PROSPECTUS

Eligibility

1. **Entry age:** This Policy can be offered to an individual with minimum age of 6 years and maximum entry age of 65. Children between ages of 3 months to 5 years can be insured under a floater plan only. Maximum age for dependent children under Floater Policy is 20years.

2. **Lifetime renewability:** There is no maximum age limit for Renewal.

3. **Number of members:** A maximum of 5 members can be added in a single policy. You can avail a floater cover and get your immediate family covered for the same sum insured under a single Policy by paying one premium amount. Any individual above 3 months of age can be covered under the Policy provided 1 Adult is also covered under the Policy

4. **Relationships covered:** You and your immediate family (Immediate family would mean spouse, dependent children, brother(s), sister(s) and dependent parent(s), Grandparents, Grandchildren, Mother-in-law, Father-in-law, Son-in-law and Daughter-in-law.

5. **Premium calculation:** In a family floater policy, the age of the eldest member will be considered while computing premium for all the members covered under the family floater. Other factors determining premium are addition/deletion of any optional covers, change in policy conditions such as tenure, zone opted, increase or decrease in sum insured opted for and change in any tax laws by the government and health status of the individual being insured.

6. Policy can only be issued to residents of India. Residents of India shall include all Citizens of India and permanent residents of India as well as expatriates or foreigners who are holding an employment pass, dependant pass or work permit and residing in India. Expatriates or foreigners must provide a copy of either a valid employment pass or work permit, and a bona-fide residential address in India.
   Worldwide cover can only be opted by individuals who are up to the age of 65 years, are permanent residents of India and were within geographical boundaries of India during policy issuance.

Salient features

- **Policy tenure:** You can opt for a Policy with Policy period of one year or two years or three years
- **Tax benefit:** You can avail of tax benefit on premiums paid under Health sections of this Policy, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter.
- **Annual sum insured:** This denotes the maximum amount of cover available to you for a Policy Period of one year.
  Minimum Sum Insured: ₹ 50,00,000
  Maximum Sum Insured: Unlimited

- Zone based premium: The premium will be computed basis the zone chosen by you in the proposal form.

<table>
<tr><th>Zone</th><th>State/District</th><th>Treatment taken in Zone</th><th>Zone based co-payment</th></tr>
<tr><td rowspan="4">Zone A</td><td rowspan="4">Delhi, Mumbai (including Thane district, Navi Mumbai) , Haryana (excl. Faridabad, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal), Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district</td><td>Zone A</td><td>Nil</td></tr>
<tr><td>Zone B</td><td>Nil</td></tr>
<tr><td>Zone C</td><td>Nil</td></tr>
<tr><td>Zone D</td><td>Nil</td></tr>
<tr><td rowspan="4">Zone B</td><td rowspan="4">Pune, Kolkata, Telangana (Incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand</td><td>Zone A</td><td>8%</td></tr>
<tr><td>Zone B</td><td>Nil</td></tr>
<tr><td>Zone C</td><td>Nil</td></tr>
<tr><td>Zone D</td><td>8%</td></tr>
<tr><td rowspan="4">Zone C</td><td rowspan="4">Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region))</td><td>Zone A</td><td>16%</td></tr>
<tr><td>Zone B</td><td>8%</td></tr>
<tr><td>Zone C</td><td>Nil</td></tr>
<tr><td>Zone D</td><td>16%</td></tr>
<tr><td rowspan="4">Zone D</td><td rowspan="4">Rest of NCR[Alwar, Bagpat, Bharatpur, Bulandshahr, Faridabad, Gautam Buddha Nagar excluding Noida, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal]</td><td>Zone A</td><td>Nil</td></tr>
<tr><td>Zone B</td><td>Nil</td></tr>
<tr><td>Zone C</td><td>Nil</td></tr>
<tr><td>Zone D</td><td>Nil</td></tr>
</table>

Zone based co-payment will be levied on each and every claim in case treatment is taken in a zone higher than the zone for which premium has been paid on issuance of the policy. There shall be no zone based co-payment for Zone A and Zone D

- **Cashless hospitalization:** You can avail of cashless Hospitalization at any of our network providers/ hospitals. A list of these hospitals/ providers will be sent to you along with Your Policy.
- **Pre-Policy Medical Check-up:** No medical tests will be required, if you approach us for insurance cover below the age of 45 years up to the Annual Sum Insured of Rs.50 Lakhs. However if you approach us for insurance when you are 46 years of age* or above, you will have to then compulsorily undergo medical tests at our designated diagnostic centres. If we accept your proposal,

we will reimburse at least 50% of the costs incurred by you in undertaking such pre-insurance medical tests.
*This age limit may be relaxed for specific channels or plans upon approval from product head.

- **Claim Service Guarantee:** We provide You Claim Service Guarantee as follows
  a) For Reimbursement Claims: We shall make the payment of admissible claim (as per terms & conditions of Policy) OR communicate non admissibility of claim within 14 days after You submit complete set of documents & information in respect of the claim. In case we fail to make the payment of admissible claim or to communicate non admissibility of claim within this time period, we shall pay 2% interest over and above the rate defined as per IRDA (Protection of Policyholder's Interest) Regulations 2017.
  b) For Cashless Claims: If You notify pre authorization request for cashless facility through any of Our empaneled network hospitals along with complete set of documents & information, We will respond within 2 hours of the actual receipt of such pre authorization request with:
     1. Approval, or
     2. Rejection, or
     3. Query seeking further information

  In case the request is for enhancement, i.e. request for increase in the amount already authorized, we will respond to it within 2 hours.

  In case of delay in response by us beyond the time period as stated above for cashless claims, we shall be liable to pay ₹1,000 to you. Our maximum liability in respect of a single Hospitalization shall, at no time exceed ₹1,000.

  If you are not eligible for 'Claim Service Guarantee' for the reasons stated in the policy conditions, we should inform the same to you, within the 14 days for a) and within 2hours for b) as specified above.

What is covered?

The Policy provides indemnification of Medical Expenses incurred by you during Your Hospitalisation, for any Illness or Injury suffered during the Policy Year.

A. Basic Cover

The payment under this Basic Cover shall be limited to Maximum Limit of Indemnity.

1. **Inpatient Care**: We will pay You for the Inpatient Hospitalisation expenses such as room rent charges up to the specified limits, intensive care unit charges, qualified nurse charges, medical practitioner's fee, anaesthesia, blood, oxygen, operation theatre charges, charges incurred on medicines drugs, consumables, surgical appliances and prosthetic devices (recommended in writing), costs of investigations or prescribed diagnostic tests etc. incurred by You during Hospitalisation for a minimum period of 24 consecutive hours.

   In case You are admitted in a room category that is higher than the one that is specified in the Policy Schedule, then You shall bear a rateable proportion of the total Associated medical expenses (including surcharges or taxes thereon) in the

proportion of the difference between room rent of the entitled room category to the room rent actually incurred

2. **Day Care Procedures/ Treatment**: We will pay you for the Medical Expenses incurred by you while undergoing Day Care Procedures/Treatment, which require less than 24 hours Hospitalisation.

   In case You are admitted in a room category that is higher than the one that is specified in the Policy Schedule, then You shall bear a rateable proportion of the total Associated medical expenses (including surcharges or taxes thereon) in the proportion of the difference between room rent of the entitled room category to the room rent actually incurred

3. **Modern Treatments** – We will Pay You for the medical expenses incurred on below specified modern treatments during the policy period up to the Annual Sum Insured, maximum up to 1 Crore

Sr. No	Treatment/Procedure
1	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2	Immunotherapy- Monoclonal Antibody to be given as injection
3	Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
4	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
5	Balloon Sinuplasty
6	Oral Chemotherapy
7	Robotic surgeries
8	Stereotactic radio Surgeries
9	Deep Brain stimulation
10	Intra vitreal injections
11	Bronchical Thermoplasty
12	IONM - (Intra Operative Neuro Monitoring)

4. **Pre Hospitalisation Medical expenses**: We will cover you for the relevant medical Expenses incurred, immediately 60 days before hospitalisation up to the limits as specified in the Policy Schedule

5. **Post Hospitalization Medical expenses**: We will cover you for the relevant medical Expenses incurred, immediately after Your discharge up to 180 days.

6. **In Patient AYUSH Hospitalisation:** We will cover expenses for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) treatment only when the treatment has been undergone in a AYUSH hospital or AYUSH day care centre.

7. **Reset Benefit:** We will reset up to 100% of the Annual Sum insured unlimited times in a policy year, in case the Annual Sum insured including accrued Guaranteed cumulative bonus (if any) is insufficient as a result of previous claims in that policy year, provided that:

- The claim will be admissible under the reset benefit only if the Claim is admissible under “Inpatient care” or “Daycare procedure” as per “Scope of cover”
- Reset will not trigger for the first claim
- For individual policies, reset sum insured will be available on individual basis whereas for floater policies, it will be available on floater basis
- The Reset Benefit will not be available for an Illness /Injury or related complications including but not limited to any relapse within 45 days in respect of which a claim has been paid in that Policy Year for the same Insured Person
- Any unutilized reset sum insured will not be carried forward to subsequent policy year
- The Reset Benefit will not be available for an Illness / Injury or related complications including but not limited to any relapse within 45 days in respect of which a claim has been paid in that Policy Year for the same Insured Person.

8. **Donor Expenses:** We will cover you for the medical expenses incurred in respect of the organ donor for any of the organ transplant surgery provided the organ donated is for the insured person’s use.

9. **Domiciliary Hospitalization:** We will cover the medical expenses incurred in respect of Your Domiciliary Hospitalization provided that the Domiciliary Hospitalization continues for at least 3 consecutive days.
   We shall not be liable to pay for any claim under this Benefit which arises directly or indirectly from or in connection with any of the following:

   a) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
   b) Arthritis, gout and rheumatism;
   c) Ailments of spine/disc
   d) Chronic nephritis and nephritic syndrome;
   e) Any liver disease;
   f) Peptic ulcer
   g) Diarrhea and all type of dysenteries, including gastroenteritis;
   h) Diabetes mellitus and insipidus;
   i) Epilepsy;
   j) Hypertension;
   k) Pyrexia of any origin

10. **Domestic Road Ambulance:** We will cover the expenses up to ₹10,000 incurred on road ambulance services which are offered by a healthcare or ambulance service provider and which have been used during the Policy Period to transfer the Insured Person to the nearest Hospital from place of Accident/ Illness with adequate emergency facilities for the provision of Emergency Care up to the Annual sum insured.

11. **Tele Consultation(s)**
    We will arrange consultations and recommendations for routine health issues by a qualified Medical Practitioner or health care professional. For the purpose of this Cover Tele consultation shall mean consultation provided by a qualified

Medical Practitioner or Health care professional through various mode of communication like audio, video, online portal, chat or mobile application. There shall be no maximum limit on the count of tele-consultations that can be availed by You in a policy year

12. **Guaranteed Cumulative Bonus [GCB]:** We will provide a cumulative bonus of 20% for every claim free year(s) up to a maximum of 100% of Annual Sum Insured. Even In the event of Claim, under the Policy, the accrued cumulative bonus will not be reduced.

13. **Value added-services:**

a) **Health assistance team (HAT):** HAT shall assist the Insured Person in understanding their health condition better by providing answers to any queries related to health service providers

The services provided under this shall include:

- Identifying a Physician/ Specialist
- Availability of hospital beds/COVID hubs etc.
- Providing guidance on engaging attendants or nurses
- Facilitation with respect to arrangement of mobility aids, daily living aids, medical equipment etc.
- Scheduling an appointment with any Medical Practitioner empanelled with Us
- Scheduling appointments for a second opinion
- Providing suitable options with respect to Hospitals as well as providing assistance in Cashless facility, wherever applicable.
- Scheduling appointments from diagnostic labs empanelled with us
- Providing information, assistance and facilitation on door step delivery of medicines
- Providing preventive information on ailments
- Providing guidance on post Hospitalization care, such as Physiotherapy/ Nursing at home.

b) **Ambulance assistance**

We will facilitate ground medical transportation by a Service provider to transport the Insured Person to the nearest Hospital or any clinic or nursing home for medically necessary treatment subject to availability of services in that particular city/location. Kindly visit our website for updated list of cities/locations where the services are provided.

c) **Deals & Discounts**

We shall only facilitate the Insured Person in availing discounts on services/products including but not limited to investigations/diagnostic tests/ laboratory tests /health supplements/medical equipment/homecare services/virtual health & wellness sessions/AYUSH products/Fitness & wellness related activities & products etc. at our empanelled diagnostic centres, drugs/medicines ordered from pharmacies etc. offered by our network providers/ health

service providers. These discounts can be viewed on our mobile application and can be availed as per product terms and conditions and subject to availability.

- We or Our Health Service Providers or Our Network Providers do not warrant the validity, accuracy, completeness, safety, quality, or applicability of the content or anything said or written or any suggestions provided in the course of providing the wellbeing services.
- We do not accept any liability towards quality of the services made available by our network providers/ health service providers and are not liable for any defects or deficiencies on their part
- Availability of all Services is subject to availability of Health Service provider at the requested location
- The deals & discounts program is subject to revisions based on the insurance regulatory framework from time to time.

14. **Bariatric surgery:** We will cover the medical expenses incurred by You on undergoing Bariatric Surgery during the Policy year subject to terms and conditions

B. Additional covers applicable for Premium plan only

1. **Air Ambulance:** We will cover the expenses incurred by you on Air Ambulance services which are offered by a healthcare or an air ambulance service provider and which have been used during the Policy Period to transfer you to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care, up to the Annual sum insured.

2. **Home Care Treatment:** We will cover the medical expenses incurred by You on home care treatment up to ₹1 Lakh provided the medical practitioner has advised You in writing to undergo treatment at home. Treatments that can be availed on outpatient basis are outside the scope of this cover.

   Home Care Treatment can only be availed on a cashless basis through our empaneled service providers.

3. **Worldwide Cover:** We will cover You for hospitalization expenses including planned hospitalization incurred outside India and anywhere across the world up to Annual sum insured subject to a maximum of ₹3 Crore and subject to the terms & conditions specified hereunder:
   i. There will be a waiting period of 2 years after this cover has been opted to avail any kind of benefit under the same. There will be no waiting period for any in patient hospitalization claims arising due to Accident or Injury.
   ii. In case of addition of any new members to the Policy, they will have to serve the waiting period of 2 years before availing any coverage under Worldwide Cover.
   iii. This cover can only be availed by you if you are up to a resident of India and are within the geographical boundaries of India during policy issuance. Non- disclosure or mis-representation with respect to the

above will impact claims admissibility under this cover and lead to policy cancellation.

iv. The coverage is available for 45 consecutive days from the date of travel in a single trip and 90 days in a cumulative bases as a whole in a Policy year

v. The expenses covered under this benefit will be limited to inpatient hospitalization expenses and days care treatment/ procedure expenses. Expenses incurred for pre and post hospitalization, out-patient treatment or any other basic /optional covers under this policy will not be covered

vi. The payment of any claim under this benefit will be based on the rate of exchange as on Date of Loss published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian rupees for payment of claims. If on the insured person's date of loss, if the RBI rates are not published, the exchange rates published next shall be considered for conversion

vii. In case of planned hospitalization, prior intimation at least 7 days in advance of the travel and due approval from us will be necessary.

viii. Any sum insured as available under Guaranteed Cumulative Bonus will not be available for worldwide cover and Hospitalization expenses incurred will be covered only up to the Annual Sum Insured under the Policy.

ix. Reset benefit will not trigger for this cover

4. **Claim protector:** If a claim has been accepted under the inpatient hospitalization cover , then the items which are not payable under the claim as per the List of Excluded items released by IRDAI that is related to the particular claim will become payable. The maximum claim payout under this benefit shall be limited to Annual Sum Insured under your policy. Any sum insured as available under Guaranteed Cumulative Bonus (if any) will not be available for claim protector cover. This benefit is not applicable for claims made outside India.

5. **Preventive Health Check-up:** Adults aged 21 and above can avail preventive health check-up as per eligibility under the Plan opted at any provider or Health Service Providers anytime during the Policy period

6. **Second opinion for critical illness :** We shall arrange E-opinion on a cashless basis from our empanelled Medical Practitioners in case the Insured Person is diagnosed with any of the listed critical Illnesses during the Policy Period, and at his/her sole discretion chooses to avail an E-opinion subject to the policy terms and conditions

Further, the following optional covers can be provided under the Policy on payment of additional premium

1. **PED waiting period reduction:** You can reduce PED waiting period from 48 months to 24 months for your declared and accept PED in policy

2. **Room eligibility:** You will be eligible to change the room category as specified in the Policy Schedule/ Product Benefit Table

What we will not pay (Exclusions under the Policy)

We will not be liable for any Deductible amount or Co-payment amount, if applicable and as specifically defined in the Policy Schedule under the Policy

We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

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

A. 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 48 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage
d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

B. 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 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of specific diseases/procedure:

i. Surgery on tonsils, adenoids and sinuses
ii. Mastoidectomy
iii. Tympanoplasty

iv. Myomectomy, Hysterectomy unless because of malignancy
v. All types of Skin and internal tumours/ cysts/nodules/ polyps of any kind including breast lumps unless malignant
vi. Benign Prostatic Hypertrophy
vii. Cataract & age related eye ailments
viii. Gastric and Duodenal erosions & ulcers
ix. Arthritis, gout, rheumatism and spinal disorders
x. All types of Hernia, Hydrocele
xi. Fissures &/or Fistula in anus, haemorrhoids/piles
xii. Prolapse inter vertebral disc & spinal diseases unless arising from accident
xiii. Joint replacements unless due to accident
xiv. Sinusitis and related disorders
xv. Stones in the urinary and biliary systems
xvi. Dilatation and curettage , Endometriosis
xvii. Dialysis required for chronic renal failure
xviii. Deviated Nasal Septum
xix. Varicose Veins/ Varicose Ulcers

In case the above Illnesses are Pre-existing condition(s) at the commencement of this Policy, then these Illnesses shall be covered after the applicable waiting period as defined under your policy schedule has elapsed, since Period of Insurance Start Date.

C. 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.

D. Investigation and evaluation Code-Excl04

a) Expensed 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.

E. 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.

F. 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 comorbidities 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

G. 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.

H. Cosmetic or plastic surgery Code- Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless needed because of an accident, burn(s) or cancer or as part of the medically necessary treatment to remove a direct and immediate health risk to the insured. To count as a valid claim, the attending doctor must certify this to be a medical necessity.

I. Hazardous or adventure sports Code- Excl09
Expenses related to any treatment required 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.

J. Breach of law - Code- Excl10
Expenses for treatment directly arising from or being a consequence of the Insured person committing or attempting to commit a breach of law with criminal intent.

K. Excluded providers Code- Excl11
Expenses incurred towards treatment in any hospital or by any doctor or any other provider specifically excluded by us and disclosed on our website / notified to you are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilisation are payable but not the complete claim.

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

M. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to

such establishments or where admission is arranged for domestic reasons. Code- Excl13

N. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a doctor as part of hospitalisation claim or day care procedure. Code- Excl14

O. Refractive error Code- Excl15

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

P. Unproven treatments Code- Excl16

Expenses related to any unproven treatment, services and supplies for any treatment.

Q. Sterility and infertility Code- Excl17

Expenses related to birth control, sterility and infertility. This includes:

i. Any type of contraception, sterilization
ii. Assisted reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIST, ICSI
iii. Gestational surrogacy
iv. Reversal of sterilization

R. Maternity Code- Excl18

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy.
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Other exclusions:

1. Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting
2. Hypertension
3. Diabetes
4. Cardiac Conditions
5. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
6. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
7. Any physical or medical treatment or service that is specifically excluded in the Policy Schedule under Special Conditions will not be covered.
8. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively will not be covered.

9. Expenses incurred on all dental treatment unless necessitated due to an Accident which requires 24 hours hospitalisation will not be covered.
10. Personal comfort, cosmetics, convenience and hygiene related items and services will not be covered.
11. Acupressure, acupuncture, magnetic and other therapies will not be covered.
12. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident will not be covered.
13. Treatment relating to external congenital Illnesses or defects or anomalies will not be covered..
14. Treatment taken outside the country will not be covered.
15. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) will not be covered.
16. Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, 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.
17. Any Illness or Injury caused by or contributed to by nuclear weapons/materials or arising from or contributed to by ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.

Discounts/Loading Factors:

1. **Tenure discount**

Tenure of policy	Discount percentage
2 years	10% discount on 2nd year premium
3 years	15% discount on 3rd year premium

2. **Zone based discount**

Zone	State/District	Discount/Loading on Premium
Zone A	Delhi, Mumbai (including Thane district, Navi Mumbai) , Haryana (excl. Faridabad, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal), Daman & Diu, Dadra Nagar, Ahmedabad, Surat, Noida City, Ghaziabad district, Hapur district, Meerut district, Muzaffarnagar district, Shamali district	No discount on premium
Zone B	Pune, Kolkata, Telangana (Incl. Hyderabad), Madhya Pradesh, Goa, Gujarat (excl. Ahmedabad and Surat), Bangalore, Chennai, Andhra Pradesh, Chattisgarh, Pondicherry, Uttarakand	8% discount on Zone A premium

Zone C	Rest of India (Punjab, Rajasthan (excl. NCR region), Chandigarh, Himachal Pradesh, Jammu & Kashmir, Ladakh, Lakshadweep, Kerala, Tamil Nadu (excl. Chennai, Pondicherry), Odisha, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Sikkim, Andaman & Nicobar, Rest of Karnataka, West Bengal (excl. Kolkata), Bihar, Jharkhand, Maharashtra (excl. Mumbai and Pune), UP (excl. NCR Region))	16% discount on Zone A premium
Zone D	Rest of NCR[Alwar, Bagpat, Bharatpur, Bulandshahr, Faridabad, Gautam Buddha Nagar excluding Noida, Jhajjar, Jind, Nuh, Panipat, Rewari, Mewat, Palwal]	8% loading on Zone A Premium

3. **Loading:** We may apply a risk based loading on premium payable (based upon the declarations made and the health status of the person proposed for insurance). The maximum risk loading applicable shall not exceed 200% of base premium.

   This risk based loading will be applicable, to the extent as applied at the time of first policy, at renewals as well.

   We will not apply any additional loading at renewal based on claim experience.

   We will inform you about the applicable risk loading through a counter offer letter at the time of your risk assessment before first policy. You need to revert to us with consent and additional premium, if any within 15 days of issuance of such counter offer letter. If you neither accept the counter offer letter nor revert to us within 15 days, we shall cancel your application and refund the premium paid. Please note that we will issue policy only after getting your consent.

<u>How do I claim my insurance?</u>

Cashless Basis
In case of emergency or planned Hospitalisation, use Your health ID card at our Network Provider and avail of cashless service OR You can seek pre authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. Cashless approval is subject to Pre-authorisation by Us

Pre-authorization means prior to taking any treatment or incurring Medical Expenses at a Network provider, You must contact Us accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the doctor/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorisation at

least 48 hours before a planned Hospitalisation and in case of an emergency situation, within 24 hours of Hospitalisation

Reimbursement Basis
In case of reimbursement settlement, you should immediately notify Us about the claim by calling at the toll free number as specified in the Policy. You or someone claiming on Your behalf, should then send us the following documents in original within 30 days after Your discharge from the Hospital:

a. Duly completed Claim form signed by you and the Medical Practitioner. The claim form can be downloaded from Our website www.icicilombard.com
b. Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
c. Original bills from chemists supported by proper prescription.
d. Original investigation test reports and payment receipts.
e. Indoor case papers
f. Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.
g. Any other document as required by Us or Our In house claim processing team to investigate the Claim or Our obligation to make payment for it

The relevant documents can be sent to

Terms of Renewal

- The Policy can be renewed under the then MaxProtect product or its nearest substitute (in case the product MaxProtect is withdrawn by the Company) approved by IRDAI.
- A health insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured
- Auto Renewal option is available. You can opt for ECS payment for Policy renewal at the time of buying this Policy.
- In case of any change in risk material to the queries raised in proposal form, medical examination report to be provided on renewal.
- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI. Renewal premium may change basis the age of the Insured Person, Addition or deletion of any extensions/optional covers, Change in any policy conditions such as – floater/ individual, change in zone opted, any co-payment opted, policy tenure, etc, Increase/ decrease in the Sum insured opted for, Change in any tax laws by the Government. Risk based loading (if any) on premium will be applicable from Policy Period Start Date including subsequent Renewal(s) with Us
- Lifetime renewability

- In the likelihood that this policy is revised/modified/withdrawn in future, we will intimate the insured person regarding the same at least 3 months prior to expiry of the policy. In case of withdrawal, the insured person have the option to migrate to the nearest substitute policy as available with Us at the time of renewal with all the continuity benefits, provided the policy has been maintained without a break as per the IRDAI portability guidelines.

- **Grace Period -** The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable for any Claim which occurs during the Grace Period.

- **Cancellation:** The Policyholder may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period detailed below. There will be no refund applicable in case of monthly or quarterly mode of payment.

Cancellation Period	Refund % for 1 year tenure policy	Refund % for 2 years tenure policy	Refund % for 3 years tenure policy
From 16 days to 1 month	80.00 %	80.00%	80.00%
From 1 month to 3 months	60.00%	70.00%	75.00%
From 3 months to 6 months	40.00%	60.00%	67.50%
From 6 months to 9 months	20.00%	50.00%	60.00%
From 9 months to 12 months	0.00%	40.00%	52.50%
From 12 months to 15 months	NA	30.00%	47.50%
From 15 months to 18 months	NA	20.00%	40.00%
From 18 months to 21 months	NA	10.00%	32.50%
From 21 months to 24 months	NA	0.00%	25.00%
From 24 months to 27 months	NA	NA	20.00%
From 27 months to 30 months	NA	NA	12.50%
From 30 months to 33 months	NA	NA	5.00%
From 33 months to 36 months	NA	NA	0.00%

- 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.

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

- After completion of eight continuous years under this policy no look back to be applied. This period of 8 years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be

applicable from date of enhancement of sum 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

- The coverage for the insured person shall automatically terminate in case of His/Her demise and upon exhaustion sum insured and any other additional sum insured (if any), for the policy year

- **Migration:**

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

  https://irdai.gov.in/document-detail?documentId=393128

- **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://irdai.gov.in/document-detail?documentId=695717

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

  i. Grace Period of 15 days would be given to pay the instalment premium due for the policy
  ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
  iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

- **Renewal of policy:**

The policy shall ordinarily be renewable except on misrepresentation by the insured person

I. The Company shall endeavour 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
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- **Policy Alignment Option:** Policy alignment option will be available in cases wherein insured(s) with two separate health indemnity policies with Us, having different policy end dates but want to align the policy start dates. We can align the policies by extending the coverage of one policy till the end date of the other policy. Such policies will be charged with premium on pro rata basis though the sum insured under the policy shall remain constant.

- **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 documents to review the terms and conditions of the Policy, and to return the same if not acceptable.
If the insured has not made any claim during the Free Look Period, the insured shall be entitled to:

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

during such period;

- **Endorsements:** Any change in plan, optional covers opted may happen only during renewal subject to underwriting. The proposer may be changed only at the time of renewal. The proposer may be changed during the Policy Period only in case of his/her demise or him/her moving out of India. Mid- term endorsement of addition of member in the policy shall only be allowed for newly wedded spouse by marriage and new born baby with relevant documentation

- **Change of Sum insured:** Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

- **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.

Benefit Illustration (Classic Plan)

Age of the members insured	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 w overall Sum insured (Only one sum insu is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	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 insure (Rs.)
42		50,00,000		0.00%		50,00,000		26%		50,00,
45		50,00,000				50,00,000				
Total Premium for all members of the family is Rs. (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted floater basis is Rs. (excluding GST).			
Sum insured available for each individual is Rs 50,00,000 for 1 yr			Sum insured available for each family member is Rs 50,00,000 for 1 yr				Sum insured of Rs 50,00,000 for 1 yr available for the entire family.			

Note: The Premium mentioned above are for Zone A and 0% co-pay. It is subject to change if the selected Zone is different at the time of issuance.

Age of the members insured	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 overall Sum insured (Only one sum insure available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	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 insurec (Rs.)
56		100,00,000		0.00%		100,00,000		7%		100,00
61		100,00,000				100,00,000				
Total Premium for all members of the family is Rs. (excluding GST), when each member is covered separately.			Total Premium for all members of the family is Rs. (excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on flo basis is Rs. (excluding GST).			

Sum insured available for each individual is Rs 100,00,000 for 1 yr	Sum insured available for each family member is Rs 100,00,000 for 1 yr	Sum insured of Rs 100,00,000 for 1 yr available for the entire family.

Note: The Premium mentioned above are for Zone A and 0% co-pay It is subject to change if the selected Zone is different at the time of issuance.