Name	Address
Sarvodaya Hospital And Research Centre	Sector-8, YMCA Road, Near E.S.I.Hospital, Sector 8, Faridabad-121002, Haryana
Aakash Hospital	No.90/43, Opposite Green Fields School, Malviya Nagar, New Delhi-110017, Delhi
Holy Family Hospital	Okhla Road, Okhla Vihar, New Delhi-110025, Delhi
Mata Chanan Devi Hospital	C-1, Janakpuri, Rajouri Garden, New Delhi-110058, Delhi
Rescue Hospital India Pvt. Ltd.	S-5, Vishwas Park, Behind Sector-3 Petrol Pump, Dwarka, New Delhi-110059, Delhi
Drishti Eye Centre	20-21, Fruit Garden, New Industrial Township 1, Faridabad-121001, Haryana
Mahindru Hospital	E-1, Kiran Garden, Uttam Nagar, New Delhi-110059, Delhi

Hospital Name	Address
Vasan Eye Care Hospital	A-120, Janakpuri, New Delhi-110058, Delhi
Visitech Eye Hospital	R-13, Greater Kailash 1, New Delhi-110048, Delhi
Bhagat Hospitals Pvt Ltd	D-2, 48/49, Janakpuri, New Delhi-110058, Delhi
Rockland Hospitals Ltd	H.A.F, Pocket-B, Sector-12, Dwarka, New Delhi-110075, Delhi
Vasan Eye Care Hospital	F14, Opposite Metro Pillar No. 94, Near Metro Station Gate No. 2, Preet Vihar, New Delhi-110092, Delhi
Vasan Eye Care Hospital	Plot 500, Opp metro pillar 345, Pitampura, New Delhi-110034, Delhi
Vasan Eye Care Hospital	Sco-379 & 380, Sector-29, Near Iffco Chowk, Gurgaon, Gurgaon-122001, Haryana
Pushpanjali Medical Centre	A-15, Pushpanjali, Vikas Marg Extn, Preet Vihar, New Delhi-110092, Delhi
Vasan Eye Care Hospital	E-16, Greater Kailash-1, Opposite HSBC Bank, Greater Kailash, New Delhi-110048, Delhi
Karuna Hospital	D-62, Dilshad Colony, New Delhi-110095, Delhi
Kailash Healthcare Ltd	H-33, Sector 27, Noida, Noida-201301, Uttar Pradesh
Eye Health Clinic	E-1, Sector 61, Noida, Noida-201307, Uttar Pradesh
Deepak Memorial Hospital	5, Institutional Area, Vikas Marg Extn - II, Vikas Marg, New Delhi-110092, Delhi
Krishna Hospital & Trauma Centre	J 85, Patel Nagar - I, Ghaziabad, Ghaziabad-201001, Uttar Pradesh
Mahajan Eye Centre	AD-21DA, Outer Ring Road, Pitampura, New Delhi-110034, Delhi
Kailash Hospitals Ltd	23 KP-1, Greater Noida, Noida-201308, Uttar Pradesh
Eternity Hospital	914, Niti Khand - I, Indirapuram, Ghaziabad-201014, Uttar Pradesh
Sodhi Nursing Home and Ent Hospital	455, Bhera Enclave, Paschim Vihar, New Delhi-110087, Delhi
Sarvodaya Hospital & Research Centre	KJ-7, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh
Dr. Shroffs Charity Eye Hospital	5027, Kedarnath Road, Daryaganj, New Delhi-110002, Delhi
Sarvodaya Superspeciality Hospital and Heart Centre	D-3, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh
Medicheck Hospital	1-C, 76&53, Near IOB Bank, NIT, Faridabad-121001, Haryana
EYE Q Super Speciality Eye Hospital	Sheetla Hospital, New Railway Road, Gurgaon-122001, Haryana
EYE Q Super Speciality Eye Hospital	Basement & 1st Floor, NS-3 AD Block, East of Shalimar Bagh, New Delhi-110088, Delhi

Hospital Name	Address
Mohan Swarup Hospital	NH 91,GT Road, Opp. Electric Station,Near Baba Peer,Dadri-203207,Uttar Pradesh
Shishu Sadan Multispeciality Children Hospital	A-1/169A, Metro Pillar No. 616,Janak Puri,New Delhi-110058,Delhi
Uttam Hospital	E-230, Sector-9,New Vijay Nagar,Ghaziabad-201009,Uttar Pradesh
ASG Hospital Pvt Ltd	C-52A, RDC Raj Nagar Distt. Centre,Raj Nagar,Ghaziabad-201002,Uttar Pradesh
S.R Krishna Hospital Pvt Ltd	Plot No. 23-24,Jain Park, Opp. Metro Pillar No. 722,723,Matiala Road,New Delhi-110059,Delhi
Vision Eye Hospital	F-24/136, Sector-7,Rohini,New Delhi-110085,Delhi
Park Hospital	J-Block, Near Court,Sector - 10,Faridabad-121004,Haryana
J.P. Memorial Hospital	F-189, Dilshad Colony,New Delhi-110095,Delhi
Kathuria Hospital	19/8,Model Town, Opp. S.D. School,Khandsa Road,Gurgaon-122001,Haryana
Roopali Medical Centre Pvt Ltd	C/477A, Yamuna Vihar,Yamuna Vihar,New Delhi-110053,Delhi
Royale Multispeciality Hospital	B-5, Central Green,NIT NH-5,Near B.K Chowk,Faridabad-121001,Haryana
Eye7 Chaudhary Eye Centre	34 Grd Floor, Lajpat Nagar-IV,Main Ring Road,Lajpat Nagar,New Delhi-110024,Delhi
Kalyani Hospital Pvt Ltd	354/2, Mehravli,Gurgaon Road,Gurgaon-122001,Haryana
Mata Roop Rani Mggo & Mahindru Hospital	C-9, Om Vihar,Phase-1,Uttamnagar,New Delhi-110059,Delhi
Gautam Nursing home & Maternity Centre	D-2/148, Jeewan Park,Pankha Road,New Delhi-110059,Delhi
Shri Daya Dutt Vashist Hospital	J-34,Ganga Ram Vatika, Near Raj Cinema,Chowkhandi,Tilak Nagar,New Delhi-110018,Delhi
B R Memorial Hospital	FCA-103, Mukesh Colony,Ballabgarh,Faridabad-121004,Haryana
Sunetra Eye Centre Pvt Ltd	KC-120, C-Block,C-Block Market,Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Vasan Eye Care Hospital	B-190, Derawal nagar,Model Town,New Delhi-110009,Delhi
Vasan Eye Care Hospital	# A-6/A, First and Second Floor,Nehru Ground, New Industrial Township 1, Industrial Township,Haryana Neelam Batta Road,Faridabad-121001,Haryana
Nav Drishti Eye Centre	B-5/351, Yamuna Vihar,Opp. Maharaja Agarsen Park,New Delhi-110053,Delhi

Hospital Name	Address
Save Sight Centre	A-14, G.T karnal Road,Adarsh Nagar,New Delhi-110033,Delhi
Ahooja Eye & Dental Institute	560/1, Dayanand Colony,New Railway Road,Gurgaon-122001,Haryana
M. R Hospital & Orthopaedic Centre	C1-3, Rama Park Near Dwarka Mor Metro Station,Opp. Pillar No. 772,New Delhi-110059,Delhi
Chopra Eye Hospital	H.No-3, Pkt-C-8,Sec-7,Rohini,New Delhi-110085,Delhi
Hi-Tech Eye Centre	A-12, 1st Floor,Vikas Puri,New Delhi-110018,Delhi
Holy Child Nursing Home	C-43-44, East Krishna Nagar,New Delhi-110051,Delhi
Jeevan Hospital & Stone Centre	GT Road, Near Amber Cinema,Modi Nagar,Ghaziabad-201201,Uttar Pradesh
Dr. Nanda Eye Care Centre	A-200, Sector-8,Dwarka,New Delhi-110075,Delhi
Patel Hospital	U-158, Main Vikas Marg,Shakarapur,New Delhi-110092,Delhi
Cygnus Orthocare Hospital	C-5/29, Opp. IIT Gate,Safdarjung Development Area,,New Delhi-110016,Delhi
Agrawal Eye Institute	A-235, Shivalik,Malviya Nagar,New Delhi-110017,Delhi
Pushpawati Singhanian Research Institute	Press Enclave Marg, Sheikh Sarai Phase 2,New Delhi-110017,Delhi
Qrg Central Hospital & Research Centre Ltd.	Plot No -69,Sec 20 A,Near Neelam Flyover, Ajronda Chowk,Sector 20 A,Faridabad-121001,Haryana
Sant Parmanand Hospital	18,Sham Nath Marg, Civil Lines,New Delhi-110054,Delhi
Lotus Hospital	389-3, Mata Road,Prem Nagar 2,Gurgaon-122001,Haryana
Yashomati Hospital Pvt. Ltd.	No.237 1,3,HAL Airport, Varthur Main Road, Munnekolala Bangalore -560037 Karnataka
Vishwabharathi Hospital Pvt Ltd	No.10/4 & 10/5, 3rd Main Road, Hanumanthnagar Bangalore -560019 Karnataka
Vijaya ENT Care Centre	No.1, IX Cross,Hoy Ice Cream Camp, Malleshwaram Bangalore -560003 Karnataka
Vasan Eye Care Hospital	No.5,20th Cross,Malagala Under Pass, Ring Road,Nagarbhavi 2nd Stage, Nagarabhavi Bangalore -560091 Karnataka
Vasan Eye Care Hospital	DPS Towers,No.40,First Floor, ICICI Bank Ltd,Arekere, Bannerghatta Road Bangalore -560076 Karnataka
Vasan Eye Care Hospital	Plot No.2(A-2),A type,BBMP PID No.57-64-2, Shivam Arcade,41St Main Road,Kanakapura Main Road, J.P. Nagar Bangalore -560078 Karnataka
Vasan Eye Care Hospital	No.46,19th Main Road,1st Block, Near Navrang Theatre, Rajaji Nagar Bangalore -560010 Karnataka

Hospital Name	Address
Vasan Eye Care Hospital	No.205-4C,4th Cross,3rd Block, H.R.B.R.Layout,Next To Hennur Bus Depo, Banaswadi Bangalore -560043 Karnataka
Vagus Super Speciality Hospital Pvt Ltd	# 6,7&8,4th Main, 8th Cross, Malleshwaram Bangalore -560003 Karnataka
Unity Life Line Hospital India Pvt. Ltd.	No.-193,2nd Block,2nd Stage, 0 Nagarbhavi Bangalore -560072 Karnataka
Trinity Hospital And Heart Foundation	No.27,Sri Ram Mandir Road, Near R.V.Teacher's College Circle, Basavanagudi Bangalore -560004 Karnataka
The Pulse Multispeciality Hospital	5/8/1,20th Main Road, 50 ft Road,Muneshwara Block, Girinagar Bangalore -560085 Karnataka
Tamara Hospital & IVF Centre	No. 34/3, 10th Cross, 1st 'N' Block, Rajajinagar, Bangalore Bangalore -560010 Karnataka
Syamala Hospital	# 17/4, Cambridge Road, Halasur Bangalore -560008 Karnataka
Sundar Hospital	1&2, Hennur Road Cross, Lingarajpuram Bangalore -560084 Karnataka
Sumathi Nursing & Maternity Home	426/12, 2nd Cross, Mathikere Lay-out Bangalore -560054 Karnataka
Suguna Narayana Heart Centre	1A/87,Dr Rajkumar Road, 4th N Block, Rajajinagar Bangalore -560010 Karnataka
St. Therasas Hospital	Dr. Rajkumar Road, 1st Block, Rajajinagar Bangalore -560010 Karnataka
Sridevi Nursing Home	#726,23rd Cross, BSK 2nd Stage,KR Road,Behind Uphara Sagar, Bangalore Bangalore -560070 Karnataka
Sri Vinayaka Multi Speciality Hospital & Trauma Centre	Mylanahalli, B.K. Halli Post, Jala Hobli Bangalore -562149 Karnataka
Sri Sai Ram Hospital	#6,JC Industrial Area, Yelechenahalli Near Metro,Kanakapura Main Road, Bangalore Bangalore -560060 Karnataka
Sri Sai Northside Hospital	No.8, G Block,60 Feet Road, Sahakaranagar Bangalore -560092 Karnataka
Sri Sai Krupa Hospital	19/A, Mathikere Main Road, Opp. LIC Bangalore -560054 Karnataka
Sri Ram Hospital	No. 107/2,Nishvasaha Centre, Opp. Traffic police,Old Madras Road, K. R. Puram Bangalore -560036 Karnataka
Sri Lakshmi Multispeciality Hospital	# 127/1,Sri Gandhada Kaval, Magadi Main Road, Sunkadakatte Bangalore -560091 Karnataka
Sri Kanchi kamakoti Medical Trust - Sankara Eye Hospital	Varthur Main Road, Kundalahalli Gate, Bangalore Bangalore -560037 Karnataka

Hospital Name	Address
South City Hospital	53/1 (45),Shalini, Susheela Road,Lalbagh, Upparahalli Bangalore -560004 Karnataka
Soukya Hospital	No.17, NTI Layout,Vidyaranyapura Main Road, Bangalore Bangalore -560097 Karnataka
Smt. Shantha & Sri J.A. Narayana Rao Foundation for Medical Sciences	# 878,879, 1st 'A' Main Road, Kengeri Satellite Town Bangalore -560060 Karnataka
Shreya Hospital	73,3rd Main,6th Cross, 0 Kengeri Satellite Town Bangalore -560060 Karnataka
Shirdi Sai Hospital Pvt. Ltd.	519,2nd Main, Nethravathi Street,Newbel Road, Devasandra Bangalore -560054 Karnataka
Shekhar Hospital	81,Bull Temple Road, Basavangudi, Basavangudi Bangalore -560019 Karnataka
Shaker Nursing Home	260,Near 17th Cross, Sampige Road, Malleshwaram Bangalore -560003 Karnataka
Sapthagiri Hospital	#15, Hesaraghatta Main Road, Chikkasandra Bangalore -560090 Karnataka
Rajalakshmi Hospital	No.21/1, Lakshmpura Main Road, Opp. Lakshmpura Lake, Vidyaranyapura Post Bangalore -560097 Karnataka
Radhakrishna Multispeciality Hospital	No. 3-4, Sunrise Towers,J.P. Road, Girinagar Bangalore -560085 Karnataka
Punya Hospitals India Pvt Ltd	#52/10,80 Feet Road, KHB Colony, Basaveshwaranagar Bangalore -560079 Karnataka
Prisitne Hospital	No.877,Modi Hospital Road, West Of Chord Road,2nd Stage Extension, Basaveshwaranagar Bangalore -560079 Karnataka
Premier Sanjeevini Hospital	No.6/2,NH4, 0 Dasarahalli Bangalore -560057 Karnataka
Prashanth Hospital	No.90,D,Hosur Main Road, Bommanahalli Circle, Hosur Bangalore -560068 Karnataka
Pragathi Nursing Home	674/A,10th Cross, 5th Main II Stage,West Of Chord Road, Bangalore Bangalore -560086 Karnataka
Panacea Hospital Pvt. Ltd.	No.334, 8th Main,3rd Stage,4th Block, Basaveshwaranagar Bangalore -560079 Karnataka
P.D.Hinduja Sindhi Hospital	S.R.Nagar, 0 Sampangiramnagar Bangalore -560027 Karnataka
Om Shakthi Hospital	#1 & 2, Balaji Homes, 1st Main Kempegowda International Airport Road,Bagalur Cross,Yelahanka, Anand Nagar Bangalore -560063 Karnataka
NRR Hospital	No.3&3A,Hesaraghatta Main Road, Chikkabanavara, Chikkasandra Bangalore -560090 Karnataka
NMPC Health Care Pvt Ltd	No.66, 9th Main Road, Jayaram Reddy Layout,Horamavu Main Road, Banaswadi Bangalore -560043 Karnataka

Hospital Name	Address
New Akshay Mallya Hospital	#93/1,565, Srinivasa Complex,Varthur Main Road, Marthahalli Main Road Bangalore -560037 Karnataka
Neighbourhood Hospital Pvt Ltd	#9,WGBCS, Near Brigade Millinium,Kothnur Main Road,7th Phase, J.P Nagar Bangalore -560078 Karnataka
Neha Prakash Hospital	No.8 V Phase,6th Cross, New Town, Yelahanka Bangalore -560064 Karnataka
Narayana Hrudayalaya	No.258/A,Bommasandra Industrial Area, Anekal Taluk, Bommasandra Bangalore -560099 Karnataka
Hospital Name	Address
Namratha Nursing & Maternity Home	No.158,6th Main,2nd phase, West of Chord Road,2nd Stage, Bangalore Bangalore -560086 Karnataka
N.D. R Hospital	#2118,MIG House,12th Main 'B Sector', Behind Shanthi Sagar,Near Mother Dairy Circle,Yelahanka New Town, Bangalore Bangalore -560106 Karnataka
MGMI Hospitals India Pvt Ltd	5/2,13th Cross, Hosur Road,Near Brand Factory, Wilson Garden Bangalore -560027 Karnataka
Mediscope Hospital	No.11, 3rd Stage,Pillanna Garden,Kadugondana Halli Stage 1, Kadugondana Halli Bangalore -560045 Karnataka
Manjushree Hospital	#91, Kavalbyrasandra,RT Nagar Post, Bangalore Bangalore -560032 Karnataka
Manjunatha Maternity Home & Surgical Centre	90/1, West Park Road, Between 17th & 18th Cross, Malleshwaram Bangalore -560055 Karnataka
Manasa Hospital	G. Chandranna Building, Devanahalli Old Bus Stop, Devanahalli Bangalore -562110 Karnataka
Manasa Hospital	No. 107, 6th Main, 2nd Cross, Vijayanagar Bangalore -560040 Karnataka
Manasa Hospital	#189, Shiva Complex, M Dalapalya,Near Vijaya Bank, Shivanand Nagar Bangalore -560072 Karnataka
Mallya Hospital	#2, Vittal Mallya Road, Bangalore Bangalore -560001 Karnataka
Maharaja Agrasen Hospital	15Th Main Road,Banashankari, 17th Cross,2nd Stage, Padmanabhnagar Bangalore -560070 Karnataka
Mahanth Hospital	No.8,1st Cross, N.G.R Layout,Roopena Agraha, Bangalore Bangalore -560068 Karnataka
Live 100 Hospital Pvt. Ltd.	104/1, Hosur Main Road, Singasandra Bangalore -560068 Karnataka
Lakshmi Hospital	2nd Cross, Judges Colony, Ganga Nagar Bangalore -560006 Karnataka
Kaveri Speciality Hospital	15/2,4th Cross, Hosur Main Road, Madivala Bangalore -560068 Karnataka

Hospital Name	Address
Karthik Netralaya Institute Of Ophthalmology Pvt. Ltd.	89,6th Cross,NR Colony,Ashok Nagar,Stage 1 Near Kathabhavana Buildng,BSK 1St Stage, Banashankari Bangalore -560050 Karnataka
K.R.Puram Super Speciality Hospital	3rd Main Road, OLD Extension, K. R. Puram Bangalore -560036 Karnataka
K K Hospital	No. 9,A1,A2,Opp. MEC School, A Sector,New Colony, Yelahanka Bangalore -560064 Karnataka
Jeevika Hospitals Pvt Ltd	#95/3, Marthahalli Outer Ring Road, Doddanekkundi Bangalore -560037 Karnataka
Jayashree Multispeciality Hospital	No. 25/26/27,1st Cross, B Block,Vishwapriya Nagar, Begur Bangalore -560068 Karnataka
ISIS Medicare & Research Centre Pvt Ltd	No. 18,Universal House, Bellary Road, Sadashivnagar Bangalore -560080 Karnataka
Health Cottage Hospital	#289,1st Cross, Cambridge Layout,Opp. Salapuria Residency, Halasur Bangalore -560008 Karnataka
H.K Hospital	106/2, Mysore Road,Near Rainbow Bridge, Kengeri Bangalore -560060 Karnataka
Gayathri Hospital Pvt. Ltd.	No.91,Magadi Chord Road, 0 Vijayanagar Bangalore -560040 Karnataka
Garden City Hospital	#132/18, 3rd Block, 22nd Cross, Jayanagar Bangalore -560011 Karnataka
Gangothri Hospital	# 27,100 Feet Ring Road, Kuvempuna, BTM Layout Bangalore -560076 Karnataka
Family Health Providers Pvt Ltd	No. 423/2,60 Feet Road,1st Main, 1st Stage,1st Phase,Behind SBM Gokula, Mathikere Bangalore -560054 Karnataka
Dr. Natesh ENT & Surgical Care Centre	#8/45,80 Feet Road, Banashankari 1st Stage,S.B.M Colony, Banashankari Bangalore -560050 Karnataka
Dr. B.R Ambedkar Medical College Hospital	No.24, 0 Kadugondanahalli Bangalore -560045 Karnataka
Divine Speciality Hospital	No.110,6th Main, ITI Layout, Benson Town Bangalore -560046 Karnataka
Divakars Speciality Hospital	No. 220, 9th Cross,2nd Phase, J.P. Nagar Bangalore -560078 Karnataka
Dhanush Hospital	63,2nd Main, Nagarabhavi Main Road, Byraveshwara Nagar Bangalore -560072 Karnataka
Deeksha Hospital	#387/347,Yelahanka Old Town, Next to Post Office,B.B Road, Nehru Nagar Bangalore -560064 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#1533, 9th Main,3rd Block, Jayanagar Bangalore -560011 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#115, Kodihalli Old Airport Road, Opp. Total Mall Bangalore -560017 Karnataka

Hospital Name	Address
Cloudnine - KIDS Clinic India Pvt. Ltd.	# 47, 17th Cross, 11th Main, Malleshwaram Bangalore -560055 Karnataka
Chinmaya Narayana Hrudayalaya	CMH Complex, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chinmaya Mission Hospital	1/1, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chaya Hospital	No.66-335, 4th Main Road, 6th Cross, O.M.B.R. Layout, HRBR Layout Block 1, Kalyan Nagar Bangalore -560043 Karnataka
Chaitanya Hospital	No.80, 3rd Cross, P & T Colony, RT Nagar Bangalore -560032 Karnataka
C.R Medical Centre	#6/2, Brigade Champak, Union Street, Infantry Road, Bangalore Bangalore -560001 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	# 1141, BMS Plaza, Mangammanapalya Main Road, Bommanahalli Bangalore -560068 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	#1023, Post-Singasandra, Hosa Road, Channakeshavanagar Bangalore -560100 Karnataka
Bilva Hospital	#21-22, 2nd Main Road, Palace Guttahalli, Bangalore Bangalore -560003 Karnataka
Bhaanu Nursing Home	69/5B, Hosur Main Road, Near Central Silk Board, Bommanahalli Bangalore -560068 Karnataka
Bellevues Cambridge Hospital	No 18/17, Cambridge Road, Ulsoor Bangalore -560008 Karnataka
Beams Hospitals Pvt Ltd	640, 12th main, 80 Ft. Road, 4th Block, Koramangala Bangalore -560034 Karnataka
Axon Speciality Hospital-Unit Of Sapna Medical Sciences Ltd.	Building No.321, 6th Main, Hal 2nd Stage, Indiranagar Bangalore -560038 Karnataka
Abhaya Hospital	No.17, Dr.M.H.Mari Gowda, Hosur Road, Opposite Park Area, Raja Ram Mohan Roy Extension Wilson Garden Bangalore Bangalore -560027 Karnataka
Raksha Multispeciality Hospital	No.141/142, 1st Main, Krishnanandnagar, KBH Colony, Police Quarters, Nandini Layout, Bangalore - 560096 Karnataka
St. Johns Medical College Hospital	John Nagar, Sarjapur Road, Koramangala, Bangalore - 560034 Karnataka
Vasan Eye Care Hospital	No.897/C, 80 Feet Road, 6th Block, Opposite I.B.L. Petrol Bunk, Koramangala Bangalore -560095 Karnataka
Vasan Eye Care Hospital	No.28&29, 7th Main, Diagonal Road, 4th Block, Jayanagar Bangalore -560011 Karnataka
Vasan Eye Care Hospital	No.25/5-D, Outer Ring Road, Marathalli, Bangalore -560037 Karnataka
Vasan Eye Care Hospital	No.483, 16th Cross, 8th Main Road, Rajarajeshwari Nagar Bangalore -560098 Karnataka
Vasan Eye Care Hospital	No-533, 108b Circle, Vijayalakshmi Arcade, Ganga Nagar Bus Stand, R. T. Nagar Bangalore -560032 Karnataka
Vasan Eye Care Hospital	1127/A, 7th Sector, Near BDA Complex, HSR Layout Bangalore -560102 Karnataka

Note: For an updated list of Hospitals, please visit the Company's website www.careinsurance.com

ANNEXURE V - BENEFIT / PREMIUM ILLUSTRATION FOR HEALTH SECTION OF PRODUCT 'MERA MEDICLAIM'

Illustration 1

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
44	6,956	5,00,000	6,956	10%	6,260	5,00,000	14,542	NA	14,542	5,00,000
40	5,644	5,00,000	5,644	10%	5,080	5,00,000				
22	3,722	5,00,000	3,722	10%	3,350	5,00,000				
14	3,722	5,00,000	3,722	10%	3,350	5,00,000				
Total Premium for all members of family is Rs. 20,045 when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000			Total Premium for all members of family is Rs.18,040 when they are covered under a single policy. Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 14,542. Sum Insured of Rs. 5,00,000 is available for entire family			

Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
61	18,154	5,00,000	18,154	5%	17,246	5,00,000	28,632	NA	28,632	5,00,000
57	15,197	5,00,000	15,197	5%	14,437	5,00,000				
21	3,722	5,00,000	3,722	5%	3,536	5,00,000				
Total Premium for all members of family is Rs. 37,073, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000			Total Premium for all members of family is Rs. 35,219 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 28,632 Sum Insured of Rs. 5,00,000 is available for entire family			

Illustration 3

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
75	34,695	5,00,000	34,695	5%	32,960	5,00,000	59,256	NA	59,256	5,00,000
71	34,695	5,00,000	34,695	5%	32,960	5,00,000				
Total Premium for all members of family is Rs. 69,390, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000			Total Premium for all members of family is Rs. 65,921 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 59,256 Sum Insured of Rs. 5,00,000 is available for entire family			

Notes:

1. Premium rates (excl taxes) specified in above illustration shall be standard premium rates without considering any loading.
2. Premium is inclusive of 7.5% discount on Health section of Combi Product
3. Premium rates specified in above illustration with 20% Co-pay discount for age 61 year and above.