

Policy Terms and Conditions

I. Definitions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

- I.1 Accidental/Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- I.2 Age** means the completed age of the Insured Person as on his last birthday.
- I.3 Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- I.4 Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
- I.5 Annexure** means a document attached and marked as Annexure to this Policy.
- I.6 Any One Illness** means a continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment may have been taken;
- I.7 Break in Policy** occurs at the end of the existing Policy term, when the premium due date for Renewal on a given policy is not paid on or before the premium Renewal date or within 30 days thereof.
- I.8 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.
- I.9 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of Medical Expenses or Optional Extensions in respect of the Insured Member as covered under the Policy.
- I.10 Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- I.11 Congenital Anomaly** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly** Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly** Congenital anomaly which is in the visible and accessible parts of the body.
- I.12 Contribution** is essentially Our right to call upon other insurers liable to the same Insured Member to share the cost of an indemnity claim on a ratable proportion of Sum Insured.
- I.13 Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- I.14 Cover End Date** means the date specified in Annexure 'B' for the respective Insured Member on which the Insured Member's cover under the Policy expires.
- I.15 Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure 'A'.
- I.16 Cover Start Date** means the date specified in Annexure 'A' for the respective Insured Member on which the Insured Member's cover under the Policy commences.
- I.17 Day Care 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 -
- has qualified nursing staff under its employment.

- has qualified Medical Practitioner/s in charge.
- has a fully equipped operation theater of its own where Surgical Procedures are carried out.
- maintains daily records of patients and will make these accessible to the Our authorized personnel.

I.18 Day Care Treatment means medical treatment, and/ or Surgical Procedure which is listed in Annexure 'C' and which is:

- undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 hours because of technological advancement, and
- which would have otherwise required a Hospitalization of more than 24 hours.

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

I.19 Dependent means a person who is a member of the Primary Insured Member's family who is legally wedded spouse, natural or legally adopted child, parents and parents in law and who is named in Annexure "A" to the Policy as an Insured Member.

I.20 Deductible means a cost-sharing requirement under a health insurance policy that provides that We 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 Us. A deductible does not reduce the Sum Insured.

The Deductible may be applicable on per year, per life or per event basis as specified in Policy Certificate.

I.21 Dental Treatment (Dental Care) means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

I.22 Disclosure to Information Norm means 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.

I.23 Domiciliary Hospitalization means medical treatment for an Illness/disease/Injury which in the normal course would require care or treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

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

I.24 Emergency means a medical condition arising out of any Illness or Injury contracted by the Insured Member and declared and certified by the Medical Practitioner, attending to the Insured Member, that immediate treatment is required to save the life of the Insured Member.

I.25 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 Member's health.

I.26 Grace Period means the specified period of time immediately following the premium due date during which 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.

I.27 Hospital means any institution established for In-patient Care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock.
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places.
- has qualified Medical Practitioner(s) in charge round the clock.
- has a fully equipped operation theatre of its own where Surgical Procedures are carried out.
- maintains daily records of patients and makes these accessible to the Our authorized personnel.

I.28 Hospitalization means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

- 1.29 Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Cover Period and requires medical treatment.
- 1.30 Injury** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 1.31 In-patient Care** means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event.
- 1.32 Insured Member** means the Primary Insured Member named in the Policy Certificate and those of his Dependents named as Insured Members in the Policy Certificate.
- 1.33 Intensive/Critical Care Unit (ICU)** 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.
- 1.34 Maternity Expense / Treatment** shall include-
- medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - expenses towards lawful medical termination of pregnancy during the Policy Period.
- 1.35 Medical Advice** means any consultation or advice from a Medical Practitioner including issue of any prescription or repeat prescription
- 1.36 Medical Expenses** means those expenses that an Insured Member 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 Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.37 Medically necessary** means a treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- Is required for the medical management of the Illness or Injury suffered by the Insured Member.
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 1.38 Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 1.39 Network Provider** means the Hospitals or health care providers enlisted by Us or by Our TPA and by Us together to provide medical services to an Insured Member on payment by a Cashless Facility.
- 1.40 Non-Network** means any Hospital, Day Care Centre or other provider that is not part of the network.
- 1.41 Notification of Claim (Intimation)** is the process of notifying a Claim to Us or Our TPA by specifying the timelines as well as the address/telephone number to which it should be notified.
- 1.42 Out-Patient Treatment (OPD Treatment)** is one in which the Insured Member 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 Member is not admitted as a day care or in-patient.
- 1.43 Policy** means these Policy Terms & Conditions, Optional Extensions (if any), the Proposal Form / data sheet, Policy Certificate and Annexures which form part of the policy contract and shall be read together.
- 1.44 Policy Certificate** is a certificate attached to and forming part of this Policy.
- 1.45 Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof..
- 1.46 Policyholder** means the person or the entity named in the Policy Certificate as the Policyholder.
- 1.47 Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Certificate.
- 1.48 Policy Period End Date** means the date on which the Policy expires, as

specifically appearing in the Policy Certificate.

- 1.49 Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Certificate.
- 1.50 Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for Pre-Existing Conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
- 1.51 Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which the Insured Member had signs or symptoms, and / or were diagnosed, and / or received Medical Advice / treatment within 48 months prior to the first Policy issued by Us.
- 1.52 Primary Insured Member** means Your employee or a member of Your group who satisfies and continues to satisfy the eligibility criteria specified in the Policy Certificate and who is named in Annexure "A" to the Policy as an Insured Member.
- 1.53 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.
- 1.54 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.
- 1.55 Rehabilitation** means assisting an Insured Member who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 1.56 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 all waiting periods.
- 1.57 Room Rent** shall mean the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical Expenses.
- 1.58 Subrogation** shall mean Our right to assume the rights of the Insured Member to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.59 Sum Insured** means the amount specified against each Insured Member in the Policy Certificate which represents Our maximum, total and cumulative liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period.
- 1.60 Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.
- 1.61 TPA** or Third Party Administrator, means any person who is licensed under the IRDA (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and engaged, for a fee or remuneration by Us for the purposes of providing health services.
- 1.62 Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.63 We/Our/Us** means Religare Health Insurance Company Limited.
- 1.64 You/Your** means the Policyholder.

2. Scope of Cover

Benefit : Hospitalization Expenses

If an Insured Member is diagnosed with an Illness or suffers an Injury during the Cover Period and while the Policy is in force that requires:

- 2.1 In-patient Care :** The Insured Member's Hospitalization, then We will indemnify the Medical Expenses incurred on Hospitalization, provided that the Hospitalization was on the written advice of a Medical Practitioner.
- 2.2 Day Care Treatment :** The Insured Member to undergo Day Care Treatment at a Day Care Centre or Hospital, We will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

Our maximum, total and cumulative liability for an Insured Member for any and all Claims incurring under this Policy during the Cover Period in relation to that Insured Member shall not exceed the Sum Insured for that Insured Member. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.

2.3 Sub-limit on Room Rent

- (a) If the Insured Member is admitted in a Hospital room where the Room Rent incurred is higher than the eligible limit, as specified below then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the Room Rent actually incurred less Room Rent limit and divided by Room Rent actually incurred, provided that We have admitted a Claim under Clause 2.1 (a).
- (b) Room Rent Limit = one (1%) percent of the Sum Insured per day subject to maximum amount specified in the Policy Certificate.

2.4 Sub-limit on ICU charges

- (a) If the Insured Member is admitted in an ICU where the ICU charges incurred are higher than the ICU charges Limit specified below, then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the ICU charges actually incurred less ICU charges limit and divided by the ICU charges actually incurred, provided that We have admitted a Claim under Clause 2.1 (a).
- (b) ICU charges Limit = two (2%) percent of the Sum Insured per day subject to maximum amount specified in the Policy Certificate.

3. Exclusions

3.1. Waiting Period

a. 30-Day waiting period

Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days of the Cover Start Date shall not be admissible, except those Medical Expenses incurred as a result of an Injury.

b. Specific waiting period

- i) Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 consecutive months from the Cover Start date:
 - I Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal disorders, Joint replacement Surgery.
 - II Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty), nasal septum deviation, Sinusitis and related disorders.
 - III Benign Prostatic Hypertrophy.
 - IV Cataract.
 - V Dilatation and Curettage.
 - VI Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers.
 - VII Surgery of Genito urinary system unless necessitated by malignancy;
 - VIII All types of Hernia, Hydrocele.
 - IX Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.
 - X Internal tumors, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant.
 - XI Kidney Stone/ Ureteric Stone/ Lithotripsy/ Gall bladder Stone.
 - XII Myomectomy for fibroids.
 - XIII Varicose veins and varicose ulcers.
- ii) If an Insured Member is suffering from any of the above Illnesses, conditions or Pre-existing Diseases at the time of commencement of the first Cover Start Date, that Insured Member shall not be covered for any Claim in respect of or related to that Illnesses, condition or Pre-existing Disease until the completion of the period specified in the Policy Certificate but not exceeding 48 months of continuous insurance coverage with Us from the first Cover Start Date under the first Policy with Us.
- c. Pre-existing Disease: Any Claims for Medical Expenses incurred for diagnosis or treatment of any Pre-existing Disease shall not be admissible until the completion of first 48 months of continuous insurance coverage from the first Cover Start Date under the first Policy with Us.
- d. The Waiting Periods as defined in Clauses 3.1.(a), 3.1.(b) and 3.1.(c) shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.

3.2 Permanent Exclusions

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

- i) Any condition or treatment as specified in Annexure - C
- ii) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- iii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
- iv) Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- v) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- vi) Charges incurred in connection with cost of routine eye and ear examinations, dentures, and artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
- vii) Unproven/Experimental Treatment or investigational treatment. Any Illness or treatment which is a result or a consequence of undergoing such Unproven/Experimental Treatment or investigational treatment.
- viii) Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.
- ix) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- x) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- xi) Treatment of all external Congenital Anomaly or Illness or defects or anomalies or treatments relating to birth defects.
- xii) Treatment of mental illness, stress or psychological disorders.
- xiii) Aesthetic treatment, Cosmetic Surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns
- xiv) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
- xv) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- xvi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- xvii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- xviii) Any travel or transportation expenses including Ambulance charges.
- xix) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- xx) Non-allopathic treatment.
- xxi) Out-patient Treatment.
- xxii) Treatment received outside India.
- xxiii) Domiciliary Hospitalization or treatment.
- xxiv) Charges incurred at a Hospital primarily for X-ray or laboratory examinations not consistent with or incidental to the diagnosis and

treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/Day Care Treatment is required.

- xxv) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power; seizure, capture, arrest, restraints and detainment of all kinds.
- xxvi) Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent.
- xxvii) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol.
- xxviii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- xxix) Personal comfort & convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body/baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- xxx) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
- xxxi) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - I. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - II. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - III. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

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

- xxxii) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- xxxiii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- xxxiv) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Certificate.
- xxxv) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification Centre, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions, unless specifically provided for.

4. Claims Intimation, Assessment and Management

4.1 Upon occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the You or the Insured Member shall undertake all of the following:

a. Intimation

- I) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, You or the Insured Member, shall notify Us either at Our call Centre or in writing immediately.
- ii) If the Insured Member is to undergo planned Hospitalization, You or the Insured Member shall give written intimation to Us of the proposed Hospitalization at least 48 hours prior to the planned date of admission to

Hospital.

- iii) It is agreed and understood that the following details are to be provided to Us at the time of intimation of Claim:
 - I. Policy Number.
 - II. Name of Primary Insured Member.
 - III. Name of the Insured Member in whose relation the Claim is being made.
 - IV. Nature of Illness or Injury.
 - V. Name and address of the attending Medical Practitioner and Hospital.
 - VI. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization.
 - VII. Any other information, documentation or details as requested by Us.

4.2 Claims Procedure

a. Cashless

- I) Cashless Facility is available only at Network Providers. The Insured Members can avail Cashless Facility at the time of admission into a Network Provider, by presenting the health card as provided by Us under this Policy, along with a valid photo identification document (like: Voter ID card/Driving License/Passport/PAN Card/any other identification documentation as approved by Us).
- ii) In addition to the above, in order to avail Cashless Facility, the following procedure must be followed:
 - I. Pre-authorization: You or the Insured Member must call Our call centre (1800-200-4488) or Our TPA and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours prior before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.
 - II. We will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. We or Our TPA will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Member's Hospitalization.
 - III. If the request for availing Cashless Facility is authorized by Us or Our TPA, then payment for the Medical Expenses incurred in respect of the Insured Member shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by Us for availing Cashless Facility. Payment in respect of Co-payments (if applicable) or within Deductible (if applicable) or any other costs and expenses not authorized under the Cashless Facility shall be made directly by You or the Insured Member to the Network Provider. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member and all other information and documentation specified at Clause 4.4 shall be submitted to the Network Provider immediately and in any event before the Insured Member's discharge from Hospital.
 - IV. If the Company does not authorize the cashless facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.
- iii) The list of updated Network Providers is available with Us or Our TPA and is subject to amendment or modification of the Network Providers and/or the extent of cashless facilities available at particular Network Providers from time to time.
- iv) Health card issued by Us shall not be used
 - (a) On termination or cancellation of this Policy
 - (b) From Cover End Date
 - (c) On death of Insured Member

b. Re-imburement:

- i) We shall be given intimation of Hospitalization at Our call Centre or in writing at least 48 hours before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.
- ii) It is agreed and understood that in all cases where intimation of a

Claim has been provided under this provision, all the information and documentation specified in Clause 4.4. below shall be submitted (at Your or the Insured Member's expense) to Us immediately and in any event within 15 days of Insured Member's discharge from Hospital or completion of treatment.

4.3 The Policyholder and Insured Member's duty at the time of Claim

- a. You or the Insured Member shall check the updated list of Network Providers before submission of a pre-authorization request for cashless facility; and
- b. It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:
 - i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
 - ii) The Insured Member shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Member failing to follow such directions, advice or guidance.
 - iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy.
 - iv) The Insured Member will, at Our request submit himself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such medical examination shall be borne by Us.
 - v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Member's medical and Hospitalization records and to investigate the facts and examine the Insured Member.
 - vi) We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.

4.4 Claim Documents

- a. The following information and documentation shall be submitted to Us in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy in respect of all Claims:
 - (i) Duly completed and signed Claim form, in original.
 - (ii) Medical Practitioner's referral letter advising Hospitalization.
 - (iii) Medical Practitioner's prescription advising drugs/diagnostic tests/consultation.
 - (iv) Original bills, receipts and discharge card from the Hospital/Medical Practitioner.
 - (v) Original bills from pharmacy/chemists.
 - (vi) Original pathological/diagnostic test reports and payment receipts.
 - (vii) Indoor case papers.
 - (viii) First Information Report/ final police report, if applicable.
 - (ix) Post mortem report, if conducted.
 - (x) Any other document as required by Us or Our TPA to assess the Claim.
- b. Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider We will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider along with an original certificate of the extent of payment received from such insurance company/reimbursement provider.
- c. We will only accept bills/invoices which are made in the Insured Member's name.
- d. We shall condone delay on merit for delayed Claims where delay is proved to be for reasons beyond Your/Insured Member's control.

4.5 Claim Assessment for Benefit

- a. All admissible Claims under this Policy shall be assessed by Us in the following progressive order:
 - (i) If the provisions of the Contribution Clause in Clause 5.10 are applicable, Our liability to make payment under that Claim shall first be apportioned accordingly.
 - (ii) If a room/ ICU accommodation has been opted for where the rent or category is higher than the eligible limit for that Insured Member under the Policy, then, the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the Room Rent actually incurred less

Room Rent limit and divided by Room Rent actually incurred.

- (iii) If any sub-limits on Medical Expenses are applicable as specified in the Policy Certificate, Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
 - (iv) Co-payments and Deductibles, if any, shall be applicable on the amount payable by Us after applying Clause 4.5.(a)(i), (ii) and (iii).
- b. The Claim amount assessed in Clause 4.5(a) above would be deducted from the Sum Insured.

4.6 Payment Terms

- a. This Policy covers only medical treatment taken entirely within India.
- b. All payments under this Policy shall be made in Indian Rupees and within India.
- c. The Sum Insured of the Insured Member shall be reduced by the amount payable or paid under the Policy Terms and Conditions and any Optional Extensions applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Cover Period.
- d. The Claim amount assessed for any Benefit or for any Optional Extensions would be deducted from the Sum Insured and for the unexpired Policy Period balance Sum Insured shall be available.
- e. We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Member, once the Sum Insured for that Insured Member is exhausted.
- f. If the Insured Member suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- g. Under cashless facility, the payment of Claims shall be made to the Network Provider and Our discharge would be complete and final.
- h. For the Reimbursement Claims, We will pay to the Primary Insured Member unless specified otherwise in the Policy Certificate. In the event of death of the Primary Insured Member, unless specified otherwise in the Policy Certificate, We will pay the nominee (as named in Annexure A to the Policy) and in case of no nominee to the legal heir of the Primary Insured Member whose discharge shall be treated as full and final discharge of its liability under the Policy.
- i. We shall settle any claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by Us. In case We accept Our liability under any Claim, We shall make the payment within 7 days from the confirmation by You / Insured Member. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the Claim is reviewed by Us.

5. General Terms and Conditions

5.1 Mid-term Addition/ Deletion of Insured Members

- a. Mid-term addition of the Insured Member
Any person may be added as an Insured Member during the Policy Period provided that his application for cover has been accepted by Us, additional premium, on pro rata basis in respect of such Member has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Member.
- b. Mid-term deletion of the Insured Member
Name of any Insured Member who is covered under the Policy and whose name specifically appears in Annexure A may be deleted on Your request during the Policy Period. Refund of premium shall be made on pro-rata basis provided that Primary Insured Member or any of his Dependent has not made any Claim during the Cover Period under this Policy.

5.2 Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a misrepresentation, misdescription or non-disclosure of any material particulars or any material information having been withheld in the Proposal Form or accompanying document or if a Claim is fraudulently made or any fraudulent means or devices are used by You, the Insured Member or any one acting on his / q their behalf, We shall have no liability to make payment of any Claims and the premium paid shall be forfeited to Us.

5.3 Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by You or the Insured Member, shall be a condition precedent to Our liability under this Policy.

5.4 Reasonable Care

The Insured Member shall take all reasonable steps to safeguard against any Illness or Injury that may give rise to a Claim.

5.5 Material Change

It is condition precedents to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Member. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

5.6 Records to be maintained

You and the Insured Members shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You or the Insured Member shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy Period End Date, or until final adjustment (if any) and resolution of all Claims under this Policy.

5.7 No constructive Notice

Any knowledge or information of any circumstance or condition in relation to You the Insured Members which is in Our possession a other than that information expressly disclosed in the Proposal Form or otherwise in writing to Us, shall not be held to be binding or prejudicially affect Us.

5.8 Complete Discharge

Payment made by Us to You the Insured Member or their legal representatives or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construed as an effectual discharge in favor of Us.

5.9 Subrogation

You and the Insured Members shall at their own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor the Insured Members shall prejudice these subrogation rights in any manner and shall at their expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to the You or the Insured Member.

This clause shall not apply to any Optional Extension offered on a fixed benefit basis.

5.10 Contribution

- a. In case any Insured Member/Dependent is covered under more than one indemnity insurance policies, with Us or with other insurers, Insured Member/Dependent shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.
- b. In case the Claim amount exceeds the Sum Insured, then Insured Member/Dependent shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under:
 - l) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then We shall not be liable to pay or contribute more than its ratable proportion of any Claim.
- c. This clause shall not apply to any Benefit offered on a fixed benefit basis.

5.11 Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect of this Policy shall be determined by the Indian Courts and subject to Indian law.

- a. The disputes on quantum on payment of losses or any other dispute explained in the paragraph shall be preferred to be dealt and resolved under the alternative dispute resolutions system including Arbitration and Conciliation Act of India.

5.12 Free Look Period

- a. You may, within 15 days from the receipt of the Policy document, return the Policy, if You disagree with any Policy terms and conditions. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.
- b. It is agreed and understood that this clause cannot be exercised on any renewal of this Policy, if the Policy terms and conditions remain unchanged.

5.13 Renewal Notice

- a. This Policy will automatically terminate on the Policy Period End Date. All renewal applications and requisite premium shall be given to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. The Policyholder shall give Us written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by Us along with the renewal application, it shall be deemed that there is no material change to the risk.
- b. Any Policy which is due for renewal, and where You have requested for one or more of the following alterations in the expiring Policy, may be subjected to a review by Us:
 - (i) Increase in Sum Insured
 - (ii) Change in Terms & Conditions
- c. The general underwriting conditions, where the underwriters review the Proposal Form or any other parameter described above, shall prevail and need be adhered to at the renewal also.
- d. We will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation.
- e. The Policyholder has an option to seek a change of TPA at time of renewal of the Policy. The Policyholder shall give Us written notice for such change 30 days before the renewal.
- f. Renewal premium is subject to change with prior approval from IRDA.
- g. This product may be withdrawn by Us after due approval from the IRDA. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate You regarding withdrawal of this product and the options available to You at the time of renewal of this policy.

5.14 Cancellation/Termination

- a. We may at any time, cancel this Policy on grounds as specified in Clause 5.2, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/ recorded delivery to Your last known address.
- b. You may also give 15 days' notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided that no refund shall be made for those Insured Member who has incurred Claim under the Policy.
- c. Refund % to be applied on total premium received as on the date of receipt of the cancellation request

Cancellation period upto (x months) from Policy Period Start Date	Refund %
1 month	75
3 months	50
Beyond 6 months	0

5.15 Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless You or the Insured Member proves to Our satisfaction that the delay in reporting of the Claim was for reasons beyond the Insured Member's control.

5.16 Communication

- a. Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Certificate. Any communication meant for You or the Insured Member will be sent by Us to Your last known address or the address as shown in the Policy Certificate.
- b. All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Certificate. Intermediaries are not authorized to receive notices and declarations on Our behalf.

- c. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

5.17 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written endorsement signed and stamped by Us.

5.18 Overriding effect of Policy Certificate

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate, the information contained in the Policy Certificate shall prevail.

5.19 Electronic Transactions

You and Insured Members agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

5.20 Portability and Continuity Benefits

We will grant continuity of benefits which were available to the Insured Members under a group insurance policy with any other Indian Non-life insurance company in the immediately preceding policy period provided that:

- a. We shall be liable to provide continuity of only those benefits (for e.g; Wait period of Pre- existing Diseases, wait period of Specific Diseases etc.)which are applicable under the Policy;
- b. The Insured Members to whom continuity benefits will be provided under this Policy were covered under that group insurance policy;
- c. There is no Break in Policy between the previous group insurance policy and this Policy, provided further that the application for this Policy is made within 30 days after the expiry of that group insurance policy;
- d. The benefits which will continue to be applicable under this Policy are specified in the Policy Certificate.
- e. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by Us and the credit for wait periods would be given in the opted in individual health insurance policy or a family floater policy offered by Us.

5.21 Obligation in respect to minor

If an Insured Member is less than 18 years of age, the Primary Insured Member shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Member.

5.22 Nominee

The Primary Insured Member can at the inception or at any time before the expiry of the Policy make the nomination for the purpose of payment of Claims.

Any change of nomination shall be communicated to us in writing and such change shall be effective only when an endorsement to the Policy is made by Us.

In case of any Insured Member other than the Primary Insured Member under the Policy, for the purpose of payment of Claims in the event of death, the default nominee would be the Primary Insured Member.

5.23 Grievances

- a. The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.
- b. If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website : www.religarehealthinsurance.com
Email: customerfirst@religarehealthinsurance.com
Contact No.: 1860-500-4488, 1800-200-4488

or write to:

The Grievance Cell
Head of Customer Services
Religare Health Insurance Company Limited

Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sec-43,
Gurgaon-122009 (Haryana)

Post/Courier : Any branch office or the correspondence address, during normal business hours

- c. If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may contact the Company at:
Head of Customer Services
Religare Health Insurance Company Limited,
Vipul Tech Square, Tower C, 3rd Floor,
Golf Course Road, Sec-43,
Gurgaon-122009 (Haryana)
- d. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned on the next page:

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, AHMEDABAD-380 001. Tel : 079-25501201/02/05/06 E-mail : bimalokpal.ahmedabad@ecoi.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, BENGALURU - 560 078. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel : 0755-2769201/9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel : 0674-2596455/2596003 , Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel : 0172-2706468/2705861 , Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@ecoi.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel : 044-24333668 /24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel : 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel : 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, 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 E-mail : bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 Email : Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman, 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 E-mail : bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R.Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur; Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, 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	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha 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, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Sharni, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	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	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.religarehealthinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai – 400 054.

Tel: 022-26106889/6711980

Fax: 022-26106949

Email- inscoun@ecoi.co.in

Annexure A - List of Day Care Treatments

1. Microsurgical operations on the middle ear

1. Stapedotomy to treat various lesions in middle ear
2. Revision of a stapedectomy
3. Other operations on the auditory ossicles
4. Myringoplasty (post-aura/endaural approach as well as simple 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

2. 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
18. Removal of Keratosis Obturans

3. Operations on the nose & the nasal sinuses

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

4. Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Correction of Eyelid Ptosis by Levator Palpebrae Superioris Resection (bilateral)
27. Correction of Eyelid Ptosis by Fascia Lata Graft (bilateral)
28. Excision and destruction of diseased tissue of the eyelid
29. Operations on the canthus and epicanthus
30. Corrective surgery for entropion and ectropion
31. Corrective surgery for blepharoptosis
32. Removal of a foreign body from the conjunctiva
33. Removal of a foreign body from the cornea
34. Incision of the cornea
35. Operations for pterygium
36. Other operations on the cornea
37. Removal of a foreign body from the lens of the eye
38. Removal of a foreign body from the posterior chamber of the eye
39. Removal of a foreign body from the orbit and eyeball
40. Operation of cataract
41. Diathermy/Cryotherapy to treat retinal tear
42. Anterior chamber Paracentesis/Cyclodiathermy/Cyclocryotherapy/Goniotomy/Trabeculotomy and Filtering and Allied Operations to treat glaucoma
43. Enucleation of Eye without Implant

5. Operations on the skin & subcutaneous tissues

44. Incision of a pilonidal sinus
45. Other incisions of the skin and subcutaneous tissues
46. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
47. Local excision of diseased tissue of the skin and subcutaneous tissues
48. Other excisions of the skin and subcutaneous tissues
49. Simple restoration of surface continuity of the skin and subcutaneous tissues
50. Free skin transplantation, donor site
51. Free skin transplantation, recipient site
52. Revision of skin plasty
53. Other restoration and reconstruction of the skin and subcutaneous tissues.
54. Chemosurgery to the skin.
55. Destruction of diseased tissue in the skin and subcutaneous tissues
56. Reconstruction of Deformity/Defect in Nail Bed

6. Operations on the tongue

57. Incision, excision and destruction of diseased tissue of the tongue
58. Partial glossectomy
59. Glossectomy
60. Reconstruction of the tongue
61. Other operations on the tongue

7. Operations on the salivary glands & salivary ducts

62. Incision and lancing of a salivary gland and a salivary duct
63. Excision of diseased tissue of a salivary gland and a salivary duct
64. Resection of a salivary gland
65. Reconstruction of a salivary gland and a salivary duct
66. Other operations on the salivary glands and salivary ducts

8. Other operations on the mouth & face

67. External incision and drainage in the region of the mouth, jaw and face
68. Incision of the hard and soft palate
69. Excision and destruction of diseased hard and soft palate
70. Incision, excision and destruction in the mouth
71. Plastic surgery to the floor of the mouth
72. Palatoplasty
73. Other operations in the mouth

9. Operations on tonsils and adenoids

74. Transoral incision and drainage of a pharyngeal abscess
75. Tonsillectomy without adenoidectomy
76. Tonsillectomy with adenoidectomy
77. Excision and destruction of a lingual tonsil
78. Other operations on the tonsils and adenoids
79. Trauma surgery and orthopaedics
80. Incision on bone, septic and aseptic
81. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
82. Suture and other operations on tendons and tendon sheath
83. Reduction of dislocation under GA
84. Arthroscopic knee aspiration

10. Operations on the breast

85. Incision of the breast abscess
86. Operations on the nipple

87. Excision of single breast lump

11. Operations on the digestive tract, Kidney and Bladder

- 88. Incision and excision of tissue in the perianal region
- 89. Surgical treatment of anal fistulas
- 90. Surgical treatment of hemorrhoids
- 91. Division of the anal sphincter (sphincterotomy)
- 92. Other operations on the anus
- 93. Ultrasound guided aspirations
- 94. Sclerotherapy, etc.
- 95. Laparotomy for grading Lymphoma with Splenectomy/Liver/Lymph Node Biopsy
- 96. Therapeutic Laparoscopy with Laser
- 97. Cholecystectomy and Choledcho-Jejunostomy/Duodenostomy/Gastrostomy/Exploration Common Bile Duct
- 98. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/removal of foreign body/diathermy of bleeding lesions
- 99. Lithotripsy/Nephrolithotomy for renal calculus
- 100. Excision of renal cyst
- 101. Drainage of Pyonephrosis/Perinephric Abscess

12. Operations on the female sexual organs

- 102. Incision of the ovary
- 103. Insufflations of the Fallopian tubes
- 104. Other operations on the Fallopian tube
- 105. Dilatation of the cervical canal
- 106. Conisation of the uterine cervix
- 107. Therapeutic curettage with Colposcopy/Biopsy/Diathermy/Cryosurgery/
- 108. Laser Therapy of Cervix for Various lesions of Uterus
- 109. Other operations on the uterine cervix
- 110. Incision of the uterus (hysterectomy)
- 111. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 112. Incision of vagina
- 113. Incision of vulva
- 114. Culdotomy
- 115. Operations on Bartholin's glands (cyst)
- 116. Salpingo-Oophorectomy via Laparotomy

13. Operations on the prostate & seminal vesicles

- 117. Incision of the prostate
- 118. Transurethral excision and destruction of prostate tissue
- 119. Transurethral and percutaneous destruction of prostate tissue
- 120. Open surgical excision and destruction of prostate tissue
- 121. Radical prostatovesiculectomy
- 122. Other excision and destruction of prostate tissue
- 123. Operations on the seminal vesicles
- 124. Incision and excision of periprostatic tissue
- 125. Other operations on the prostate

14. Operations on the scrotum & tunica vaginalis testis

- 126. Incision of the scrotum and tunica vaginalis testis
- 127. Operation on a testicular hydrocele
- 128. Excision and destruction of diseased scrotal tissue
- 129. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 130. Other operations on the scrotum and tunica vaginalis testis

15. Operations on the testes

- 131. Incision of the testes
- 132. Excision and destruction of diseased tissue of the testes
- 133. Unilateral orchidectomy
- 134. Bilateral orchidectomy
- 135. Orchidopexy
- 136. Abdominal exploration in cryptorchidism
- 137. Surgical repositioning of an abdominal testis
- 138. Reconstruction of the testis
- 139. Implantation, exchange and removal of a testicular prosthesis
- 140. Other operations on the testis

16. Operations on the spermatic cord, epididymis and ductus deferens

- 141. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 142. Excision in the area of the epididymis
- 143. Epididymectomy
- 144. Reconstruction of the spermatic cord
- 145. Reconstruction of the ductus deferens and epididymi
- 146. Other operations on the spermatic cord, epididymis and ductus deferens

17. Operations on the penis

- 147. Operations on the foreskin
- 148. Local excision and destruction of diseased tissue of the penis
- 149. Plastic reconstruction of the penis
- 150. Amputation of the penis
- 151. Other operations on the penis

18. Operations on the urinary system

- 152. Cystoscopic removal of stones
- 153. Catheterisation of Bladder

19. Other Operations

- 154. Lithotripsy
- 155. Coronary angiography
- 156. Biopsy of Temporal Artery for Various Lesions
- 157. External Arterio-venous Shunt
- 158. Haemodialysis
- 159. Radiotherapy for Cancer
- 160. Cancer Chemotherapy
- 161. Endoscopic polypectomy

20. Operations of bones and joints

- 162. Surgery for ligament tear
- 163. Surgery for meniscus tear
- 164. Surgery for hemoarthrosis/pyoarthrosis
- 165. Removal of fracture pins/nails
- 166. Removal of metal wire
- 167. Closed reduction on fracture, luxation
- 168. Reduction of dislocation under GA
- 169. Epiphyseolysis with osteosynthesis
- 170. Excision of Bursitis
- 171. Tennis Elbow Release
- 172. Excision of Various Lesions in Coccyx

Annexure B - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

S. No.	List of expenses generally excluded ("Non-medical") in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical") in hospital indemnity policy
	<i>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</i>		<i>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</i>
1	Hair removal cream	54	Hansaplast/Adhesive bandages
2	Baby charges (unless specified/indicated)	55	Lactogen/Infant food
3	Baby food	56	Slings
4	Baby utilities charges	Items specifically excluded in the policies	
5	Baby set	57	Weight control programs/supplies/services
6	Baby bottles	58	Cost of spectacles/contact lenses/hearing aids, etc.
7	Brush	59	Dental treatment expenses that do not require hospitalisation
8	Cosy towel	60	Hormone replacement therapy
9	Hand wash	61	Home visit charges
10	Moisturizer paste brush	62	Infertility/subfertility/assisted conception procedure
11	Powder	63	Obesity (including morbid obesity) treatment
12	Shoe cover	64	Psychiatric & psychosomatic disorders
13	Beauty services	65	Corrective surgery for refractive error
14	Belts/braces	66	Treatment of sexually transmitted diseases
15	Buds	67	Donor screening charges
16	Barber charges	68	Admission/registration charges
17	Caps	69	Hospitalisation for evaluation/diagnostic purpose
18	Cold pack/Hot pack	70	Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
19	Carry bags	71	Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly
20	Cradle charges		
21	Comb		
22	Eau-de-cologne/Room fresheners	72	Stem cell implantation/surgery and storage
23	Eye pad	items which form part of hospital services where separate consumables are not payable but the service is	
24	Eye shield	73	Ward and Theatre booking charges
25	Email/Internet charges	74	Arthroscopy & Endoscopy instruments
26	Food charges (other than patient's diet provided by Hospital)	75	Microscope cover
27	Foot cover	76	Surgical blades, Harmonic scalpel, shaver
28	Gown	77	Surgical drill
29	Leggings	78	Eye kit
30	Laundry charges	79	Eye drape
31	Mineral water	80	X-ray film
32	Oil charges	81	Sputum cup
33	Sanitary pad	82	Boyles apparatus charges
34	Slippers	83	Blood grouping and cross matching of donors samples
35	Telephone charges	84	Savlon
36	Tissue paper	85	Band aids, bandages, sterile injections, needles, syringes
37	Tooth paste	86	Cotton
38	Tooth brush	87	Cotton bandage
39	Guest services	88	Micropore/Surgical tape
40	Bed Pan	89	Blade
41	Bed under pad charges	90	Apron
42	Camera cover	91	Torniquet
43	Cliniplast	92	Orthobundle, Gynaec bundle
44	Crepe bandage	93	Urine container
45	Curapore	Elements of room charge	
46	Diaper of any type	94	Luxury tax
47	DVD, CD charges	95	HVAC
48	Eyelet collar	96	House keeping charges
49	Face mask	97	Service charges where nursing charge also charged
50	Flexi mask	98	Television & Air conditioner charges
51	Gause soft	99	Surcharges
52	Gauze	100	Attendant charges
53	Hand holder		

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
101	Im Iv Injection charges	152	Microsheild
102	Clean sheet	153	Abdominal binder
103	Extra diet of patient (other than that which forms part of bed charge)	Items payable if supported by a prescription	
104	Blanket/Warmer blanket	154	Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.
Administrative or Non-medical charges		155	Private nurses charges- Special nursing charges
105	Admission kit	156	Nutrition planning charges - Dietician charges - Diet charges
106	Birth certificate	157	Sugar free tablets
107	Blood reservation charges and Ante-natal booking charges	158	Creams, powders, lotions (toileteries are not payable, only prescribed medical pharmaceuticals payable)
108	Certificate charges		
109	Courier charges	159	Digestion gels
110	Conveyance charges	160	Ecg electrodes
111	Diabetic chart charges	161	Gloves
112	Documentation charges/Administrative expenses	162	HIV kit
113	Discharge Procedure charges	163	Listerine/Antiseptic mouthwash
114	Daily chart charges	164	Lozenges
115	Entrance pass/Visitors pass charges	165	Mouth paint
116	Expenses related to prescription on discharge	166	Nebulisation kit
117	File opening charges	167	Novarapid
118	Incidental expenses/Misc. charges (not explained)	168	Volini gel/Analgesic gel
119	Medical certificate	169	Zytee gel
120	Maintenance charges	170	Vaccination charges
121	Medical records	Part of hospital's own costs and not payable	
122	Preparation charges	171	AHD
123	Photocopies charges	172	Alcohol swabes
124	Patient identification band/Name tag	173	Scrub solution/Sterillium others
125	Washing charges	174	Vaccine charges for baby
126	Medicine box	175	Aesthetic treatment/Surgery
127	Mortuary charges	176	TPA charges
128	Medico legal case charges (MLC charges)	177	Visco belt charges
External durable devices		178	Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.
129	Walking aids charges	179	Examination gloves
130	BIPAP machine	180	Kidney tray
131	Commode	181	Mask
132	CPAP/CAPD equipments	182	Ounce glass
133	Infusion pump - cost	183	Outstation consultant's/Surgeon's fees
134	Oxygen cylinder (for usage outside the hospital)	184	Oxygen mask
135	Pulseoxymeter charges	185	Paper gloves
136	Spacer	186	Pelvic traction belt
137	Spirometre	187	Referral doctor's fees
138	SpO2 Probe	188	Accu check (glucometry/strips)
139	Nebulizer Kit	189	Pan can
140	Steam Inhaler	190	Sofnet
141	Arm sling	191	Trolley cover
142	Thermometer	192	Urometer; Urine jug
143	Cervical collar	193	Ambulance
144	Splint	194	Tegaderm/Vasofix safety
145	Diabetic foot wear	195	Urine bag
146	Knee braces (long/short/hinged)	196	Softovac
147	Knee immobilizer/Shoulder immobilizer	197	Stockings
148	Lumbo sacral belt		
149	Nimbus bed or water or air bed charges		
150	Ambulance collar		
151	Ambulance equipment		

Optional Extensions

Optional Extensions shall be available, subject to Policy Terms and Conditions, only if the same is specifically mentioned in the Policy Certificate or endorsed to this Policy and upon receipt of applicable additional premium (if any) specified in advance by Us. Payment of Claims under any Optional Extension is subject to availability of the Sum Insured under the Policy.

Optional Extension - 1. Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

We will indemnify the Medical Expenses incurred for the Insured Member:

- (a) Pre-hospitalization Medical Expenses : incurred during a period as specified in the Policy Certificate falling immediately prior to the date of the Insured Member's admission to the Hospital; and
- (b) Post-hospitalization Medical Expenses : incurred during a period as specified in the Policy Certificate falling immediately following the date of the Insured Member's discharge from Hospital,

Provided that Our maximum and total liability to make payment under this Optional Extension for Any One Illness shall not exceed the availability of the Sum Insured.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension

For the purposes of this Optional Extension,

Pre-hospitalization Medical Expenses means Medical Expenses incurred immediately before the Insured Member / Dependent is Hospitalized, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

Post-hospitalization Medical Expenses means Medical Expenses incurred immediately after the Insured Member / Dependent is discharged from the Hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent Hospitalization was required and
- ii. The inpatient Hospitalization claim for such Hospitalization is admissible by Us.

Optional Extension - 2. Pre-hospitalization Medical Expenses & Post-hospitalization Medical Expenses Benefit

We will indemnify the Medical Expenses incurred for the Insured Member prior to the date of that Insured Member's admission to Hospital and after the Insured Member's discharge from Hospital

Provided that Our maximum and total liability to make payment under this Optional Extension for Any One Illness shall not exceed the percentage specified in the Policy Certificate of the Claim amount assessed under Clause 2 of the Policy Terms & Conditions.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.

For the purposes of this Optional Extension,

Pre-hospitalization Medical Expenses means Medical Expenses incurred immediately before the Insured Member / Dependent is Hospitalized, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

Post-hospitalization Medical Expenses means Medical Expenses incurred immediately after the Insured Member / Dependent is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent Hospitalization was required and
- ii. The inpatient Hospitalization claim for such Hospitalization is admissible by Us

Optional Extension - 3. Domestic Road Ambulance

We will indemnify up to any sub-limits (if applicable) specified in the Policy Certificate, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Member's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be not applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(xvii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension.

Optional Extension - 4. Maternity Expenses - Delivery Only

We will indemnify for up to any sub-limits (if applicable) specified in the Policy Certificate for the Medical Expenses incurred in connection with Hospitalization of the Insured Member for the delivery of a child, provided that:

- (a) We will be liable to make payment under this Optional Extension only if the Insured Member who has delivered the child is the Primary Insured Member or his spouse.
- (b) the delivery occurs after the completion of the waiting period specified in the Policy Certificate from the first Cover Start Date under this Policy;
- (c) We shall not be liable to make payment under this Optional Extension in respect of the Insured Member more than twice during the Insured Member's lifetime;
- (d) Any maternity period extending over 2 simultaneous Cover Periods shall be treated as a single Claim under which We will assess Our liability to make payment under this Optional Extension under the terms and conditions of the Policy which was applicable to the Cover Period during which conception occurred;
- (e) We shall not be liable to make payment for any Pre- Hospitalization or Post-Hospitalization Medical Expenses for any Claim arising under this Optional Extension;
- (f) We shall not be liable to make payment in respect of any Hospitalization arising in relation to maternity in the pre and post natal periods;

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be not applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(iii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension

Optional Extension - 5. Maternity Expenses - Comprehensive Benefit

We will indemnify for up to any sub-limits (if applicable) in the Policy Certificate subject to any sub-benefit amounts specified in the Policy Certificate for the Medical Expenses incurred in respect of the Insured Member for Hospitalization for the delivery of a child.

If the Claim for Maternity Benefit is payable in accordance with this this Optional Extension, We will also indemnify for:

- (a) The pre-natal and post-natal Medical Expenses incurred in respect of the Hospitalisation of the Insured Member for the delivery of the child; and
- (b) Medical Expenses incurred in respect of the new born baby of the Insured Member.

It is agreed and understood that:

- (a) We will be liable to make payment under this this Optional Extension only if the Insured Member who has delivered the child is the Primary Insured Member or his spouse.
- (b) We will liable under this Optional Extension only if the delivery occurs after the completion of the waiting period² specified in the Policy Certificate from the first Cover Start Date under this Policy;
- (c) We shall not be liable to make payment under this Optional Extension in respect of the Insured Member more than twice during the Insured Member's

lifetime;

- (d) Any maternity period extending over 2 simultaneous Cover Periods shall be treated as a single Claim under which We will assess Our liability to make payment under this Optional Extension under the terms and conditions of the Policy which was applicable to the Cover Period during which conception incurred;
- (e) Any Medical Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Optional Extension;
- (f) Any Claim for Medical Expenses in respect of the New Born Baby shall not be admissible under Clause 2 of the Policy Terms & Conditions if specifically covered under this Optional Extension.

For the purpose of this Optional Extension only, "New Born Baby" means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be not applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(iii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension.

Optional Extension - 6. Donor Expenses

We will indemnify up to any sub-limits (if applicable) specified in the Policy Certificate for the Medical Expenses incurred in respect of the donor for any organ transplant surgery conducted on the Insured Member during the Cover Period, provided that:

- a) The organ donor is an eligible person in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules.
- b) The organ donated is for the Insured Member's use.
- c) We will not be liable to pay the donor's pre-hospitalization and post hospitalization expenses or any other Medical Expenses in respect of the donor consequent to harvesting.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(xix) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension

Optional Extension - 7. Second opinion

If the Insured Member is diagnosed with any Major Illness specified in the Policy Certificate during the Cover Period, then at the Insured Member's request, We shall arrange for a Second opinion from a Medical Practitioner.

It is agreed and understood that the Second opinion will be based only on the information and documentation provided to Us which will be shared with the Medical Practitioner and is subject to the following:

- (a) This Optional Extension can be availed a maximum of one time by an Insured Member during a Policy Year.
- (b) The Insured Person is free to choose whether or not to obtain the Second - opinion and, if obtained under this Optional Extension, then whether or not to act on it.
- (c) This Optional Extension is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit/ consultation to an independent Medical Practitioner.
- (d) We do not provide any Second opinion or make any representation as to the adequacy or accuracy of the same, the Insured Member's or any other person's reliance on the same or the use to which the Second opinion is put.
- (e) We do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Second opinion or for any consequences of actions taken or not taken in reliance thereon.
- (f) You or the Insured Member shall indemnify Us and hold Us harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or for any consequences of any action taken or not taken in

reliance thereon.

- (g) Any Second opinion provided under this Optional Extension shall not be valid for any medico-legal purposes.
- (h) The Second opinion does not entitle the Insured Member to any consultation from or further opinions from that Medical Practitioner.

For the purpose of this Optional Extension only Second opinion means an additional medical opinion obtained by Us from a Medical Practitioner solely on the Insured Member's express request in relation to a major illness which the Insured Member has been diagnosed with during the Cover Period.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 8. OPD Treatment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate for the Medical Expenses incurred by the Insured Members only for OPD Treatment subject to the sub limits specified in the Policy Certificate, if applicable.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Notwithstanding anything to the contrary to the Policy, following exclusions as specified under Clause 3.2.(v), 3.2.(vii), 3.2.(xxii), 3.2.(xxiii), 3.2.(xxv), 3.2.(xxvi), 3.2.(xxvii), 3.2.(xxix), 3.2.(xxxi), 3.2.(xxxiii) and 3.2.(xxxv) of the Policy Terms & Conditions shall be applicable to this Optional Extension.

Optional Extension - 9. Domiciliary Hospitalization

We will indemnify up to the amount specified in the Policy Certificate, for the Medical Expenses incurred during the Cover Period for Domiciliary Hospitalization of the Insured Member, provided that the treatment continues for a period exceeding 3 consecutive days.

Any Medical Expenses arising out of the following shall not be payable under this Optional Extension:

- (a) Any Pre-hospitalization and Post-hospitalization Expenses of such Domiciliary Hospitalization.
- (b) Treatment in relation to any of the following diseases:
 - (i) Asthma
 - (ii) Bronchitis
 - (iii) Chronic Nephritis and Chronic Nephritic Syndrome
 - (iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis
 - (v) Diabetes Mellitus and Insipidus
 - (vi) Epilepsy
 - (vii) Hypertension
 - (viii) Influenza, Cough and Cold
 - (ix) All Psychiatric or Psychosomatic Disorders
 - (x) Pyrexia of unknown origin
 - (xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
 - (xii) Arthritis, Gout and Rheumatism

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(xxiii) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension

Optional Extension - 10. Dental Treatment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate towards expenses incurred for dental procedures and treatments provided that the treatment as specified in the Policy Certificate or procedure is undertaken on the written advice of a qualified and registered dentist

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Sr. No. 61 of Annexure-C of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 11. Alternative Treatments (IPD basis)

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate towards expenses incurred for the Medical Expenses incurred in respect of the Insured Members only for any of the alternative methods of treatment specified below.

For the purpose of this Optional Extension only, Alternative Treatment means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian Context.

It includes medical consultation, diagnostic tests or medical treatment taken by the Insured Member:

- (a) at the out-patient department of a Hospital which administers treatment related to Alternative Treatments; or
- (b) from a registered Medical Practitioner who holds a valid degree in at least one of the Alternative Treatments

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Notwithstanding anything to the contrary to the Policy, exclusions as specified under Clause 3.2.(v), 3.2.(vii), 3.2.(xxii), 3.2.(xxiii), 3.2.(xxv), 3.2.(xxvi), 3.2.(xxvii), 3.2.(xxx) and 3.2.(xxxii) of the Policy Terms & Conditions shall be applicable to this Optional Extension.

Optional Extension - 12. Major Diagnostics

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate for the Medical Expenses incurred in respect of the Insured Member for undergoing MRI or CT Scan provided that:

- (a) The treating Medical Practitioner has prescribed such tests;
- (b) Prior approval for the tests has been taken from Us;
- (c) Hospitalization is not required for such tests; and

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 13. Psychiatric Treatment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate for the Medical Expenses incurred by the Insured Member for undergoing psychiatric treatment.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension
4. Clause 3.2.(xii) of the Policy Terms & Conditions and Sr. No. 66 of Annexure-C of

the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 14. Patient Care

We will pay the amount as specified in the Policy Certificate per day for up to maximum of the number of days specified in the Policy Certificate for the Insured Member availing the medical services of a Qualified Nurse at the Insured Member's residence, provided that:

- (a) the engagement of such Qualified Nurse is certified as necessary by the treating Medical Practitioner;
- (b) the services of the Qualified Nurse are utilized for taking care of the Insured Member for that Illness or Injury, for which a claim under Clause 2 of the Policy Terms & Conditions was admissible under the Policy.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 15. Durable Medical Equipment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate for the reasonable and customary charges necessarily incurred by the Insured Member, for procuring medically necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) which fulfills the Insured Member's basic medical needs, consequent to an Illness or Injury.

For the purpose of this Optional Extension, Durable Medical Equipment or devices must satisfy the following conditions:

- (a) Rent amount must not exceed the allowable purchase price of the durable medical equipment.
- (b) Spectacles contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment for the purpose of this Optional Extension.

In addition to the foregoing, We will also indemnify the reasonable repair charges, up to the amount specified in the Policy Certificate, incurred towards the repair of the prosthetic devices or other durable medical equipment originally obtained under this Optional Extension.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension
4. Clause 3.2.(ix) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 16. Maternity Complications

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate, for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member for treatment of any of the complications specified below occurring within the Cover Period and after the completion of the waiting period as specified in the Policy Certificate from the first Cover Start Date under the Policy, provided that We will be liable to make payment under this Optional Extension only if the Insured Member in respect of whom the Claim is made is the Primary Insured Member or his spouse:

S. No	Complication
1	Uterine rupture
2	Post partum haemorrhage
3	Amniotic fluid embolism
4	Placenta previa
5	Placental Abruption
6	Disseminated Intravascular Coagulation(DIC)
7	Still Birth
8	Uterine Inversion

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(iii) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 17. Domiciliary Treatment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Certificate for the Medical Expenses incurred by the Insured Member for Domiciliary Treatment.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Notwithstanding anything to the contrary to the Policy, following exclusions as specified under Clause 3.2.(vii), 3.2.(xxii), 3.2.(xxv), 3.2.(xxvi), 3.2.(xxvii), 3.2.(xxxi), 3.2.(xxxiii) and 3.2. (xxxv) of the Policy Terms & Conditions shall be applicable to this Optional Extension.

Optional Extension - 18. Cover extended outside India

We will indemnify up to any sub-limits (if applicable) and for ailments as specified in the Policy Certificate for Medical Expenses incurred outside India subject to the following:

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension
4. Scope of Cover under Clause 2 of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension
5. Clause 3.2.(xxii) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.
6. Clause 4.6(a) of the Policy Terms & Conditions shall be superseded to the extent covered under this Optional Extension.
7. The claim payment shall be made in Indian Rupees and currency exchange rate on date of payment of Medical Expenses to the Hospital made by Insured Member shall apply.

Optional Extension - 19. Corporate Floater

We will indemnify up to Corporate Floater Sum Insured as specified in the Policy Certificate for any and all Claims admissible under the Policy in aggregate subject to the following:

Terms for admissibility of Claim under this Optional Extension:

1. The Claim of an Insured Member shall be eligible for payment under the Corporate Floater Sum Insured only if that Insured Member's Sum Insured has been exhausted.
2. The maximum amount payable in aggregate during the Cover Period to an Insured Member from the Corporate Floater Sum Insured for any and all Claims shall be restricted to the amount as specified in Policy Certificate
3. The amount payable under this Optional Extension shall be restricted only to those ailments, or surgeries specified in the Policy Certificate.
4. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
5. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
6. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 20. Health Check-up

On the Insured Member's request, We shall either arrange or reimburse the Medical Expenses incurred for a health check-up for the Insured Member or indemnify the Insured Member for up to the amount as specified in Policy Certificate for the expenses incurred by the Insured Member for the health check-up.

Optional Extension - 21. Alternate Treatments (OPD basis)

Scope of Cover under Clause 2 of the Policy Terms & Conditions is extended to indemnify Medical Expenses incurred for medical treatment taken by the Insured Member under Ayush provided that:

- (a) Our liability for any and all Claims in respect of an Insured Member incurred under this Optional Extension during the Cover Period shall not exceed the amount specified in the Policy Certificate;
- (b) If We accept any Claim under this Optional Extension, then We will not admit any for allopathic treatment of the same Illness or Injury under this Policy;
- (c) We will not be liable to pay any pre-hospitalization or post hospitalization expenses for any Claim incurred under this Optional Extension.

For the purpose of this Optional Extension only, Ayush shall be limited to the treatment as advised by the Medical Practitioner under following disciplines of medicines:

- (a) Ayurveda
- (b) Unani
- (c) Siddha
- (d) Homeopathy

For the purposes of this Optional Extension, Medical Practitioner means a person who holds a valid registration from the medical council of any state of India in the following disciplines of medicine

- (a) Ayurveda
- (b) Unani
- (c) Siddha
- (d) Homeopathy

and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2(xx) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 22. Additional Services

At Your request, We or Our TPA will arrange for the Insured Member to avail or will facilitate them in availing any of the following services, subject to details as specified in the Policy Certificate, including but not limited to:

- (a) Health Card in physical form
- (b) Doctor On Call
- (c) Other value added services as follows:
 - (i) Diet and nutrition consultation;
 - (ii) Chat with Medical Practitioners
 - (iii) Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty and skin-clinics
 - (iv) Special discounts on medical equipment's or medicines as provided by service providers
 - (v) Health risk assessment

It is agreed and understood that:

- (a) The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Optional Extension, then whether or not to act on it.
- (b) This Optional Extension is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit/ consultation to an independent Medical Practitioner.
- (c) We do not provide the services under this Optional Extension or make any representation as to the adequacy or accuracy of the same, the Insured Member's or any other person's reliance on the same or the use to which the services under this Optional Extension are put.
- (d) We do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or

in any service under this Optional Extension or for any consequences of actions taken or not taken in reliance thereon.

- (e) You or the Insured Member shall indemnify Us and hold Us harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Optional Extension:

- I. Claim under this Optional Extension can be claimed only under Cashless Facilities in accordance with the Policy.

Optional Extension - 23. Floater

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed, that Our maximum, total and cumulative liability for any and all Claims incurred during the Cover Period in respect of the Primary Insured Member and all his Dependents, shall not exceed the Sum Insured.

Definition 1.59 of the Policy Terms & Conditions is deleted entirely and replaced with the following:

Sum Insured: The amount specified in the Policy Certificate which represents Our maximum, total and cumulative liability for the Primary Insured Member and all his Dependents for any and all Claims incurred during the Cover Period.

Optional Extension - 24. Sub-Floater

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed, that Our maximum, total and cumulative liability for any and all Claims incurred during the Cover Period in respect of the relationships named in the Policy Certificate amongst the Dependents shall not exceed the amount specified in the Policy Certificate for those Dependents, subject to the availability of the Sum Insured under the Floater.

Optional Extension - 25. Modification of Wait Period

Notwithstanding anything to the contrary in the Policy, it is hereby agreed that the waiting periods specified under Clause 3.1 of the Policy Terms & Conditions are modified as specified below:

Clause No.	Revised Waiting Period ⁴
3.1 (a)	
3.1 (b)	
3.1 (c)	

⁴ Waiting period for any or all sub Clauses may be reduced up to zero day.

Optional Extension - 26. Premium Installment Facility

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that:

- (a) You shall pay Us the premium and all applicable taxes, levies and charges as specified in the Policy by the due dates specified in the Policy Certificate.
- (b) If any installment of premium is not received by the due date, then You may pay the installment in full to Us before the expiry of the grace period of 7 days from the due date of the premium installment. If the premium is not received in full before the expiry of the grace period, this Policy shall cease to operate from the unpaid installment due date and We shall not be liable under this Policy for any Claim occurring thereafter, nor shall any refund of premium become due under the Policy. We may, at Our sole discretion, re-instate the Policy, provided that:
- (i) The Sum Insured has not been exhausted at the time of the proposed re-instatement; and
 - (ii) You make payment of the due installment before the earlier of the next installment due date or the Policy Period End Date; and
 - (iii) All the other installments payable under the Policy are realized by You by the respective due dates and without any default.
- (c) We shall not be liable for any Claims which are incurred from the due date of installment till the date and time of re-instatement of the Policy.

Optional Extension - 27. Deductible

The amount assessed by Us for the Insured Member made during the Cover Period shall be reduced by the Deductible as specified in the Policy Certificate. We shall be liable to make payment under the Policy for any Claim in respect of the Insured Member only when the Deductible on that Claim is exhausted.

For the purpose of this Optional Extension only, Deductible means a cost-sharing requirement under this Policy that provides that We will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by Us. A Deductible does not reduce the Sum Insured. Deductible is applicable on per year, per life or per event basis as specified in Policy Certificate.

Optional Extension - 28. Network limited to specified geographies

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, the Insured Member can avail cashless facilities only at the Network Hospitals located in the geographical regions as specified in the Policy Certificate.

If any Claim is incurred in a Hospital outside the specified geographical regions, the Insured Member shall bear a maximum of 15% co-payment of the percentage specified in the Policy Certificate of the final Claim amount assessed by Us.

Optional Extension - 29. Network limited to Preferred Providers

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that We will indemnify the Medical Expenses incurred for Hospitalization under Clause 2 of the Policy Terms & Conditions only if the Hospitalization Claim is incurred at a Preferred Providers as specified in the Policy Certificate.

For the purpose of this Optional Extension only, Preferred Provider means the Hospitals empanelled by Us or Our TPA and enlisted within the Preferred Provider Network List specified in the Policy Certificate and as updated by Us from time to time. An updated list of Preferred Providers may be obtained from Our website or from Our call centre.

If any Claim is incurred in a Hospital which is not on the updated Preferred Provider Network List, the Insured Member shall bear a maximum of 15% co-payment of the percentage specified in the Policy Certificate of the final claim amount assessed by Us.

Optional Extension - 30. Sub Limits on Medical Expenses

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that Our maximum liability to make payment for Medical Expenses under any admissible Claim under the Policy shall be limited in accordance with the table below:

S. No.	Medical Expenses	Sub-limit (on a per claim basis per Insured Member)
30(a)	Room rent* which is sum of room, boarding and nursing expenses as charged by the Hospital where the Insured Member has availed medical treatment.	Room rent limit = the percentage specified in the Policy Certificate of the Sum Insured per day subject to a maximum of the amount specified in the Policy Certificate per day. If the Insured Member is admitted in a room where the room rent incurred is higher than the room rent limit specified above, then the Insured Member shall bear the ratable proportion of the Medical Expenses as specified in the Policy Certificate in the proportion of (the room rent actually incurred-room rent limit)/room rent actually incurred. This shall be applicable to the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate incurred during the stay in the Hospital room.
30(b)	ICU charges* which is the sum of ICU, boarding and nursing expenses as charged by the Hospital where the Insured Member has availed medical treatment.	ICU charges limit = the percentage specified in the Policy Certificate of the Sum Insured per day subject to a maximum of Rs. the amount specified in the Policy Certificate per day. If the Insured Member is admitted in an ICU where the ICU charges incurred is higher than the ICU charges limit specified above then the Insured Member shall bear the ratable proportion of the Medical Expenses as specified in the Policy Certificate in the proportion of (the ICU charges actually incurred- ICU charges limit)/ICU charges actually incurred. This shall be applicable to the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate incurred during the stay in the ICU.

Note: * This Optional Extension shall supersede Clause 2.3 & 2.4 of the Policy Terms and Conditions.

Optional Extension - 31. Hospital accommodation – Twin Sharing Room

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that the Insured Member's Hospital accommodation for In-patient Care shall be limited to a Twin Sharing Room.

For the purposes of this Optional Extension only, Twin Sharing Room means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.

If the Insured Member is admitted in a higher category of accommodation than the entitled category, as specified above then he shall bear the ratable proportion of the Medical Expenses as specified in the Policy Certificate in the proportion of the:

$$\frac{\{\text{Room rent actually incurred} - \text{Room rent of the entitled room category}\}}{\text{Room rent actually incurred}}$$

This shall be applicable to the entire Medical Expenses as specified in the Policy Certificate incurred during the stay in Hospital.

Optional Extension - 32. Hospital accommodation – Single Private Room

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that the Insured Member's Hospital accommodation for In-patient Care shall be limited to a Single Private Room.

For the purposes of this Optional Extension only, Single Private Room means a Hospital room where a single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have the provision for accommodating an attendant. Such room shall be the most basic and the most economical of all accommodations available as a single room in that Hospital.

If the Insured Member is admitted in a higher category of accommodation than the entitled category, as mentioned above then he shall bear the ratable proportion of the Medical Expenses as specified in the Policy Certificate in the proportion of the:

$$\frac{\{\text{Room rent actually incurred} - \text{Room rent of the entitled room category}\}}{\text{Room rent actually incurred}}$$

This shall be applicable to the entire Medical Expenses as specified in the Policy Certificate incurred during the stay in Hospital.

Optional Extension - 33. Sub Limits on Illness / Surgeries / Procedures

Notwithstanding anything to the contrary in the Policy, Our maximum, total and cumulative liability for all Claims incurred during the Cover Period in respect of an Insured Member, under all Claims under Clause 2 of the Policy Terms and Conditions and any Optional Extension, in relation to any Illness, or undergoing any medical procedure or Surgical Procedure, shall be limited to the amount specified against that Illness or Surgical Procedure in the Policy Certificate.

Optional Extension - 34. Co-payment

Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Member will bear a Co-payment as specified in the Policy Certificate accordance with Clause 4.5. of the Policy Terms & Conditions and Our liability shall be restricted to the balance amount payable.

The Co-payment shall be applicable to each and every claim for each Insured Member as defined in the Policy.

Optional Extension - 35. HIV Cover

We will indemnify up to any sub-limits (if applicable) specified in the Policy Certificate, for the reasonable Medical Expenses necessarily incurred by the Insured Member on treatment of Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis at a Network Hospital, provided that the treatment is certified in writing to be necessary by the treating Medical Practitioner.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities can be availed under the Policy for this Optional Extension
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2(ii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension.

Optional Extension - 36. Comprehensive HIV Cover

We will indemnify up to any sub-limits (if applicable) specified in the Policy Certificate, for the reasonable Medical Expenses necessarily incurred by the Insured Member on the treatment of any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind; at a Network Hospital provided that the treatment is certified in writing to be necessary by the treating Medical Practitioner.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities can be availed under the Policy for this Optional Extension
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2(ii) of the Policy Terms & Conditions stands superseded entirely.