



**UNITED INDIA INSURANCE COMPANY LIMITED**  
H.NO. 5/5/76, P.B. 506, V P CHOWK, NEW OSMANPURA AURANGABAD, AURANGABAD, MAHARASHTRA,  
AURANGABAD - 431005 MAHARASHTRA  
PH: (0240) 2334176 FAX: EMAIL:

SUPER TOP UP MEDICARE POLICY  
UIN: UIIHLIP22187V032122  
POLICY NO.: 2307002822P111586769

PERIOD OF INSURANCE  
FROM 11:00hrs of 08/02/2023  
To MIDNIGHT on 07/02/2024



*Insured*  
**Mrs JAIN PARASBAI OMPRAKASH**

AT. NEW PLOT , LODHA BHUVAN AMALNER, DIST. JALGAON DIST. : JALGAON, MAHARASHTRA

JALGAON  
MAHARASHTRA-425001

**IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAR NO. AND PAN/FORM 66. PLEASE IGNORE IF ALREADY UPDATED.**

Agent Name : JAINUNE INURANCE BROKERS PVT LTD  
Agent Code : BRC0000259  
Mobile/Landline Number/Email : 9850049400 / (257) 2251894  
: insurance@kallashin.in

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests and Grievances please write to [230700@uiic.co.in](mailto:230700@uiic.co.in)

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App([www.uiic.co.in](http://www.uiic.co.in)), REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.  
Website: <http://www.uiic.co.in>

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**SUPER TOP UP MEDICARE POLICY**

Policy No	2307002822P111586769	Previous Policy No.	2307002822P111195770
Name/ID	Mrs JAIN PARASBAI OMPRAKASH / 1907458904		
Insured Detail		Tel.(R)	Fax
Tel.(O)			
Email	kailash@jainuineinsurance.co.in		Mobile
Business/Occupation	None		8888849450
Period Of Insurance	From 11:00hrs of 08/02/2023 To Midnight on 07/02/2024		
Policy Type	Individual Sum Insured Basis		
Coinsurance	UIIC 230700 : 100%		

**Details of the Insured Persons**

Sl no	Insured Name	Date of Birth	Gender	Relation	Occupation	Pre-Existing Disease / Condition declared
1	PARASBAI OMPRAKASH JAIN	21/09/1957	Female	Self	Unemployed	None

Sl no	Insured Name	Threshold(₹)	Sum Insured(₹)	Premium(₹)	Hospital Daily cash Premium(₹)	Nominee Name	Nominee Relation	Inception Date of first policy
1	PARASBAI OMPRAKASH JAIN	500,000.00	500,000.00	3,380.00	0.00	OMPRAKASH	Spouse	05/02/2010

Period of Insurance: From 08/02/2023 To 07/02/2024

Total Basic Premium(₹)	3,380.00
Add Hospital Daily Cash Premium(₹)	0.00
Add PED Loading(₹)	0.00
Less Family Discount(₹)	0.00
Less No Claim Discount(₹)	0.00
Less Online Discount(₹)	0.00

Premium	₹ 3,380.00
CGST(9%)	304.00
SGST(9%)	304.00
Stamp duty	1.00
Total	₹ 3,989.00
Receipt Number	10123070022113435300
Receipt Date	08/02/2023

Agent Name	JAINUINE INSURANCE BROKERS	Agent/Broker Code	BRC0000259
BDIS Name	AMOL BABURAO KAWARE	BDIS Code	BD34284

Notice or communication in respect of claim or for any others reason to be given to TPA within 24 hrs from the date of admission documents to be submitted to TPA within 15 days from the date of Discharge

Date of Proposal and Declaration: 08/02/2023

This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.



Customer GST/UIN No.:	27AFCP19746H1Z3	Office GST No.:	27AAACU5552C1ZJ
SAC Code:	997133	Invoice No. & Date:	28221111586769 & 08/02/2023
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule. **Anti Money Laundering Clause:-**In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

**LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.**

Date of Proposal and Declaration: 08/02/2023

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO AURANGABAD on this 08th day of February, 2023.

For and On behalf of  
United India Insurance Co. Ltd.



Authorised Signatory.

Underwritten By - KAN47215 (08 UNDERWRITEN)



POLICY NO.: 2307002822p111586769  
UIN: UIHLIP22187V032122

**Details of TPA:** Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

<b>Name of TPA</b>	Paramount Health Services & Insurance TPA Pvt. Ltd		
<b>Address</b>	PLOT NO. A-442, ROAD NO. 28, M.I.D.C., INDUSTRIAL AREA, WAGALE ESTATE, RAM NAGAR, VITTHAL RUKHMANI MANDIR, THANE WEST PIN CODE - 400604, Pin Code : 400604, Fax No : 1800 22 6655		
<b>Toll Free number</b>	<b>For Cashless approval</b>	<b>For Claim Intimation</b>	<b>For Grievances</b>
	022 666 20 808	022 666 20 808	022 666 20 808
<b>Contact Details</b>	<b>For General Enquiries</b>	<b>For Cashless approval</b>	<b>For Claim Intimation</b>
<b>Telephone Numbers</b>	022 666 20 808	022 666 20 808	022 666 20 808
<b>Email IDs</b>	<a href="mailto:contact.phs@paramounttpa.com">contact.phs@paramounttpa.com</a>	<a href="mailto:cashless.phs@paramounttpa.com">cashless.phs@paramounttpa.com</a>	<a href="mailto:grievance.united@paramounttpa.com">grievance.united@paramounttpa.com</a>





UNITED INDIA INSURANCE COMPANY LIMITED  
REGD. & HEAD OFFICE : No.24, WHITES ROAD, CHENNAI-600014

SUPER TOP UP MEDICARE POLICY

1. PREAMBLE

This Policy is a contract of insurance issued by United India Insurance Company Limited (hereinafter called the 'Company') to the Proposer mentioned in the Schedule (hereinafter called the 'Insured') to cover the person(s) named in the Schedule (hereinafter called the 'Insured Persons'). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to receipt of the full premium.

If during the Policy Period the Insured Person(s) is required to be hospitalized for treatment of an illness or injury at a Hospital / Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically Necessary, Reasonable and Customary Medical Expenses towards the Coverage mentioned hereunder.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including any limits/sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

Any claim under this policy shall be payable by the Company only if the aggregate of covered Medical Expenses in a policy year in respect of Hospitalisation(s) of Insured Person (on individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Threshold stated in the Schedule; subject to 'Basis of Payment' Clause no. 3.22.9 of Section 5.

2. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

A. Standard Definitions

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any One Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising any of the following:

- i. Central or State Government AYUSH College recognised by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy, or
- ii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognised system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:

- Having at least 5 in-patient beds;
- Having qualified AYUSH Medical Practitioner in charge round the clock;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are carried out;

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

- a. Having qualified registered AYUSH Medical Practitioner (s) in charge;
- b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- c. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

5. **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 is approved.

6. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- (a) **Internal Congenital Anomaly**: Congenital Anomaly which is not in the visible and accessible parts of the body.
- (b) **External Congenital Anomaly**: Congenital Anomaly which is in the visible and accessible parts of the body.

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

- i. Has qualified nursing staff under its employment;
- ii. Has qualified Medical Practitioner(s) in charge;
- iii. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.



9. **Day Care Treatment** means medical treatment, and/or surgical procedure, which is:

- i. Undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement; and
- ii. Which would have otherwise required a hospitalisation of more than twenty-four hours.

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

10. **Deductible** is a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalization expenses incurred during the policy period by Insured (Individual policy) or Insured family (in case of floater policy).

11. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

12. **Emergency Care** means management for an illness or injury, which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the Insured Person's health.

13. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

14. **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 50(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 lacs and at least 15 in-patient beds in all other places;
- Has qualified Medical Practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

15. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive "in-patient care" hours except for the day-care treatments, where such admission could be for a period of less than 24 consecutive hours.

16. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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

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

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

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

18. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

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

20. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.

21. **Maternity Expenses** mean

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

22. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

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

24. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. Is required for the medical management of the illness or injury suffered by the Insured;
- ii. Must not exceed the level of care necessary to provide a safe, adequate and appropriate medical care in scope, duration or intensity;
- iii. Must have been prescribed by a Medical Practitioner;
- iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

25. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or Homoeopathy set up by the Government of India or the State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within its scope and jurisdiction of license.

The term Medical Practitioner would include Physician, Specialist and Surgeon. The Registered Medical Practitioner should not be the Insured or any member of his family including parents and in-laws.

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

27. **Network Provider** means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.



The list of Network Hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.  
**PPN-Preferred Provider Network** means a network of hospitals, which have agreed to a cashless packaged pricing for certain procedures for the Insured Person.

Updated list of network provider/ppn is available on website of the company (<https://uicis.co.in/en/tpa-ppn-network-hospitals>) and website of the TPA mentioned in the schedule and is subject to other provider that is not part of the network.

28. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the recognised modes of communication.
29. **Notification of Claim** means the process of notifying a claim to the Insurer or TPA through any of the recognised modes of communication.
30. **OPD (Out-Patient) Treatment** means the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
31. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one Insurer to another.
32. **Pre-Existing Disease** means any condition, ailment, injury or disease:
  - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement; or
  - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement.
33. **Pre-Hospitalisation Medical Expenses** means relevant medical expenses incurred immediately 30 days before the Insured Person is hospitalised provided that:
  - a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
  - b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by us.
34. **Post-Hospitalisation Medical Expenses** means relevant medical expenses incurred immediately 60 days after the Insured Person is discharged from the hospital provided that:
  - a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
  - b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by us.
35. **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.
36. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific nature of illness/injury involved.
37. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
38. **Room Rent** shall mean the amount charged by a hospital towards room and boarding expenses and shall include the associated medical expenses.
39. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
40. **Third Party Administrator (TPA)** means a company registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purpose of providing health services as defined in the regulations.
41. **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
  - B. Specific Definitions
42. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
43. **Continuous Coverage** means uninterrupted coverage of the Insured Person under the Top Up/ Super Top-Up Health Insurance Policy from the date of inception of policy for the first time as mentioned in the policy schedule. However, for the purpose of applying waiting periods, the break in insurance period for which the premium was not received shall be excluded from it.
44. **Epidemic** means the occurrence of more cases of a disease than would be expected in a community or region spreading rapidly during a given time period; and declared as such by the appropriate Government Authority in India. **Insured Person** means person(s) named in the schedule of the Policy.
45. **Pandemic** means an epidemic of disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people; and declared as such by the appropriate Government Authority in India.
46. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured Person, what is excluded from the cover and the terms & conditions on which the policy is issued to the Insured Person.
47. **Policy Period** means period of one policy year as mentioned in schedule for which the Policy is issued.
48. **Policy Schedule** means the Policy Schedule attaching to and forming part of the Policy.
49. **Psychiatrist** means a Medical Practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist.
50. **Sub-Limit** means a cost-sharing requirement under a health insurance policy in which an Insurer would not be liable to pay any amount in excess of the pre-defined limit.
51. **Sum Insured** means the pre-defined limit specified in the Policy Schedule that represents, the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual Sum Insured basis) or all Insured Persons (on Floater basis) during the policy period.
52. **Threshold** means deductible, which is a cost sharing requirement under the Policy that provides that the Insurer will not be liable for a specified rupee amount which will apply before any benefits are payable by the insurer. It does not reduce the sum insured. The threshold is applicable to aggregate towards hospitalization expenses incurred during the policy period by Insured (individual policy) or Insured family (in case of floater policy).
53. **We/Our/Us/Company** means the United India Insurance Company Limited.
54. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.



iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.  
 iv. In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the Treating Medical Practitioner and is related to treatment of epidemic/pandemic,  
 a. Diagnostic tests undergone at home or at diagnostics centre  
 b. Medicines prescribed in writing  
 c. Consultation charges of the medical practitioner  
 d. Nursing charges related to medical staff  
 e. Medical procedures limited to parenteral administration of medicines  
 f. Cost of pulse oximeter, Nebulizer and Rental cost for Oxygen cylinder, oxygen concentrator, if needed

**3.5 Organ Donor Expenses Cover**  
 We will cover the In-patient Hospitalization Medical Expenses incurred for an organ donor's treatment during the Policy Period for the harvesting of the organ donated up to the Sum Insured provided that:  
 i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;  
 ii. We have admitted a claim towards In-patient Hospitalisation under the Base Cover and it is related to the same condition; organ donated is for the use of the Insured Person as certified in writing by a Medical Practitioner;

iii. We will not cover:  
 a. Pre-hospitalization Medical Expenses or Post-hospitalisation Medical Expenses of the organ donor;  
 b. Screening expenses of the organ donor;  
 c. Costs directly or indirectly associated with the acquisition of the donor's organ;  
 d. Transplant of any organ/tissue where the transplant is experimental or investigational;  
 e. Expenses related to organ transportation or preservation;  
 f. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

**3.6 Road Ambulance Cover**  
 We will cover the expenses incurred:  
 • subject to a maximum of Rs. 2500 per event; and further  
 • subject to a maximum of Rs. 5000 per policy period  
 on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. The necessity of use of an Ambulance must be certified by the Treating Medical Practitioner and becomes payable if a claim has been admitted under Section 3.1 and the expenses are related to the same illness or injury.

We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified above under this cover, if:  
 a. It is medically required to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalization  
 b. It is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of super specialty treatment in the existing hospital.

**3.7 Modern Treatment Methods & Advancement in Technologies:**  
 In case of an admissible claim under Section 3.1, expenses incurred on the following procedures (wherever medically indicated) either as part of or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sub-limits indicated against them in the table below:

No.	Modern Treatment Methods & Advancement in Technology	Additional Limit
1	Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU)	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU
2	Balloon Sinusplasty	Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinusplasty
3	Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
4	Oval Chemotherapy	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Oral Chemotherapy
5	Immunotherapy-Monoclonal Antibody to be given as Injection	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period
6	Intra vitreal Injections	Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period
7	Robotic Surgeries (Including Robotic Assisted Surgeries)	• Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies • Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases
8	Stereotactic Radio Surgeries	Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries
9	Bronchial Thermoplasty	Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty.
10	Vaporization of the Prostate (Green laser treatment for nonluminal laser treatment)	Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.
11	Intra Operative Neuro Monitoring (IONM)	Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lac per policy period.

**3. COVERAGE**  
**A. Cover Type**  
 The Policy provides cover on an Individual or Family Floater basis. A separate Sum Insured for each Insured Person, as specified in the Policy Schedule is provided under Individual basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the Proposer as specified in the Policy Schedule and Our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule.

**B. Base Cover**  
 The Policy provides base coverages as described below:  
**3.1 In-patient Hospitalisation Expenses Cover**  
 We shall indemnify the Reasonable and Customary Charges for the following Medical Expenses of an Insured Person in case of Medically Necessary Treatment taken during Hospitalisation provided that the admission date of the Hospitalisation due to Illness or Injury is within the Policy Period:

A. Room, Boarding and Nursing expenses (all inclusive) incurred as provided by the Hospital/Nursing Home including nursing care, RMO charges, Patient's Diet Charges, IV Fluids/Blood transfusion/Injection administration charges and similar expenses.  
 B. Charges for accommodation in Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU)  
 C. The fees charged by the Medical Practitioner, Surgeon, Specialists and anaesthetists treating the Insured Person;  
 D. Anaesthetics, blood, oxygen, operation theatre charges, surgical appliances, implants, prosthetic devices implanted during surgical procedure, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

**3.1.1 Other In-patient Expenses**  
 i. Dental treatment, necessitated due to disease or injury  
 ii. Plastic surgery necessitated due to disease or injury  
 iii. All the day care treatments  
 iv. Mental Illness Cover: The Company shall indemnify the Insured the Medical Expenses (including Pre and Post Hospitalisation Expenses) related to Mental Illnesses, provided the treatment shall be undertaken at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Psychiatrist (as defined in Definition 2.B.52) or a professional having a post-graduate degree (Unani) in Menovigyan Evum Manas Roga or a Post-graduate degree (Homeopathy) in Psychiatry or a post-graduate degree (Unani) in Hoojlat (Narasayatt) or a postgraduate degree (Siddha) in Sirappu Maruthuham.

**3.1.2 Notes to In-patient Expenses Cover**  
 i. Expenses of Hospitalisation for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.  
 ii. Procedures/treatments usually done in outpatient department are not payable under the policy even if admitted/converted as an in-patient in the hospital for more than 24 hours.  
 iii. We will pay the charges under 3.1 C only if:  
 a. The treatment or advice of the Medical Practitioner, Surgeon, Specialists and anaesthetists has been specifically sought by the hospital; and  
 b. The consultation charges are included in the Hospital's bill. However, the bills raised by Surgeon, Anaesthetist directly and not forming part of the hospital bill shall be paid provided a pre-numbered bill/receipt is produced in support thereof, when such payment is made ONLY by cheque/ credit card/debit card or digital/online transfer.

**3.2 Pre-hospitalisation and Post-Hospitalisation Expenses -**  
 We will cover, on a reimbursement basis, the Insured Person's  
 a. Pre-hospitalisation Medical Expenses incurred due to an Illness or Injury during the period up to 30 days prior to hospitalisation; and  
 b. Post-hospitalisation Medical Expenses incurred due to an Illness or Injury during the period up to 60 days after the discharge from the hospital;

Threshold	Limit
<10 Lacs	upto 30 days immediately prior to hospitalisation
10 Lacs and above	upto 60 days immediately prior to hospitalisation

  

Threshold	Limit
<10 Lacs	upto 60 days immediately after the discharge from the hospital
10 Lacs and above	upto 90 days immediately after the discharge from the hospital

Provided that:  
 i. We have accepted a claim for primary In-patient Hospitalization under Section 3.1 above;  
 ii. The Pre-hospitalisation and Post-hospitalisation Medical Expenses are related to the same Illness or Injury.  
 iii. Home Care Treatment also will be deemed as hospitalisation for this cover.

**3.3 Ayurvedic, Unani, Siddha and Homeopathic treatment**  
 The Company shall indemnify Reasonable & Customary medical expenses incurred for inpatient care treatment under Ayurvedic, Unani, Siddha and Homeopathic system of medicine in an AYUSH hospital as defined in Section 2.3 and 2.4 above.

**3.4 Home Care Treatment Expenses:**  
 We will indemnify the Reasonable and Customary Charges for Home Care Treatment for any epidemic/ pandemic subject to the limits linked to the Threshold, as mentioned in the table below:

Threshold (Rs.)	Individual SF Basis	Floater Basis
<10 Lacs	15,000 per incident	15000 per incident subject to a maximum of Rs. 30000 per policy
10 Lacs and above	30,000 per incident	30000 per incident subject to a maximum of Rs. 60000 per policy

Home Care Treatment means Treatment availed by the Insured Person at home for any epidemic/ pandemic on positive diagnosis of the epidemic/ pandemic in a government authorised diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:  
 i. The Medical Practitioner advises the Insured Person to undergo treatment at home  
 ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day throughout the duration of the home care treatment



Stem Cell Therapy: Hematopoietic Stem Cells upto 75% of Sum Insured subject to a maximum of Rs. 10 Lakhs per policy conditions to be covered only

**4. STANDARD EXCLUSIONS & WAITING PERIODS**

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

- 4.1 Pre-Existing Disease Waiting Period (Code- Excl01):**
- Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
  - In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
  - If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
  - Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

**B. STANDARD PERMANENT EXCLUSIONS**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

- 4.2 Investigation & Evaluation (Code-Excl04):**
- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;
  - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded; not for receiving treatment. This also includes:
- 4.3 Rest Cure, Rehabilitation and Respite Care (Code-Excl05):** Expenses related to any admission primarily for enforced bed rest and custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

**4.4 Obesity/ Weight Control (Code-Excl06):** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

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

**4.5 Change-of-Gender treatments (Code-Excl07):** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

**4.6 Cosmetic or Plastic Surgery (Code-Excl08):** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

**4.7 Hazardous or Adventure sports: (Code-Excl09):** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**4.8 Branch of law: (Code-Excl10)** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

**4.9 Excluded Providers: (Code-Excl11)** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

**4.10 Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)**

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

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

**4.13 Refractive Error (Code-Excl15):** Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.

**4.14 Unproven Treatments (Code-Excl16):** Expenses related to any unproven treatment, services and supplies for or in connection with their effectiveness.

**4.15 Sterility and Infertility (Code-Excl17):** Expenses related to Sterility and Infertility. This includes:

- Any type of contraception, sterilization;
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI;
- Gestational Surrogacy;

**4.16 Maternity (Code- Excl18):**

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

**C. SPECIFIC PERMANENT EXCLUSIONS**

- All expenses caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, wartime operations (whether war be declared or not) or while performing duties in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- All fines/penalties/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
- Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells except as provided for in clause 3.5 (12) above.

**4.20 Congenital External Diseases or Defects or anomalies.**

- Routine eye examination expenses, cost of spectacles, contact lenses; b) Cost of hearing aids;
- Intentional self-inflicted Injury, attempted suicide.
- Treatments other than Allopathic, Ayurvedic, Unani, Siddha and Homeopathic branches of medicine.
- Treatments including Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP).

**4.26 Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation in a vegetative state**

**4.27 Any item(s) or treatment specified in 'List of Non-Medical Expenses- Payable/Non-Payable' as per Annexure - 1 and available on Company web site also, unless specifically covered under the policy. This list of excluded items include External and/or durable Medical /Non-medical equipment of any kind used for diagnosis and/or treatment. Ambulatory devices, i.e., walker, crutches, Bells, Gaiters, Caps, Splints, Slings, Braces, Stockings, elastopore bandages, external orthopaedic pads, sub-cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer, alpha / water bed and also any medical equipment, which are subsequently used at home.**

**4.28 Any expenses incurred on OPD (Out-Patient) Treatment**

**4.29 Vaccination or inoculation of any kind unless it is post animal bite**

**A. GENERAL TERMS AND CONDITIONS**

**5.1 Standard Terms & Conditions**

**5.1.1 Disclosure of Information**  
The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.

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

**5.3 Complete Discharge**

Any payment to the Policyholder/Insured Person or his/her nominee or his/her legal representative or assignee or to the Hospital/Ambulance Home, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**5.4 Multiple Policies**  
In case of multiple policies taken by an Insured Person during a period from one or more Insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

**5.5 Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and condition of this policy.**

**5.6 If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.**

**5.7 In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.**

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

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

**5.10 For the purpose of this clause, the expression "Fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:**

- The Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and condition of this policy;
- any other act fitted to deceive; and
- any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/ or forfeit the policy benefits on the ground of fraud, if the Insured