United India Insurance Company Limited
Registered Office: 24 Whites Road, Chennai, 600 0 14
IRDAI Reg. No 545
Website: http://www.uiic.co.in

08th Feb, 2023

Your
INDIVIDUAL HEALTH INSURANCE POLICY SCHEDULE

Dear Mrs JAIN PARASBAI OMPRAKASH

Welcome to United India Insurance Company Limited!

It is with great pleasure that we present this policy to you. We are honoured that you have chosen us for your health insurance needs.

We are confident you have made the right choice and we shall leave no stone unturned to ensure that you are satisfied with the level of service and insurance protection you receive.

Indeed, we are one of the largest Insurers in the country with a history of more than 80 years of untiring service to the nation through our all India network of 2200+ offices and have brought a smile to crores of customers.

At Unitedndia, it is always before

YOUR POLICY No. 2307002822P111586570

This Policy Schedule along with the attached Policy Wordings define the cover that, You, the Policyholder, and other Insured Persons mentioned in this Schedule, have under this Policy, for the period of insurance as mentioned below.

Hence, please read this Schedule, along with the Wordings carefully so that you understand the terms and conditions of your policy along with the cover that you have been provided.

The genuineness of this policy can be verified through "Verify Your Policy" at www.uiic.co.in.

IMPORTANT!

The Policy schedule along with the Policy Wordin Endorsements, form the basis of contract betweer United India. This contract is based on the sta declaration provided in the Proposal Form by you.

This Schedule and the attached Policy shall be r one contract and any word or expression to specific meaning has been attached in any part o or of the Schedule shall bear the same meaning w may appear.

In case any of the information mentioned in this S incorrect or if you wish to update your existing please contact us immediately.

IMPORTANT NOTICE: Kindly update your AADHAAR no. PAN/Form 60. Please ignore if already updated.

POLICY ISSUING OFFICE

Your policy was issued by:
United India Insurance Company Limited
H.NO. 5/5/76, P.B. 506, V P CHOWK, NEW OSMANPURA
AURANGABAD, AURANGABAD, MAHARASTRA,
AURANGABAD-431005 MAHARASHTRA
Phone: (0240) 2334176 Email:

For any Information, Service Requests and Grievar please contact the above office.

Individual Health Insurance Policy Schedule
UIN. UIIHLIP21114V032021

Printed By : CHA47190 @ 08/02/2023 5:16:50 PM

POLICY NO.:2307002822P111586570

United India Insurance Company Limited
Registered Office: 24 Whites Road, Chennai, 600 0 14
IRDAI Reg. No 545
Website: http://www.uiic.co.in

Scan this QR code to obtain details about your policy.

POLICY DETAILS

Policyholder Name	: Mrs JAIN PARASBAI OMPRAKASH
Policyholder ID	: 1907458904
Policy No.	: 2307002822P111586570
Previous Policy No.	: 2307002821P111193834
Period of Insurance	: From 11:46 hrs of 08/02/2023 To Midnight on 07/02/2024

YOUR CONTACT INFORMATION

Address	: AT. NEW PLOT , LODHA BHUVAN AMALNER, DIST. JALGAON DIST. : JALGAON, MAHARASHTRA JALGAON MAHARASHTRA-425001
Tel (O/R)	:
Mobile	: 8888849450
Fax	:
E-Mail	: kailash@jainuineinsurance.co.in
Business/Occupation	: None

Coinsurance	UIIC 230700 : 100%

DETAILS OF INSURED PERSONS

Insured Name	Age	Gender	Relation	Occupation	Nominee Name	Nominee Relation	PEDs' declared	Inception Date of first policy
JAIN PARASBAI OMPRAKASH	65	Female	Self	Unemployed	KAILASH JAIN	Son	None	05/02/2010

SUMMARY OF COVERAGE

Insured Name	Plan	Sum Insured(₹)	Domiciliary Hospitalisation Limit(₹)	Road Ambulance Cover	Daily Cash Cover
JAIN PARASBAI OMPRAKASH	Gold	300,000.00	45,000.00	Opted	Opted

PREMIUM BREAK DOWN

Insured Name	Base Cover Premium(₹)	Optional Cover Premium(₹)	Loading for PEDs'(₹)	Family Discount(₹)	Total Annual Premium(₹)
JAIN PARASBAI OMPRAKASH	15,535.00	250.00	0.00	0.00	15,785.00

PAYMENT DETAILS

Total Basic Premium	₹	15,535.00	Premium	₹	15,785.00
Road Ambulance Premium	₹	100.00	CGST(9%)	₹	1,421.00
Daily Cash Premium	₹	150.00	SGST(9%)	₹	1,421.00
Add PED Loading	₹	0.00	Stamp duty	₹	1.00
Less Family Discount	₹	0.00	Total	₹	18,627.00
Less No Claim Discount	₹	0	Receipt Number		10123070022113434595
Less Online Discount	₹	0.00	Receipt Date		08/02/2023

INTERMEDIARY DETAILS

Agent Name	:	JAINUINE INUSRANCE BROKERS PVT LTD
Agent Code	:	BRC0000259
Mobile/Landline Number/Email	:	9850049400 / (257) 2251894 insurance@kailashjain.in
BDIS Name	:	AMOL BABURAO KAWARE
BDIS Code	:	BD34284

Customer GST/UIN No.:	27AFCPL9746H1Z3	**Office GST No.:**	27AAACU5552C1ZJ
SAC Code:	997133	**Invoice No. & Date:**	282211115865 70 & 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.

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 (DO UNDERWRITER)

WHAT TO DO IN THE EVENT OF A CLAIM?

If a claim arises under this Policy, kindly contact the TPA mentioned here. Notice or communicati[illegible]r any other reason to be given to TPA as per Notification Clause (6.23.A) in the Policy Wordings.
Additionally, for issue of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA mentioned here.

Anti-Money Laundering Clause: In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding Rs. 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 on the Company's website.

Details of TPA

Name of TPA/ID	Paramount Health Services & Insurance TPA Pvt. Ltd / TPA00003			
Address	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 :			
Toll Free number	1800 22 6655			
Contact Details	**For General Enquiries**	**For Cashless approval**	**For Claim intimation**	**For Grievances**
Telephone Numbers	022 666 20 808	022 666 20 808	022 666 20 808	022 666 20 808
Email IDs	contact.phs@paramounttpa.com	cashless.phs@paramounttpa.com	claim.intimation@paramounttpa.com	grievance.united@paramounttpa.com

United India Insurance Company Limited
Registered Office: 24 Whites Road, Chennai, 600 0 14
IRDAI Reg. No 545
Website: http://www.uiic.co.in

INDIVIDUAL HEALTH INSURANCE POLICY
(PLATINUM/GOLD/SENIOR CITIZEN)
Policy Terms & Conditions

1. PREAMBLE
This Policy is a contract of insurance issued by **UNITED INDIA INSURANCE COMPANY** (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 the receipt of full premium.

2. OPERATIVE CLAUSE
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.

3. 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*** will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.
3. ***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 Hospital; or
   ii. Teaching hospital attached to AYUSH College recognised by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   iii. 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. ***CASHLESS FACILITY*** means a facility extended by the Insurer to the Insured where the payment, of the costs of treatment undergone by the Insured Person in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorisation approved.
5. ***CONDITION PRECEDENT*** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.
6. ***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: Which is not in the visible and accessible parts of the body.
   - External Congenital Anomaly: Which is in the visible and accessible parts of the body.
7. ***CO-PAYMENT*** means a cost of 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.
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 out-patient 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.
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 required 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/NURSING HOME*** 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:

i. Has qualified nursing staff under its employment round the clock.
ii. 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;
iii. Has qualified Medical Practitioner(s) in charge round the clock;
iv. Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
v. Maintains daily records of patients and makes these accessible to the insurance Company's authorized personnel

15. ***HOSPITALISATION*** means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive hours except for the standard day care procedures/treatments as defined above, where such admission could be for a period of less than 24 consecutive hours.
Note: 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.
16. ***ILLNESS*** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
    a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
    b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
        i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
        ii. It needs ongoing or long-term control or relief of symptoms
        iii. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
        iv. It continues indefinitely
        v. 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, and 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. ***INTENSIVE CARE UNIT (ICU) 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 intensivist charges.
21. ***MEDICAL ADVICE*** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
22. ***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.
23. ***MEDICALLY NECESSARY 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; 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.
24. ***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 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. 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.
25. ***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.
26. ***NETWORK PROVIDER*** means the hospital/nursing home or health care providers enlisted by an Insurer or by a TPA and Insurer together to provide medical services to an Insured on payment by a cashless facility. 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://uiic.co.in/en/tpa-ppn-network-hospitals) and website of the TPA mentioned in the schedule and is subject to amendment from time to time.
27. ***NON-NETWORK HOSPITALS*** means any hospital, day care centre or other provider that is not part of the network.
28. ***NOTIFICATION OF CLAIM*** is the process of notifying a claim to the Insurer or TPA within specified timelines through any of the recognised modes of communication.
29. ***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.
30. ***PRE-EXISTING DISEASE*** means any condition, ailment injury or disease:
    i. 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
    ii. 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
31. ***PRE-HOSPITALISATION MEDICAL EXPENSES*** means relevant medical expenses incurred immediately 30 days before the Insured Person is hospitalised provided that:
    i. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
    ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by us.
32. ***POST-HOSPITALISATION MEDICAL EXPENSES*** means relevant medical expenses incurred immediately 60 days after the Insured Person is discharged from the hospital provided that;
    i. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
    ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by us.
33. ***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.
34. ***REASONABLE AND CUSTOMARY CHARGES*** mean 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 illness/injury involved.

35. ***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 all waiting periods.
36. ***ROOM RENT*** shall mean the amount charged by a hospital towards room and boarding expenses basis and shall include associated medical expenses.
37. ***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 of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

B. Specific Definitions

38. ***AGE*** means age of the Insured person on last birthday as on date of commencement of the Policy.
39. ***AIDS*** means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus (HIV), which attacks and weakens the body's immune system making the HIVpositive person susceptible to life threatening conditions or other conditions, as may be specified from time to time.
40. ***ASSOCIATED MEDICAL EXPENSES*** means hospitalisation related expenses on Surgeon, Anaesthetist, Medical Practitioner, Consultants and Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital; Anaesthetics, blood, oxygen, operation theatre charges, surgical appliances and such other similar expenses with the exception of:
    i. cost of pharmacy and consumables medicines
    ii. cost of implants/medical devices
    iii. cost of diagnostics

    The scope of this definition is limited to admissible claims where a proportionate deduction is applicable, as per Point 2 of Note to 4.1.
41. ***BREAK IN POLICY*** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
42. ***CANCELLATION*** defines the terms on which the policy contract can be terminated either by the Insurer or the Insured person by giving sufficient notice to other which is not lower than a period of fifteen days.
43. ***CONTINUOUS COVERAGE*** means uninterrupted coverage of the Insured person under our Individual Health Insurance Policies or Family Floater Policy from the time the coverage incepted under the policy, provided a break in the insurance period not exceeding thirty days being grace period shall not be reckoned as an interruption in coverage for the purposes of this Clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest Sum Insured would be reckoned for determining Continuous Coverage.
44. ***INSURED PERSON*** means person(s) named in the schedule of the Policy.
45. ***PERIOD OF INSURANCE*** means the period for which this policy is taken and is in force as specified in the Schedule.
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. ***PSYCHIATRIC DISORDER*** means clinically significant Psychological or behavioural syndrome that causes significant distress, disability or loss of freedom (and which is not merely a socially deviant behaviour or an expected response to a stressful life event) as certified by a Medical Practitioner specialized in the field of Psychiatry after physical examination of the Insured Person in respect of whom a claim is lodged.
48. ***PSYCHOSOMATIC DISORDER*** means one or more psychological or behavioural problems that adversely and significantly affect the course and outcome of general medical condition or that significantly increase a person's risk of an adverse outcome as certified by a Medical Practitioner specialized in the field of Psychiatry after Physical examination of the Insured Person in respect of whom a claim is lodged.
49. ***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.
50. ***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 basis) or all Insured Persons (on Floater basis) during the policy period.
51. ***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.
52. ***UNPROVEN/EXPERIMENTAL TREATMENT*** means any treatment including drug experimental therapy which is not based on established medical practice in India.
53. ***WAITING PERIOD*** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
54. ***WE/OUR/US/COMPANY*** means UNITED INDIA INSURANCE COMPANY LIMITED
55. ***YOU/YOUR*** means the person who has taken this Policy and is shown as Insured Person or the first Insured Person (if more than one person covered in the policy) in the Schedule.

4. COVERAGE

The coverages available under this policy are classified as **Base Cover** and **Optional Cover**. Base Cover refers to the coverage available as default under Individual Health Insurance Policy whereas Optional Cover is available only upon payment of additional premium.

IMPORTANT: Please note that the coverage mentioned below is applicable for ALL the plans i.e. Platinum/Gold/Senior Citizen under Individual Health Insurance Policy unless explicitly mentioned otherwise.

BASE COVER

The Policy provides base coverage as described below in this section provided that the expenses are incurred on the written Medical Advice of a Medical Practitioner and are incurred on Medically Necessary Treatment of the Insured Person.

4.1 In-Patient Hospitalisation Expenses Cover

We will pay 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:

i. Room, Boarding and Nursing expenses (all inclusive) incurred as provided by the Hospital/Nursing Home up to 1% of Sum Insured per day or actual expenses whichever is less. These expenses will include nursing care, RMO charges, IV Fluids/Blood transfusion/injection administration charges and similar expenses.
ii. Charges for accommodation in Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) up to 2% of Sum Insured per day or actual expenses whichever is less.
iii. The fees charged by the Medical Practitioner, Surgeon, Specialists, Consultants and Anaesthetists treating the Insured Person.
iv. Operation theatre charges; Expenses incurred for Anaesthetics, Blood, Oxygen, Surgical Appliances and/or Medical Appliances; Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory/ diagnostic tests, X-Ray and such other similar medical expenses related to the treatment.
v. All hospitalisation expenses (excluding cost of organ) incurred for donor in respect of organ transplant to the Insured Person provided the donation conforms to The Transplantation of Human Organs Act 1994.

Note to 4.1

1. 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.
2. In case of admission to a room at rates exceeding the aforesaid limits in Clause 4.1.i, the reimbursement/payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent. Proportionate Deductions shall not be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.
3. No payment shall be made under 4.1 (iii) other than as part of the hospitalisation 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.

4.1.1 Other expenses covered:

i. Dental treatment, necessitated due to injury
ii. Plastic surgery necessitated due to disease or injury
iii. All day care treatments as per standard definition no. 3.A.9

4.1.2 Expenses in respect of the following specified illnesses will be restricted as detailed below:
(Only Applicable for Gold & Senior Citizen Plans only)

Surgery / Illness / Disease / Procedure	Maximum Limits per Surgery/Hospitalisation restricted to
Cataract	Up to 25% of Sum Insured or Rs. 40,000 per eye, whichever is less
Hernia & Hysterectomy	Up to 25% of Sum Insured or Rs. 1,00,000, whichever is less
Major surgeries which include Cardiac Surgeries; Brain Tumour Surgeries; Pace Maker Implantation for Sick Sinus Syndrome; Cancer Surgeries; Hip, Knee, Joint Replacement Surgery; Organ Transplant	Up to 70% of the Sum Insured

4.2 Pre-Hospitalisation and Post-Hospitalisation Expenses
We will cover, on a reimbursement basis, the Insured Person's

i. Pre-hospitalisation Medical Expenses incurred due to an Illness or Injury during the period up to 30 days prior to hospitalisation; and
ii. Post-hospitalisation Medical Expenses incurred due to an Illness or Injury during the period up to 60 days after the discharge from the hospital,

Subject to a maximum of 10% of Sum Insured, provided that:

i. We have accepted a claim for primary In-patient Hospitalization under Section 4.1 above;
ii. The Pre-hospitalisation & Post-hospitalisation Medical Expenses are related to the same Illness or Injury.
iii. The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Any One Illness.

Note: The maximum limit of 10% of Sum Insured will not be applicable for Platinum Plan.

4.3 Domiciliary Hospitalisation
We will cover, on a reimbursement basis, medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

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

However, domiciliary hospitalisation benefits shall not cover:

i. Expenses incurred for treatment for any of the following diseases:

a.Asthma	g.Hypertension
b.Bronchitis	h.All Psychiatric or Psychosomatic Disorders
c.Chronic Nephritis and Nephritic Syndrome	i.Influenza, Cough and Cold
d.Diarrhoea and all type of Dysenteries including Gastroenteritis	j.Pyrexia of unknown Origin for less than 10 days
e.Diabetes Mellitus and Insipidus	k.Tonsillitis and Upper Respiratory Tract infection including Laryngitis and pharyngitis
f.Epilepsy	l.Arthritis, Gout and Rheumatism

Liability of the Company under this clause is restricted as stated in the Schedule as per Annexure – 2.

4.4 Ayurvedic Treatment
We will pay the Reasonable & Customary Charges incurred as in-patient for an Insured Person in case of Medically Necessary Treatment taken during Hospitalisation subject to the condition that the hospitalisation expenses are admissible only when the treatment has been undergone in an AYUSH Hospital as defined in Clause 3.3 above.

4.5 Modern Treatment Methods & Advancement in Technologies
In case of an admissible claim under section 4.1, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sublimits indicated against them in the table below:

Sr. No.	Modern Treatment Methods & Advancement in Technology	Limits per Surgery
1	Uterine Artery Embolization & High Intensity Focussed 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 Sinuplasty	Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty
3	Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
4	Oral 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	Vaporisation of the Prostate (Green laser treatment for holmium 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.
12	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions to be covered only	No additional sub-limit

Note: If, for a given admissible claim, limits as listed in the Table above AND limits mentioned in Clause 4.1.2 are applicable simultaneously, then the lower of the two limits shall apply.

4.6 Cost of Health Check-Up
We will cover expenses incurred towards cost of health check-up up to 1% of average Sum Insured of preceding 3 years, subject to a maximum of Rs. 5,000 per person per policy period for a block of every three claim-free years provided the health check-up is done at hospitals/diagnostic centre authorised by us within a year from the date when it got due and the policy is in force. Payment under this benefit does not reduce the sum insured.
Note: Payment of expenses towards cost of health check-up will not prejudice the Company's right to deal with a claim in case of non-disclosure of material fact and/or Pre-Existing Diseases in terms of the policy.

OPTIONAL COVERS

Road Ambulance Cover
We will cover the costs incurred up to Rs. 2500 per person 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 4.1 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:

i. it is medically required to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital;
ii. it is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of super speciality treatment in the existing Hospital.

Daily Cash Allowance on Hospitalisation
We will pay Daily Cash Allowance to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation, subject to the hospitalisation claim being admissible under the policy, as per the table below:

Additional Annual Premium (Excl. GST)	Daily Cash Allowance Limit (in Rs.)
Rs. 150/-	Rs. 250 per day subject to a maximum of Rs. 2500 per policy period
Rs. 300/-	Rs. 500 per day subject to a maximum of Rs. 5000 per policy period

i. The aggregate of Daily Cash Allowance during the policy period shall not exceed 'per policy period limits' as mentioned in the table above.
ii. Daily Cash Allowance will not be payable for Day Care Treatment claims.
iii. Deductible equivalent to Daily Cash Allowance for the first 48 hours Hospitalization will be levied on each Hospitalisation during the Policy Period.

5. PERMANENT EXCLUSIONS & WAITING PERIODS

A. WAITING PERIODS (Only Applicable for Gold & Senior Citizen Plans)
The Company shall not be liable to make any payment under the policy in connection with or in respect of any expenses till the expiry of waiting period mentioned below:

1. Pre-Existing Disease (Code- Excl01):

i. 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.
ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. 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.
iv. 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.

2. Specific Disease/ Procedure Waiting Period (Code- Excl02):

i. Expenses related to the treatment of the listed Conditions, surgeries/treatments as per Table A and Table B below, shall be excluded until the expiry of 24 months and 48 months respectively of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
vi. List of specific diseases/procedures:

Table A: 24 Months' Waiting Period

Cataract	Piles, Fissures and Fistula-in-Ano
Benign Prostatic Hypertrophy	Sinusitis and related disorders
Treatment for Menorrhagia/ Fibromyoma, Myoma and Prolapse of Uterus	Gout and Rheumatism
Hernia of all types	Calculus diseases
Hydrocele	Congenital Internal diseases

Table A: 48 Months' Waiting Period

Joint Replacement due to Degenerative condition, unless necessitated due to an accident.	Age-related Osteoarthritis & Osteoporosis
Age-related Macular Degeneration (ARMD)	All Neurodegenerative disorders

3. First Thirty Days Waiting Period (Code- Excl03):

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

B. STANDARD PERMANENT EXCLUSIONS (Applicable for ALL Plans)
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:

1. Investigation & Evaluation **(Code- Excl04)**:
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
2. Rest Cure, rehabilitation and respite care **(Code- Excl05)**: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   a. 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.
   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. Obesity/ Weight Control **(Code- Excl06)**: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   A. Surgery to be conducted is upon the advice of the Doctor
   B. The surgery/procedure conducted should be supported by clinical protocols
   C. The member has to be 18 years of age or older and
   D. Body Mass Index (BMI);
      a. greater than or equal to 40 or
      b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnoea
         iv. Uncontrolled Type2 Diabetes
4. 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.
5. 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. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
6. Breach of law **(Code- Excl10)**: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
7. 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 stabilisation are payable but not the complete claim.
8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**
10. 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)**
11. Refractive Error **(Code- Excl15)**: Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.
12. Unproven Treatments **(Code- Excl16)**: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Sterility and Infertility **(Code- Excl17)**: Expenses related to sterility and infertility. This includes:
    i. Any type of contraception, sterilization
    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI