CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

S. No	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	**Product Name**	**Health Insurance Policy - Retail**	
2	**What am I covered for**	Following are covered as basic cover up to the limit specified in the policy schedule	Scope of Cover
		1. Room, Board & Nursing expenses	
		2. Medical Practitioner, Surgeon, Anesthetist, Consultants, and Specialists Fees	
		3. Anesthesia, Blood, Oxygen, Operation Theatre Expenses, Surgical Appliances, Medicines & consumables, Diagnostic expenses and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, prosthesis/ internal implants and any medical Expenses incurred which is integral part of the operation	
		4. Cataract Treatment	
		5. Pre-Hospitalisation Expenses	
		6. Post-Hospitalisation Expenses.	
		7. Day Care Expenses.	
		8. Ambulance Expenses	
		9. Ayurvedic Medicine.	
		10. Homeopathic and Unani system of medicine.	
		11. Domiciliary Hospitalisation	
		12. Organ Donor	
		13. Free medical check-up	
		14. Parental Care	
		15. Accidental Hospitalisation	
		16. Child Care	
		17. Co-pay	
		18. Convalescence Benefit	
		19. HIV/AIDS Cover upto the Limit Rs.50,000	
		20. Mental Illness Cover upto the Limit Rs.50,000	
		21. Genetic Disorders upto the Limit Rs.50,000	
		22. Internal Congenital Diseases covered upto the Limit Rs. 10% of Sum Insured.	
		23. 12 Advance procedure upto 50% of Sum Insured	
		Add on covers (available on payment of additional premium):	
		1. Removal of Room & ICU rent sub-limits	
		2. Removal of sub-limits on operation and consultancy charges	
		3. Removal of Ayurvedic and homeopathic cover	
		Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.	

3	**What are the major Exclusions in the policy**	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: 1. Admission primarily for investigation & evaluation 2. Admission primarily for rest Cure, rehabilitation and respite care 3. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions 4. Change-of-Gender treatments 5. Expenses for cosmetic or plastic surgery 6. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports *(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).*	Exclusions
4	**Waiting period**	1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) 2. 90 days waiting period for some diseases and surgeries. 3. 1 year for some diseases and surgeries. 4. 2 years for some diseases and surgeries. 5. 3 years for joint replacement due to degenerative condition (not applicable for accidents) 6. Pre-existing diseases: Covered after 48 months unless otherwise provided	Exclusions
5	**Payout basis**	Indemnity basis for covered expenses up to specified sum insured.	Scope of Cover
6	**Cost sharing**	In case of a claim, this policy requires you to share the following costs: 10% of each claim as co-payment in case of non network hospitalisation	Scope of Cover
7	**Renewal Conditions**	The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. 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. v. No loading shall apply on renewals based on individual claims experience	General Conditions
8	**Renewal Benefits**	Free Medical Checkup for 4 continuous claim free years	
9	**Cancellation**	**Cancellation:**	General

<table>
<tr>
<td></td>
<td></td>
<td>i. The policyholder may cancel this policy by giving 1Sdays'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.
<table>
<tr><td>Period on risk</td><td>Rate of premium refunded</td></tr>
<tr><td>Up to one month</td><td>75% of annual rate</td></tr>
<tr><td>Up to three months</td><td>50%of annual rate</td></tr>
<tr><td>Up to six months</td><td>25% of annual rate</td></tr>
<tr><td>Exceeding six months</td><td>Nil</td></tr>
</table>
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.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds or misrepresentation, non-disclosure of material facts or fraud.</td>
<td>Conditions</td>
</tr>
<tr>
<td>10</td>
<td>Claims</td>
<td>a. For Cashless Service:
Refer link for Hospital Network details –
http://www.sbigeneral.in/portal/contact-us/hospital

b. For Reimbursement of Claim: For reimbursement of claims the insured
prescribed time limit as specified hereunder.
<table>
<tr><td>Sl No</td><td>Type of Claim</td><td>Prescribed Time limit</td></tr>
<tr><td>1</td><td>Reimbursement of hospitalization, day care and pre-hospitalization expenses</td><td>Within fifteen days of date of discharge from hospital</td></tr>
<tr><td>2</td><td>Reimbursement of post hospitalization expenses</td><td>Within fifteen days from completion of post hospitalization treatment</td></tr>
</table>
For details on claim procedure please refer the policy document.</td>
<td>General Conditions</td>
</tr>
<tr>
<td>11</td>
<td>Policy Servicing</td>
<td>If You/Insured Person may have a grievance that requires to be redressed, You/Insured Person may contact Us with the details of the grievance through:</td>
<td></td>
</tr>
</table>

		• Level 1 Call us on our Toll Free for any queries that you may have @ 1800221111, 18001021111 Email your queries to customer.care@sbigeneral.in Visit our website www.sbigeneral.in to register for your queries Please walk into any of our branch office or corporate office during business hours You may also fax us your queries at _1800227244, 18001027244 • Level 2 If you still are not happy about the resolution provided then you may please write to our head.customercare@sbigeneral.in • Level 3 If you are dissatisfied with the resolution provided in the Steps as indicated above on your Complaint, you may send your 'Appeal' addressed to the Chairman of the Grievance Redressal Committee. The Committee will look into the appeal and decide the same expeditiously on merits. You can write to Head – Compliance, Legal & CS on the id - gro@sbigeneral.in • Level 4 If your issue remains unresolved you may approach IRDA by calling on the Toll Free no. 155255 or you can register an online complaint on the website http://igms.irda.gov.in • Senior Citizens: Senior Citizens can also write to seniorcitizengrievances@sbigeneral.in If after having followed the above steps you are not happy with the resolution and your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal.	
12	Grievances/ Complaints	a. Details of Grievance redressal officer - https://www.sbigeneral.in/portal/grievance-redressal b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman — The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	General Conditions
13	Insured's Rights	1. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception. 2. Right to migrate from one product to another product of the company	General Conditions

		For Queries related to migration contact below:- Toll free no. – 1800-22-1111 Email Id- Customer.care@sbigeneral.in 3. Right to port the from one company to another company. For Queries related to portability contact below:- Toll free no. – 1800-22-1111 Email Id- Customer.care@sbigeneral.in	
14	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	

Benefit Illustration:

Health Insurance policy Retail

	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
Age of the members insured	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any Family member discount)	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.)
35 yrs	5,973	5,00,000	5,973	0%	5,973	5,00,000	14,933	0%	14,933	5,00,000
30 yrs	5,973	5,00,000	5,973	0%	5,973	5,00,000				
15 yrs	NA	NA	5,027	0%	5,027	5,00,000				
10 yrs	NA	NA	5,027	0%	5,027	5,00,000				
Total Premium for all members of the Family is Rs. 11,946/- when each member is covered separately. Sum Insured available for each individual is Rs.5,00,000/-			Total Premium for all members of the Family is Rs. 22,000/- 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. 14,933/- Sum Insured of Rs. 5,00,000/- is available for the entire family.			

Note:
- Premium rates are specified in the above illustration is standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.
- The above illustration is for Retail Health Indemnity
- Family size is considered 4 members = 2 A + 2 Dependent Child
- Illustration is given for Sum Insured 5 Lac
- Premium is calculated for Plan A (Mumbai & Delhi) for illustration purpose.
- please note above rates are exclusive GST.

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy do1cument. In case of any conflict between the Customer Information Sheet and the policy document the terms and conditions mentioned in the policy document shall prevail.

HEALTH INSURANCE POLICY –RETAIL

This **Policy** is issued to the **Insured** based on the **Proposal** and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein, to **Insurer** upon payment of the Premium. This **Policy** records the agreement between **Insurer** and **Insured** and sets out the terms of insurance and the obligations of each party.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

Subject to the terms, Conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, Insurer undertakes to pay the Insured Person the hospitalization expenses arising out of an Injury or Illness/Disease and that are reasonably and necessarily incurred by or on behalf of such Insured Person, but not exceeding the sum Insured for the insured person as mentioned in the schedule of the policy. The following benefits are covered under this policy subject to the sub-limits as stipulated in the policy contract.

1. Room, Boarding Expenses
2. Medical Practitioners fees(Including Teleconsultation)
3. Intensive Care Unit
4. Nursing Expenses
5. Surgical fees, operating theatre, Anesthetist, Anesthesia, Blood, Oxygen and their administration,
6. Physio therapy while being treated as inpatient and being part of the treatment.
7. Drugs and medicines consumed during hospitalization period.
8. Hospital miscellaneous services (such as laboratory, X-ray, diagnostic tests)
9. Dressing, ordinary splints and plaster casts.
10. Cost of Prosthetic devices if implanted during a surgical procedure.

Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.

DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

"**Accident**" means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

"**Administrator**" means any third party administrator engaged by the **Insurer** for providing **Policy** and claims facilitation services to the **Insured** as well as to the **Insurer** and who is duly licensed by IRDA for the said purpose.

"**Age**" means completed years as at the Commencement Date of the **Policy Period**.

"Alternative treatments" mean forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

"**Any One Illness**" means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses

a. Cost of Pharmacy and consumables
b. Cost of implants and medical devices
c. Cost of diagnostics

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following.

a) Central or State Government AYUSH Hospital or
b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy;

Or

c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clocks;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out,
iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

"**Co-payment**" means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

"Congenital Anomaly" refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly – Congenital anomaly which is not in the visible and accessible parts of the body.
b. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body.

"Condition Precedent" means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

"Cumulative Bonus" means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

"Day Care Expenses" means the Reasonable and Customary Charges incurred towards medical treatment for a Day Care Treatment /Procedure preauthorized by the Administrator and done in a Network Provider / Day Care Centre to the extent that such cost does not exceed the Reasonable and Customary charges in the locality for the same Day Care Treatment / Procedure.

"Day Care Hospital/Centre" means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under

a. has qualified nursing staff under its employment
b. has qualified medical practitioner (s) in charge
c. has a fully equipped operation theatre of its own where surgical procedures are carried out
d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

"Day care Treatments" refers to medical treatment, and/or surgical procedure which is:

a. undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hrs because of technological advancement, and
b. which would have otherwise required a Hospitalisation of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

"Deductible" means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

"Diagnostic Centre" means the diagnostic centers which have been empanelled by Insurer or Administrator as per the latest version of the Schedule of diagnostic centers maintained by Insurer or Administrator, which is available to Insured on request.

"Disclosure to information norm" The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

"Dental treatment" means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

"Dependent Child/Children" means children / a child (natural or legally adopted), who are/is financially dependent on the Insured or Proposer aged between 3 months and twenty three (23) years and who are unmarried

"Disease / Illness" means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics
   i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
   ii. it needs ongoing or long-term control or relief of symptoms
   iii. it requires your rehabilitation or for you to be specially trained to cope with it
   iv. it continues indefinitely
   v. it comes back or is likely to come back.

"Domiciliary Hospitalisation" means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
b. the patient takes treatment at home on account of non availability of room in a hospital.

"Eligible Hospitalisation Expenses" means the expenses which the Insured/Insured Person is entitled for applicable room rent and other charges as given in the scope of cover under the policy.

"Emergency Care" means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

"Epidemic Disease" means a Disease which occurs when new cases of a certain Disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" Incidence Rate based on recent experience (the number of new cases in the population during a specified period of time is called the "Incidence Rate").

"**Family**" means and includes **Insured Person/Insured Person**'s legal Spouse, **Insured Person**'s legal & dependent children and dependent parents

"**Grace Period**" means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a **Policy** in force without loss of continuity benefits such as waiting

periods and coverage of **Pre-existing Diseases**. Coverage is not available for the period for which no premium is received.

"**Hospital**": means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a **Hospital** with the local authorities, under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;
b. has at least 10 in-patient beds, in towns having population of less than 10,00,000 and at least 15 inpatient beds in all other places;
c. has qualified **Medical Practitioner** (s) in charge round the clock;
d. has a fully equipped operation theatre of its own where surgical procedures are carried out
e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

"**Hospitalisation**" means admission in a Hospital for a minimum period of 24 In Patient Care consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

1. **Illness**

   Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

   a. **Acute Condition-** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

   b. **Chronic condition -** A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—

      1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—
      2. it needs ongoing or long-term control or relief of symptoms—
      3. it requires your rehabilitation or for you to be specially trained to cope with it—
      4. it continues indefinitely—
      5. it recurs or is likely to recur

"**Injury**" means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible means which is verified and certified by a **Medical Practitioner**.

"**Insured**" means You/Your/Self/the person named in the **Schedule**, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.

"Insured Person" means the person named in the **Schedule**/ who is a resident of India and for whom the insurance is proposed and appropriate premium paid. This includes Insured Person's family.

"Insurer" means Us/Our/We SBI General Insurance Company Limited.

"Inpatient Care" means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

"**Intensive Care Unit**" means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated **Medical Practitioner**(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

"Maternity expenses" shall include—

a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
b. expenses towards lawful medical termination of pregnancy during the policy period.

"Medical Advise" means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

"**Medical Expenses**" means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

"Medically Necessary" Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

a. is required for the medical management o f the illness or injury suffered by the insured;
b. must not exceed the level o f care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c. must have been prescribed by a medical practitioner,
d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

"Medical Practitioner": means a person who holds a valid registration from the medical council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Governmentand is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered Medical Practitioner should not be the Insured or any one of the close family members of the Insured.

"Mental Illness/Disease" means any mental Disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

Migration" means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

"Network Provider" means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an Insured on payment by a cashless facility.

"Newborn baby" means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

"Non- Network" means Any hospital, day care centre or other provider that is not part of the network.

"Notification of claim"
Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

"Other Insurer" means any of the registered Insurers in India other than Us/Our/We SBI General Insurance Company Limited.

"OPD treatment" is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Portability

Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

"Package Service Expenses": means expenses levied by the Hospitalfor treatment of specific surgical procedures/medical ailments as a lump sum amount under agreed package charges based on the room criteria as defined in the tariff Schedule of the Hospital.

Pre-existing Disease means any condition, ailment, injury or disease:

a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

"Policy Period" means the period commencing with the commencement date of the Policy & terminating with the expiry date of the Policy as stated in the Policy Schedule.

"Pre-hospitalization Medical Expenses"
Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

"Post-hospitalization Medical Expenses"
Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

"Proposal" means the written application or a standard form which the Insured duly fills and signs in with complete details seeking insurance are provided by him and includes any other information Insured provides to the insurer in the said form or in any communication with the Insurer seeking such insurance.

"Proposer" means the person furnishing complete details and information in the Proposal form for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of Insurance by way of signing the same.

"Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

"Renewal" means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
"Reasonable and Customary Charges" means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

"Room Rent" means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses**.**

"**Schedule**" means that portion of the **Policy** which sets out **Insured** details, the type of **Insurance** cover in force, the **Policy Period** and the **Sum Insured**. Any Annexure and/or Endorsement to the **Schedule** shall also be a part of the **Schedule**.

"**Sum Insured**" means the specified amount mentioned in the **Schedule** to this Policy which represents the **Insurer's** maximum liability for any or all claims under this policy during the currency of the Policy subject to terms and conditions as stated in the Policy.

"Surgery/Surgical Procedure" means manual and/or operative procedures required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of **Diseases**, relief of suffering or prolongation of life, performed in a **Hospital** or day care centre by a **Medical Practitioner**.

"Unproven/Experimental treatment" means Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

"**Waiting Period:**" No benefit shall be payable during the term of the **Policy** for the claim which occurs or where the hospitalisation for the claim has occurred within 30 days of first **Policy** issue Date. **Waiting period** is not applicable for the subsequent continuous uninterrupted renewals and hospitalisation due to accidents.

Tele-consultation
means engagement between licensed tele-consultation service provider/ professional and the insured/ covered member that is provided via a range of technology enabled communication media other than face-to-face interactions, such as telephone, internet, and others.

SCOPE OF COVER

Insurer shall pay the expenses reasonably and necessarily incurred by or on behalf of the Insured Person under the following categories but not exceeding the Sum Insured and subject to deduction of any deductible as reflected in the policy schedule in respect of such **Insured person** as specified in the Schedule:

1. Room, Board & Nursing expenses as charged by the Hospital Excluding registration and service Expenses are covered up to 1% of the **Sum Insured** per day and if admitted into Intensive Care Unit up to 2% of the **Sum Insured** per day under the policy.

   All admissible claims under Room, Board & Nursing Expenses including ICU, during the policy period are restricted maximum up to 25% of the **Sum Insured** per illness/injury.

   In case the insured opts for a higher room category than his eligibility the same can be covered upon specific acceptance by the insurer or **Administrator**. In such a case we shall not recover any expenses towards proportionate deductions other than the defined 'associate medical expenses'

2. **Medical Practitioner**, Surgeon, Anesthetist, Consultants(Including Teleconsultation), and Specialists Fees - All admissible claims under this section during the policy period restricted maximum up to 40% of the **Sum Insured** per illness/injury.

3. Anesthesia, Blood, Oxygen, Operation Theatre Expenses, Surgical Appliances, Medicines & consumables, Diagnostic expenses and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, prosthesis/internal implants and any medical Expenses incurred which is integral part of the operation - All admissible claims under this section during the policy period restricted maximum up to 40% of the Sum Insured per illness/injury.

The amounts payable under points no. 2 and 3 shall be at the rate applicable to the entitled room category. In case the Insured opts for a room with rent higher than the entitled category as under point no. 1, the charges payable under point 1, 2 and 3 shall be limited to the charges applicable to the entitled category.

4. **Cataract Treatment:** Our obligation to make payment in respect of any claim for treatment of Cataract including surgery thereof under the policy is limited to 15 % of the **Sum Insured** subject to a maximum of INR 25000 per eye and further subject to first two years exclusion for cataract as provided under the Policy.

5. **Pre-Hospitalisation Expenses:** Pre-hospitalisation medical expenses incurred in 30 days subject to the condition that maximum amount that can be claimed under this head is limited to 10% of the **Eligible Hospitalisation Expenses** for each of the admitted hosipitalisation and domiciliary hospitalization claim under the Policy.

6. **Post-Hospitalisation Expenses:** Post-hospitalisation medical expenses incurred in 60 days subject to the condition that maximum amount that can be claimed under this head is limited to 10% of the **Eligible Hospitalisation Expenses** for each of the admitted hosipitalisation and domiciliary hospitalization claim under the Policy.

7. **Day Care Expenses: Insurer** shall pay for Day Care Expenses incurred on technological surgeries and procedures requiring less than 24 hours of **Hospitalisation** as per Annexure A (day care procedure in the Policy), forming part of this Policy up to the **Sum Insured**. The day care Expenses will be payable only if, prior approval has been provided by the **Administrator** or **Insurer** for such a day care procedure.

8. **Ambulance Expenses:** 1% of **Sum Insured** per Policy period up to a maximum of INR 1500 will be reimbursed to **Insured** for the cost of ambulance transportation. Ambulance services used should be of a licensed ambulance operator.

9. **Ayurvedic Medicine:** Ayurvedic Treatment covered up to maximum 15% of **Sum Insured** per Policy Period up to a maximum of INR 20000 subject to treatment taken in a government hospital or in any institute recognised by government and/or accredited by Quality Council of India/National Accreditation Board on Health.

10. **Homeopathic and Unani system of medicine:** Homeopathy and Unani Treatment covered up to maximum 10% of **Sum Insured** per Policy Period up to a maximum of INR 15000 subject to treatment taken in a government hospital or in any institute recognised by government and/or accredited by Quality Council of India/National Accreditation Board on Health.

11. **Domiciliary Hospitalisation: Insurer** will cover **Reasonable and Customary Charges** towards Domiciliary **Hospitalisation** exceeding 3 days ,subject to 20% of the **Sum Insured** maximum up to INR 20000 whichever is less and according to the definition of domiciliary **Hospitalisation** as given in the policy **Schedule**. however domiciliary **Hospitalisation** benefits shall not cover:-
    a. Expenses incurred for treatment for any of the following **Disease**s
        i. Asthma
        ii. Bronchitis
        iii. Chronic Nephritis and Nephritic Syndrome
        iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
        v. Epilepsy
        vi. Influenza, Cough and Cold
        vii. Pyrexia of unknown Origin for less than 10 days
        viii. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharingitis

ix. Arthritis, Gout and Rheumatism

12. **Organ Donor:** The Medical Expenses incurred for extraction of the required organ from the organ donor are covered under the policy subject to **Insurer** accepting the inpatient **Hospitalisation** claim made by the **Insured** and further provided that:
    a. The organ donor is the **Insured Person**'s blood relative or is an individual who can donate the organ as per the local law and as approved by the medical board of the hospital where the organ extraction is taking place and the organ donated is for the use of the **Insured Person**, and
    b. We will not pay the donor's pre- and post-**Hospitalisation** expenses or any other medical treatment for the donor consequent on the organ extraction.
    c. All the expenses incurred on the donor/donee, as above would be within the overall **Sum Insured** of the **Insured Person** under the **Policy** and as specified in the policy **Schedule**.

    However, all admissible claims under above coverage's during the policy period restricted maximum up to the **Sum Insured** as stated in the **Policy Schedule** per **Policy Period.**

13. **Free medical check-up:** For every four claim-free consecutive years during which policyholder has been **Insured** with **Insurer** without any break in insurance, **Insurer** may arrange a free medical check-up for **Insured** in **Insurer's** empanelled diagnostic centre or **Insurer** shall reimburse the cost incurred by **Insured** for the check-up subject to maximum 1% of **Sum Insured** up to a maximum of INR 2500.

14. **Parental Care:** Available for persons above 60 years of age. **Insurer** shall pay for the attendant nursing Expenses after discharge from the hospital for INR 500 or actual whichever is lesser per day up to a maximum 10 days per **Hospitalisation** of such **Insured Person** subject to the treating **Medical Practitioner** at the hospital where the **Hospitalisation** took place, recommending the duration of such nursing care requirement. The Expenses can be reimbursed for a period not exceeding 15 days during the entire Policy period. The attendant nurse must qualify **Insurer's** definition and attendance is required as per treating **Medical Practitioner**'s opinion.

15. **Accidental Hospitalisation** -In case of hospitalization following an Accident, Sum Insured limit available for the **Insured Person** will be 125% of the amount arrived after deducting the claims paid and/or outstanding from sum insured as on the date of accident for the **Insured Person** under the policy and excluding cumulative bonus accrued. Any such increase in sum insured over and above the base sum insured due to the operation of this clause would be restricted to a maximum of INR 1,00,000/- only. This benefit is payable only once per Insured Person during the policy period and only once irrespective of number of such accidental hospitalisations during the policy period for policies covered under Family Floater cover.

16. **Child Care: Insurer** shall pay for the attendant escort Expenses of INR 500 for each completed day of **Hospitalisation** of a child below 10 years of age, subject to maximum of 30 days during the Policy Period. Escort person includes mother, father, grandfather, grandmother and any immediate family member.

17. **Co-pay:** For all admissible claims in non-network hospitals, **Insured** shall bear 10% of the admissible claim in addition to the deductible as per terms of insurance

18. **Convalescence Benefit:** This benefit is available for **Insured Person's aged** above 10 years & below 60 years and we shall pay an amount of INR 5,000/- per Insured, if the **Insured Person** is hospitalised for any bodily injury or illness as covered under the Policy, for a period of 10 consecutive days or more. This benefit is payable only once per **Insured** during the policy period.

19. **HIV/AIDS Cover**: We will cover expenses incurred for Inpatient treatment due to any condition caused by or associated with human immunodeficiency virus or variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS upto the Limit Rs.50,000 except for the conditions which are permanently excluded
20. **Mental Illness Cover**: We will cover for the expenses incurred for the inpatient Treatment for any mental illness or psychiatric or psychological ailment / condition upto the limit Rs.50,000
21. Genetic Disorders or Diseases are covered up to the Limit Rs. 50,000
22. Internal Congenital Diseases are Covered upto the Limit Rs. 10% of Sum Insured.
23. The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of -of Sum Insured, specified in the policy schedule, during the policy period:
    A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)
    B. Balloon Sinuplasty
    C. Deep Brain Stimulation
    D. Oral Chemotherapy
    E. Immunotherapy - Monoclonal Antibody to be given as injection
    F. Intra Vitreal Injections
    G. Robotic Surgeries
    H. Stereotactic Radio Surgeries
    I. Bronchial Thermoplasty
    J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment)
    K. IONM - (Intra Operative Neuro Monitoring)
    L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

EXCLUSIONS

We will not pay for any expenses incurred by **Insured** in respect of claims arising out of or howsoever related to any of the following:

1. **Pre-Existing Diseases - Code- Excl01**

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of #### 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.

2. 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.

3. Specified disease/procedure waiting period- Code- Excl02

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 90 Days/1 Year/2 Years/3 Years of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures

i. 1 Year waiting period

- Any types of gastric or duodenal ulcers,
- Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty
- Surgery on all internal or external tumor /cysts/nodules/polyps of any kind including breast lumps
- All types of Hernia and Hydrocele
- Anal Fissures, Fistula and Piles

ii.2 Years Waiting Period

- Cataract
- Benign Prostatic Hypertrophy
- Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus
- Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism

- Surgery of Genitourinary tract
- Calculus Diseases of any etiology
- Sinusitis and related disorders
- Surgery for prolapsed intervertebral disc unless arising from accident
- Surgery of varicose veins and varicose ulcers
- Chronic Renal failure including dialysis

iii. **3 Years Waiting Period**

- Medical Expenses incurred during or in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement surgery is necessitated by accidental Bodily **Injury.**

iv. 90 Days Waiting Period

- Hypertension, Heart Disease and related complications
- Diabetes and related complications

4. Treatment outside India.
5. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
6. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
7. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident

8. **Refractive Error: (Code- Excl15)**
   Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

9. **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.
10. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances. Prosthesis and/or devices.
11. Expenses incurred on Items for personal comfort like television, telephone, etc. incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital.
12. External medical equipment of any kind used at home as post **Hospitalisation** care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Ambulatory Peritoneal Dialysis (C.A.P.D) and Oxygen concentrator for Bronchial Asthmatic condition.
13. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
14. Convalescence, general debility, “Run-down” condition, rest cure, Congenital external illness/disease/defect.
15. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

16. **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.

17. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
18. Venereal disease or any sexually transmitted disease or sickness. (excluding HIV / AIDS as mentioned under scope of cover)

19. **Maternity Expenses (Code - Excl 18):**
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
    ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

20. **Sterility and Infertility: (Code- Excl17)**
    Expenses related to sterility and infertility this includes:
    i. Any type of 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
21. 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)**
22. Vaccination or inoculation except as part of post-bite treatment for animal bite.
23. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury and proved to our satisfaction that the condition is a result of an accidental injury.
24. **Medical Practitioner**'s home visit Expenses during pre and post hospitalization period, Attendant Nursing Expenses unless more than 60 years as specified in the parental care benefit.
25. **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.
26. Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies,
27. **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.
28. Treatments received in heath 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)**
29. **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.

30. Treatment with alternative medicines like acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
31. *Investigation & Evaluation*- Code- Excl04
    a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
    b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
32. Hospitalization for donation of any body organs by an **Insured Person** including complications arising from the donation of organs.
33. Obesity/ Weight Control: (Code- Excl06)
    Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

    1) Surgery to be conducted is upon the advice of the Doctor
    2) The surgery/Procedure conducted should be supported by clinical protocols
    3) The member has to be 18 years of age or older and
    4) Body Mass Index (BMI);
        a) greater than or equal to 40 or
        b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities

    Following failure of less invasive methods of weight loss:

    i. Obesity-related cardiomyopathy
    ii. Coronary heart disease
    iii. Severe Sleep Apnea
    iv. Uncontrolled Type2 Diabetes

34. **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.
35. Costs of donor screening or treatment
36. Disease / injury illness whilst performing duties as a serving member of a military or police force.
37. Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
38. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

GENERAL CONDITIONS

1. **Condition Precedent to Admission of Liability**
   The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

2. **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 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

iii. 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

iv. 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

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

3. **Disclosure to Information Norm:**
The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure ofany material fact by the policyholder.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

4. **Complete Discharge**
Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. **Due Care**
Where this Policy requires Insured to do or not to do something, then the complete satisfaction of that requirement by Insured or someone claiming on Insured behalf is a precondition to any obligation under this Policy. If Insured or someone claiming on Insured behalf fails to completely satisfy that requirement, then Insurer may refuse to consider Insured claim. Insured will cooperate with Insurer at all times.

6. **Mis-description**
This Policy shall be void and premium paid shall be forfeited to Insurer in the event of misrepresentation, mis-description or non-disclosure of any materials facts pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the Insurance policy by the Insured. Nondisclosure shall include non-intimation of any circumstances which may affect the insurance cover granted. The Misrepresentation, mis-description and non-disclosure is related to the information provided by the proposer/insured to the Insurer at any point of time starting from seeking the insurance cover in the form of submitting the filled in proposal form, written declarations or any other communication exchanged for the sake of obtaining the Insurance policy and ends only after all the Contractual obligations under the policy are exhausted for both the parties under the contract.

7. **Insured Person**

Only those persons named as the Insured Person in the Schedule shall be covered under this Policy. The details of the Insured Person are as provided by Insured. A person may be added as an Insured Person during the Policy Period after Insured's Proposal has been accepted by Insurer, an additional premium has been paid and Insurer's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured. Cover under this Policy shall be withdrawn from any Insured Person upon such Insured giving 15 days written notice to be received by Insurer

8. **Package Service Expenses** as defined under the policy will be payable only if prior approval for the said package service is provided by Administrator / Insurer upon the request of the Insured Person or Insured.

9. **Communications**

a. Any communication meant for **Insurer** must be in writing and be delivered to **Insurer's** address shown in the **Schedule**. Any communication meant for **Insured** will be sent by **Insurer** to **Insured's** address shown in the **Schedule**/Endorsement.
b. All notifications and declarations for **Insurer** must be in writing and sent to the address specified in the **Schedule**. Agents are not authorized to receive notices and declarations on **Insurer's** behalf.
c. **Insured** must notify **Insurer** of any change in address.

10. **Unhindered access**

The Insured/Insured person shall extend all possible support & co-operation including necessary authorisation to the insurer for accessing the medical records and medical practitioners who have attended to the patient.

11. **Claims Procedures**

a. Claims Procedure for Reimbursement

i. The **Insured** shall without any delay consult a Doctor and follow the advice and treatment recommended, take reasonable step to minimize the quantum of any claim that might be made under this Policy and intimation to this effect must be forwarded to **Insurer** accordingly.

ii. **Insured** must provide intimation to **Insurer** immediately and in any event within 48 hours from the date of **Hospitalisation** . However the **Insurer** at his sole discretion may relax this condition subject to a justifiable reason/evidence being produced by the **Insured** on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.

iii. **Insured** has to file the claim with all necessary documentation within 15 days of discharge from the Hospital, provide **Insurer** with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give **Insurer** such additional information and assistance as **Insurer** may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the **Insurer** would have the right of not considering the claim for reimbursement.
iv. In respect of post hospitalization claims, the claims must be lodged within 15days from the completion of post **Hospitalisation** treatment subject to maximum of 75 days from the date of discharge from hospital.
v. The Insured shall submit himself for examination by the Insurer's medical advisors as often as may be considered necessary by the Insurer for establishing the liability under the Policy. The Insurer will reimburse the amount towards the expenses incurred for the said medical examination to the Insured.
vi. **Insured** must submit all original bills, receipts, certificates, information and evidences from the attending **Medical Practitioner** /Hospital /Diagnostic Laboratory as required by **Insurer**.

vii. On receipt of intimation from **Insured** regarding a claim under the policy, **Insurer/Administrator** is entitled to carry out examination and obtain information on any alleged Injury or Disease requiring **Hospitalisation** if and when **Insurer** may reasonably require.

b. Claims procedure for Cashless

Administrator will provide the User guide & identity card to **Insured**. User guide will have following details:

a. Contact details of all **Administrator** offices
b. Website address of **Administrator**
c. Network list of hospitals with their contact details
d. Claim submission guidelines.

c. Claims Submission

Insured will submit the claim documents to administrator. Following is the document list for claim submission:

i. Duly filled Claim form,
ii. Valid Photo Identity Card
iii. Original Discharge card/certificate/ death summary
iv. Copies of prescription for diagnostic test, treatment advise, medical references
v. Original set of investigation reports
vi. Itemized original hospital bill and receipts Hospital and related original medical expense receipt Pharmacy bills in original with prescriptions

d. Claims Processing

On receipt of claim documents from **Insured**, **Insurer/Administrator** shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the **Insurer** will make the payment of benefit as per the contract. In case the claim is repudiated **Insurer** will inform the **Insured** about the same in writing with reason for repudiation.

12. Penal Interest Provision

1. 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.
2. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
3. 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 or reject the claim within 45 days from the date of receipt of last necessary document.
4. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of oreceipt of last necessary document to the date of payment of claim.

13. Cumulative Bonus

If no claim has been made under the policy with us and the policy is renewed with us and without any break or within the Grace period as defined under the policy, we will allow a cumulative bonus to the renewal policy upon receipt of premium automatically by increasing the **Sum Insured** by 5%. The maximum cumulative bonus shall not exceed 25% of the **Sum Insured** in any policy year. The cumulative bonus to be offered is as mentioned below:

a. In case of a family floater cover, the cumulative bonus so applied will depend on the claim/claims made under the expiring policy and will be 5% of **Sum Insured** for a claim free year and subject to a maximum of 25% of **Sum Insured** in any policy year.
b. In case of a claim in the Policy the Cumulative Bonus if any under the policy will get reduced by 5% at the time of renewal, in the renewed policy. Also, in case of a policy issued to a **Family** with specific **Sum Insured** to **Insured Persons,** the Cumulative Bonus, if any for the **Insured Person** who has made the claim under the policy gets reduced by 5% in the following year in the renewed policy.
c. In case of a policy being renewed with us and which was previously covered with other Indian **Insurer**s, we will be offering a maximum cumulative bonus of 20% of **Sum Insured** provided the **Insured** submits the renewal notice and policy copy reflecting a no claim bonus/cumulative bonus equivalent or more than 25%. In case of no claim bonus enjoyed with previous **Insurer**s being less than 25%, a deduction of 5% will be made from the % of no claim bonus enjoyed and the balance will be allowed under the policy, as no claim bonus/cumulative bonus. However, this benefit will be restricted only up to the sum insured as provided under the previous or expiring policy obtained by the Insured from Other Insurer.
d. In case of increase in the **Sum Insured** on renewal of the Policy Cumulative bonus will be applicable on the increased **Sum Insured** only from the next year subject to no claims and will start from 5% and may / may not be similar to the cumulative bonus on the basic **Sum Insured** at the inception of the Policy with us.
e. The accumulated cumulative bonus is available to the insured person only upon exhaustion of the basic sum insured under the policy and all the eligibility criteria for the ascertaining the applicable limits under the policy will be calculated basing on the base sum insured.

14. Basis of claims payment

a. If **Insured** suffer a relapse within 45 days of the discharge from Hospital, obtaining medical treatment or consulting a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim, as long as the relapse occurs within the Policy Period.
b. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
c. The plan which **Insured** is covered for will be shown on the **Schedule**. The table below sets out the percentage of the eligible claim amount that **Insurer** will be accountable for where a claim cost is incurred in a Location other than that prescribed in the **Schedule**.

Benefit Plan	**Treatment Location A- Mumbai and Delhi**	**Treatment Location B - Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad**	**Treatment Location C- Rest of India**
Plan A (Normal residential location -Mumbai & Delhi)	100%	100%	100%
Plan B (Normal residential location -Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad)	80%	100%	100%
Plan C (Normal residential location -Rest of India)	70%	80%	100%

- Plan A - 100% of the admissible claim amount for all Locations subject to the Policy terms and conditions.

- Plan B - 100% of the admissible claim amount for Locations B and C, and 80% for Location A subject to the Policy terms and conditions.,
- Plan C - 100% of the admissible claim amount for Locations C, 80% for Location B and 70% for Location A subject to the Policy terms and conditions.

The percentage of amount shown in the above table is with respect to the admissible claim amount. The **Insurer** will make payments only after being satisfied, with the necessary bills and documents submitted with reference to the claim.

15. **Multiple policies**

i. In case of multiple policies taken by an insured person during a period from 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.

ii. 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.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

16. **Fraud:**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other pa(y acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
a) the suggestion, as a fact of that which is not true and which the insured
person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge
or belief of the fact;
c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and

there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

17. Cancellation

1. The policyholder may cancel this policy by giving 1Sdays'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

Notwithstanding anything contained herein or otheruise, 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.

2. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds or misrepresentation, non-disclosure of material facts or fraud.

18. Termination of Policy

This Policy terminates on earliest of the following events-

a. Cancellation of policy as per the cancellation provision.
b. On the policy expiry date.

19. Renewal:

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

vi. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
vii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
viii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
ix. 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.
x. No loading shall apply on renewals based on individual claims experience

20. Withdrawal of Product

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.

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21. 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 policyatleast30 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.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

22. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

23. 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.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

24. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

25. **Possibility of Revision of Terms of the Policy including the Premium Rates**
The Company, with prior approval of IRDAI, 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 effected.

26. **Dispute Resolution**

a. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 Arbitrators, one arbitrator to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

b. It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the **Insurer** has disputed or not accepted liability under or in respect of this Policy.

c. It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.
The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.

27. **Examination of Medical Records:**
Insurer may examine **Insured Person's** medical records/reports and related documents relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiry, or until final adjustment (if any) and resolution of all claims under this Policy

28. **Geographical limits:**
All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. All matters or disputes arising hereunder the policy shall be determined in accordance with the law and practice of such Court within the Indian Territory.

29. **Observance of terms and conditions:**
The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the **Insured** / **Insured Person**, shall be a condition precedent to any liability of the **Insurer** to make any payment under this Policy.

30. **Forfeiture of claims:**
If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

31. **Position after a claim:**
As from the day of receipt of the claim amount by the **Insured**/**Insured Person**, the **Sum Insured** and / or duration of cover for the remainder of the period of insurance shall stand reduced by a corresponding amount.

32. **Payment of Claims in case of death during hospitalisation:**

In the event of death of Primary Insured person on whose behalf covered medical expenses are incurred, such admissible claim amount would be payable to the legal heirs of the Primary Insured Person and If the diseased person is other than the primary insured person under the policy, we will pay such admissible claim amounts to the Primary Insured Person. The primary insured person is the head of the family and who is the primary earning member for the family.

33. **Section 80 D Income-Tax Act:**
The premium paid is exempted from Income Tax under Sec 80 D of Income Tax act.

34. **Redressal of Grievance**

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

Website: www.sbigeneral.in

Toll free: 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm).

E-mail: customer.care@sbigeneral.in

Fax : 1800 22 7244 / 1800 102 7244

Courier:

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

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 gro@sbigeneral.in

For updated details of grievance officer, kindly refer the link https://www.sbigeneral.in/portal/grievance-redressal
If Insured person is not satisfied with the redressalof grievance through above methods**,** theinsured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievanceas per Insurance Ombudsman Rules 2017.

Office of Insurance the Ombudsman	Areas of Jurisdiction
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli,Daman and Diu.

BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chnadra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab,Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of UT of Pondicherry).

DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of UT of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaiur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue,	West Bengal, Sikkim, UT of Andaman & Nicobar Islands.

KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	
LUCKNOW -Shri Justice Anil Kumar Srvastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan SevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION

ANNEXURE: ENDORSEMENTS

1. Removal of Room & ICU rent sub-limits:

Notwithstanding anything contrary to it stated in the policy, It is hereby agreed and declared that insured having paid the premium to remove the limits prescribed on room and ICU rent the, Insurer shall pay the reasonable costs incurred during Hospitalisation subject to minimum 24hours Hospitalisation & covered illness or Accident during the policy period.

All other terms and conditions will remain the same.

The following exclusion appearing under the policy hereby stand deleted -

Insurer shall pay the costs incurred during Hospitalisation subject to minimum 24hours Hospitalisation & covered illness or Accident during the policy period which would include the following:

Room, Board & Nursing Charges as provided by the Hospital/Nursing Home Excluding registration and service Expenses: up to 1% of the Sum Insured per day. If admitted into Intensive Care Unit up to 2% of the Sum Insured per day. In case the Insured opts for a higher room category, all incremental Expenses pertaining to room rent, Medical Practitioners / specialists fees and other incidental Expenses to be borne by the Insured.

All admissible claims under Room, Board & Nursing Expenses including ICU, during the policy period are restricted maximum up to 25% of the Sum Insured per illness/injury.

2. Removal of sub-limits on operation and consultancy charges:

Notwithstanding anything contrary to it stated in the policy, It is hereby agreed and declared that insured having paid the premium to remove the limits prescribed on operation , consultancy and other such related charges, Insurer shall pay the reasonable costs incurred during Hospitalisation which would include the following:

a. Medical Practitioner, Surgeon, Anaesthetist, Consultants, and Specialists Fees
b. Anaesthesia, Blood, Oxygen, Operation Theatre Expenses, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, prosthesis/internal implants and any medical Expenses incurred which is integral part of the operation

All other terms and conditions will remain the same.

The following exclusion appearing under the policy hereby stand deleted

Medical Practitioner, Surgeon, Anaesthetist, Consultants, and Specialists Fees - All admissible claims under this section during the policy period restricted maximum up to 40% of the Sum Insured per illness/injury.

Anaesthesia, Blood, Oxygen, Operation Theatre Expenses, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, prosthesis/internal implants and any medical Expenses incurred which is integral part of the operation - All admissible claims under this section during the policy period restricted maximum up to 40% of the Sum Insured per illness/injury.

3. Removal of Ayurvedic and homeopathic cover

Notwithstanding anything contrary to it stated in the policy, It is hereby agreed and declared that insured having availed the discount in premium the policy excludes the expenses incurred on alternative medicines like ayurvedic, homeopathy, unani, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy .

All other terms and conditions will remain the same.

Further following appearing in the scope of cover of the policy stand deleted -

Ayurvedic Medicine: Ayurvedic Treatment covered up to maximum 15% of Sum Insured per Policy Period up to a maximum of Rs. 20000 subject to treatment taken at a Ayurvedic hospital confirming with our definition of hospital and which is registered with any of the local Government bodies..

Homeopathic and Unani system of medicine: Homeopathy and Unani Treatment covered up to maximum 10% of Sum Insured per Policy Period up to a maximum of Rs. 15000 subject to treatment taken at a Homeopathic / Unani hospital confirming with our definition of hospital and which is registered with any of the local Government bodies.

ANNEXURE A - DAY CARE LIST

The following are the listed Day care procedures and such other Surgical Procedures that necessitate less than 24 hours **Hospitalisation** due to medical/technological advancement / infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the policy

Microsurgical operations on the middle ear

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

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

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

Operations on the eyes

22. Incision of tear glands
23. Other operations on the tear ducts
24. Incision of diseased eyelids
25. Excision and destruction of diseased tissue of the eyelid
26. Incision of diseased eyelids
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva

31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

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

Operations on the tongue

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

Operations on the salivary glands & salivary ducts

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

Other operations on the mouth & face

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

64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

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

Trauma surgery and orthopaedics

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

Operations on the breast

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

Operations on the digestive tract

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

Operations on the female sexual organs

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

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

Operations on the prostate & seminal vesicles

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

Operations on the scrotum & tunica vaginalis testis

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

Operations on the testes

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

Operations on the spermatic cord, epididymis und ductus deferens

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

Operations on the penis

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

Operations on the urinary system

136. Cystoscopical removal of stones

Other Operations

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

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

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Char es
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 FOOTWEAR
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

No.	Item
1	BABY CHARGES UNLESS SPECIFIED/INDICATED
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS

11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/VVARMER 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

No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	CAUSE 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

No.	Item
	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