



Energy - Prospectus

Suitability:

- a) This policy covers persons in the age group 18 years to 65 years. The maximum entry age is restricted upto 65 years.
- b) There is no maximum cover ceasing age in this policy.
- c) This Policy offers cover to individuals with Type 1 Diabetes, Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT) and/or Hypertension.
- d) The policy will be issued for a period of 1 year.
- e) This policy can be issued to an individual only on individual Sum Insured basis.
- f) There will be no general waiting period of 30 days applicable in this product.

Sum Insured: Offered are Rs. 200,000; 300,000; 500,000; 10,00,000; 15,00,000; 20,00,000; 25,00,000; 50,00,000

Salient Features & Benefits:

| We will cover the Medical Expenses for: | We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions. |
|---|---|
| <p>a. In-Patient Treatment Treatment costs where Insured Person has to stay in a Hospital for more than 24 hours. This includes:</p> <ul style="list-style-type: none"> • Hospital room rent or boarding • Nursing • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances • Medicines, drugs & consumables • Diagnostic procedures • Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure <p>Note pertaining specifically to AYUSH Treatments only:</p> <p>Medical expenses pertaining only to In-patient care AYUSH treatment are also covered under 'In-patient treatment' cover if undertaken in an AYUSH Hospital. Any medical expense other than In-patient care AYUSH treatment expenses are not covered under this policy.</p> | <ol style="list-style-type: none"> 1. Treatment availed outside India 2. Treatment at a healthcare facility which is NOT a Hospital. 3. Treatment for which hospitalization is not necessary |
| <p>b. Pre-Hospitalization Medical expenses for consultations, investigations and medicines incurred upto 30 days before Hospitalisation.</p> | <ol style="list-style-type: none"> 1. Claims which have NOT been admitted under In-patient Treatment and Day care procedures. 2. Any conditions which are NOT the same as the condition for which Hospitalisation was required. |
| <p>c. Post-Hospitalization Medical expenses for</p> | <ol style="list-style-type: none"> 3. Expenses not related to the admission and not |

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|---|---|
| consultations, investigations and medicines incurred upto 60 days after discharge from Hospitalisation. | incidental to the treatment for which the admission has taken place |
| <p>d. Day Care Procedures</p> <p>Medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a Hospital/day care centre for less than 24 hours because of technological advancement, which would have otherwise required a hospitalisation of more than 24 hours.</p> | <ol style="list-style-type: none"> 1. Out-Patient Treatment 2. Admission for the purpose of only administration of any drug/medication/formulation other than cancer chemotherapy. 3. Treatment at a healthcare facility which is NOT a Hospital |
| <p>e. Organ Donor</p> <p>Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor in the case of transplant surgery</p> | <ol style="list-style-type: none"> 1. Claims which have NOT been admitted under In-patient Treatment. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses. |
| <p>f. Ambulance Cover</p> <p>Expenses incurred on an ambulance in an emergency, subject to Rs. 2000 per Hospitalisation.</p> | <ol style="list-style-type: none"> 1. Claims which have NOT been admitted under In-patient Treatment and Day care procedures. 2. Ambulance services of NON registered healthcare or ambulance service provider. |
| <p>g. Shared Accommodation Benefit</p> <p>If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, the exclusion related to non-medical expenses shall be waived.</p> | |
| <p>h. Restore benefit</p> <p>Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and cumulative Bonus (if applicable) during the Policy Year. The Total amount (Basic sum insured, cumulative bonus and Restore sum insured) will be available to the insured person for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the cumulative bonus (if applicable).</p> <p>Conditions for Restore benefit:</p> <ol style="list-style-type: none"> 1. The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1. 2. The Sum Insured will be restored only once in a Policy Year. | |

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|---|--|
| <p>3. If the restored sum insured is not utilised in a policy year, it shall not be carried forward to any subsequent policy year.</p> | |
| <p>i. HbA1C Checkup Benefit</p> <p>Under this benefit, we will reimburse an amount of up to INR 750 on an each claim towards the expenses of HbA1C checkup on submission of original payment receipt to us subject to</p> <ol style="list-style-type: none"> 1) The date of tests should be in the Policy period. 1) A maximum of two claims can be made in a Policy year. 2) A minimum of 3 months gap should be there between the two tests 3) In Gold variant, HbA1C checkups done as part of wellness benefit (Section 4.I of Policy Wordings) will not be considered for this benefit. | |

Co-payment

If opted and mentioned on the Policy Schedule that a Co-payment is effective, and a claim has been admitted under benefits In-patient Treatment, Pre & Post Hospitalisation Expenses, Day Care Procedures, Organ Donor, Shared Accommodation benefit and Ambulance Cover then, the insured person shall bear 20% of the eligible claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

Wellness Programme for Diabetes and Hypertension

Variant 1. Silver Plan

- a) To avail Wellness Benefit You may choose to undergo a medical check-up twice in a Policy Year as per grid below at a diagnostic center which is approved by Us. Please note that the costs incurred for these tests will not be borne by Us.

Medical check-up reports have to be submitted to Us in time as per below defined timelines. Any reports submitted after these timelines will not be accepted/considered for wellness benefit.

Medical Check-up Grid:

| Period | Diagnostic Tests |
|----------------------|---|
| Half yearly check-up | HbA1c, Blood pressure Monitoring, BMI, Diabetologist/Cardiologist Consultation |
| Annual check-up | HbA1c, SMA 12, Total Cholesterol : HDL Cholesterol, ECG, Blood pressure Monitoring, BMI, Diabetologist Consultation/ General Practitioner |

SMA 12 - FBS, Total Cholesterol, Creatinine, High-density lipoprotein (HDL) , Low-density lipoprotein (LDL), Triglycerides (TG), Total Protein, Serum Albumin, Gamma-glutamyltransferase (GGT), serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), Billirubin

Timelines for submitting the Medical Check-up reports:

| Medical Check-up | Reports should be submitted in: |
|----------------------|--|
| Half yearly check-up | 4 th or 5 th months of the policy year |
| Annual check-up | 8 th or 9 th months of the policy year |

- b) Based on medical check-up results incentive points would be calculated as per table below, this shall be the basis for deciding appropriate level of reduction in renewal premiums.

| Examination Type | Reading | Points |
|---|---------------------------------|--------|
| HbA1c (%) – Half Yearly Examination | Upto 5.99 | 5 |
| | 6.00 - 6.50 | 2 |
| | 6.51 – 8.00 | 1 |
| HbA1c (%) – Annual Examination | Upto 5.99 | 5 |
| | 6.00 - 6.50 | 2 |
| | 6.51 - 8.00 | 1 |
| Blood Pressure – Half Yearly Examination | 110-120/70-80 | 5 |
| | 121-139/80-89 | 2 |
| | 140-150/90-100 | 1 |
| Blood Pressure - Annual Examination | 110-120/70-80 | 5 |
| | 121-139/80-89 | 2 |
| | 140-150/90-100 | 1 |
| Body Mass Index (BMI) | 18.00 – 23.00 | 5 |
| | 23.01 – 27.49 | 2 |
| | 27.50 - 34 | 1 |
| Total Cholesterol : HDL Cholesterol ratio | upto 4.0 | 2 |
| | 4.01 to 5.00 | 1 |
| Diagnostic test undertaken | Both (Annual + Half Yearly) | 3 |
| | Either (Annual or Half Yearly) | 1 |
| Diabetologist consultation/General Practitioner | One Visit | 2 |

- c) On the completion of all the above stated medical check- ups during the policy year and based on the findings, We may decide to



- a. continue with the published premium, or
- b. charge a reduced premium after applying Wellness discount if earned based on the incentive points mentioned in the above table.

Variant 2. Gold Plan

- a) We will conduct Your medical check-up twice in a Policy Period as per grid below.

| Period | Diagnostic Tests |
|----------------------|---|
| Half yearly check-up | HbA1c, Blood pressure Monitoring, BMI, Diabetologist/ Consultation |
| Annual check-up | HbA1c, SMA 12, Total Cholesterol : HDL Cholesterol, ECG, Blood pressure Monitoring, BMI, Diabetologist Consultation/ General Practitioner |

SMA 12 - FBS, Total Cholesterol, Creatinine, High-density lipoprotein (HDL) , Low-density lipoprotein (LDL), Triglycerides (TG), Total Protein, Serum Albumin, Gamma-glutamyltransferase (GGT), serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), Billirubin

- b) The medical check-up shall be conducted by empanelled medical centre and the cost of the same shall be borne by Us. If You choose to undertake medical check-up from a diagnostic center which is approved by Us, We will reimburse upto Rs.2000/- against actual diagnostic bill and You shall provide Us with medical check-up reports in time during Policy Period as per below defined timelines. Any reports submitted after these timelines will not be accepted/considered for wellness benefit.

Timelines for submitting the Medical Check-up reports:

| Medical Check-up | Reports should be submitted in: |
|----------------------|--|
| Half yearly check-up | 4 th or 5 th months of the policy year |
| Annual check-up | 8 th or 9 th months of the policy year |

- c) We will not reimburse any amount in lieu of the medical check-up, if You choose not to undergo any of the medical checkups.
- d) We shall obtain and retain Your medical reports. A copy of the medical check-up reports shall be sent to You for your reference.
- e) Based on medical check-up results incentive points would be calculated as per table below, this shall be the basis for deciding appropriate level of reduction in renewal premiums.

| Examination Type | Reading | Points |
|-------------------------------------|-------------|--------|
| HbA1c (%) – Half Yearly Examination | Upto 5.99 | 5 |
| | 6.00 - 6.50 | 2 |
| | 6.51 – 8.00 | 1 |
| HbA1c (%) – Annual Examination | Upto 5.99 | 5 |
| | 6.00 - 6.50 | 2 |
| | 6.51 - 8.00 | 1 |



| | | |
|---|---------------------------------|---|
| Blood Pressure – Half Yearly Examination | 110-120/70-80 | 5 |
| | 121-139/80-89 | 2 |
| | 140-150/90-100 | 1 |
| Blood Pressure - Annual Examination | 110-120/70-80 | 5 |
| | 121-139/80-89 | 2 |
| | 140-150/90-100 | 1 |
| Body Mass Index (BMI) | 18.00 – 23.00 | 5 |
| | 23.01 – 27.49 | 2 |
| | 27.50 – 34 | 1 |
| Total Cholesterol : HDL Cholesterol ratio | upto 4.0 | 2 |
| | 4.01 to 5.00 | 1 |
| Diagnostic test undertaken | Both (Annual + Half Yearly) | 3 |
| | Either (Annual or Half Yearly) | 1 |
| Diabetologist consultation/General Practitioner | One Visit | 2 |

- f) On the completion of all the above stated medical check- ups during the policy year and based on the findings, We may decide to
- continue with the published premium, or
 - charge a reduced premium after applying Wellness discount if earned based on the incentive points mentioned in the above table.

Wellness Benefit

- a) The appropriate level of discount in renewal premium and renewal incentive would be computed as per below table. Our decision in this regard shall be final and binding on the policyholder.

| Points Earned | Discount | Renewal Incentive |
|---------------|---------------------------------|---|
| 29-32 | 25% discount on renewal premium | Reimbursement upto 25% of renewal premium towards expenses incurred on health care. |
| 25-28 | 20% discount on renewal premium | Reimbursement upto 20% of renewal premium towards expenses incurred on health care. |
| 16-24 | 10% discount on renewal premium | Reimbursement upto 10% of renewal premium towards expenses incurred on health care |
| 8-15 | 5% discount on renewal premium | Reimbursement upto 5% of renewal premium towards expenses incurred on health care |
| Less than 8 | No discount | No Reward |

- Reimbursement under renewal incentive can be claimed once during the Policy Period on submission of original bills or proof of such expenses incurred during the Policy Period on the health of the Insured Person.
- Reimbursement can be claimed for the below mentioned health care expenses for Insured Person under the Policy.
 - Consultation charges
 - Medicines and drugs
 - Diagnostic expenses
 - Dental expenses



5. Other miscellaneous Medical Expenses not covered under any medical insurance

- iii. We will not carry forward any un-claimed amount on subsequent renewal of policy with Us.
- b) The revised premium and renewal incentive as per clause a) above shall be applicable only for the following Policy Year onwards and shall be reassessed at the end of each Policy Year.

Cumulative Bonus

On Renewal of this Policy with the Company without a break, a sum equal to 10% of the Base Sum Insured of the expiring Policy shall be provided as Cumulative Bonus irrespective of any claims and shall be available under the Renewed Policy subject to the following conditions:

- a. The maximum multiplier bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.
- b. The applicable Cumulative Bonus shall be applied annually only on completion of each Policy Year, and once added, the accumulated amount will be carried forward to the subsequent Policy Year, subject to there being no Break in Policy
- c. Portability/migration benefit will be offered to the extent of sum of previous sum insured and accrued multiplier bonus, portability/migration benefit shall not apply to any other additional increased Sum Insured.
- d. In policies with a 2/3 year Policy Period, the application of above guidelines of Cumulative Bonus shall be post completion of each policy year.
- e.

Key Definitions:

- **Pre-existing Condition** means any condition, ailment injury or disease:
That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or For which **Medical advice** or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.
- **A Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured.

Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously



covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
 - ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Non-Disclosure or Misrepresentation

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us at **Our** sole discretion, upon 15 day notice by sending an endorsement to **Your** address shown in the Schedule and
 - b) the claim under such Policy if any, shall be prejudiced
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

Moratorium Period

After completion of 5 continuous years under this **Policy** no look back would be applied. This period of 5 years is called as Moratorium Period. The moratorium would be applicable for the Sums Insured of the first Policy



and subsequently completion of 5 continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud & permanent exclusions specified in the policy contract. The Policy would however be subject to all limits, sub limits, co-payments, Deductibles as per the policy contract.

Exclusions:

Waiting Period

All Illnesses and treatments shall be covered subject to the waiting periods specified below

- i) Specified disease/procedure waiting period- Code- Excl02
 - a. Expenses related to the treatment of the listed Conditions, surgeries/treatments as mentioned in the table below shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
 - c. If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
 - d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
 - e. If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of specific diseases/procedure:

| SI No | Organ / Organ System | Illness/ diagnoses and any other related complications (irrespective of treatments medical or surgical) | Surgeries/procedures (irrespective of any illness / diagnosis other than cancers) |
|-------|----------------------------|--|--|
| a. | Ear, Nose and Throat (ENT) | <ul style="list-style-type: none"> ▪ Sinusitis ▪ Rhinitis ▪ Tonsillitis | <ul style="list-style-type: none"> ▪ Adenoidectomy ▪ Mastoidectomy ▪ Tonsillectomy ▪ Tympanoplasty ▪ Surgery for nasal septum deviation ▪ Surgery for Turbinate hypertrophy ▪ Nasal concha resection ▪ Nasal polypectomy |
| a. | Gynaecological | <ul style="list-style-type: none"> ▪ cysts, polyps including breast lumps ▪ Polycystic ovarian disease ▪ Fibromyoma ▪ Adenomyosis ▪ Endometriosis ▪ Prolapsed Uterus | <ul style="list-style-type: none"> ▪ Hysterectomy ▪ |
| b. | Orthopaedic | <ul style="list-style-type: none"> ▪ Non infective arthritis ▪ Gout and Rheumatism ▪ Osteoarthritis ▪ Ligament, Tendon and Meniscal tear | <ul style="list-style-type: none"> ▪ Joint replacement surgeries ▪ |

| | | | |
|----|--|---|---|
| | | <ul style="list-style-type: none"> ▪ Prolapsed inter vertebral disk | |
| c. | Gastrointestinal | <ul style="list-style-type: none"> • Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess ▪ Rectal Prolapse | <ul style="list-style-type: none"> • Cholecystectomy ▪ Surgery of hernia |
| d. | Urogenital | <ul style="list-style-type: none"> • Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate ▪ Varicocele | <ul style="list-style-type: none"> • Surgery on prostate ▪ Surgery for Hydrocele/ Rectocele |
| e. | Eye | <ul style="list-style-type: none"> ▪ Cataract ▪ Retinal detachment ▪ Glaucoma | |
| f. | Others | | <ul style="list-style-type: none"> ▪ Surgery of varicose veins and varicose ulcers |
| g. | General (Applicable to all organ systems/organs whether or not described above) | <ul style="list-style-type: none"> ▪ Benign tumors of Non infectious etiology eg. cysts, nodules, polyps, lump, growth, etc. | |

ii) Pre-existing Diseases – Code Excl01

- a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the Policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

Any condition or illness, complication or ailment arising out of or connected to the below mentioned conditions shall not be considered as part of this waiting period.

- a. Type 2 Diabetes Mellitus**
- b. Impaired Fasting Glucose (IFG)**
- c. Impaired Glucose Tolerance (IGT)**
- d. Type 1 Diabetes**

e. Hypertension

General exclusions

We will not pay in event of:

We will not pay for any claim for arising from:

| | |
|--|--|
| | |
| | <p>v) Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia</p> <p>vi) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>vii)</p> <p>viii) Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract</p> <p>ix) Expense related to pancreatic islet transplantation.</p> <p>x) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p> <p>xi)</p> |

I. Standard Medical Exclusions

i) **Investigation & Evaluation:** Code Excl04

- a. Expenses related to any admission primarily for diagnostic 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.

ii) **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:

- c. 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.
- d. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii) **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- e. Surgery to be conducted is upon the advice of the doctor
- f. The surgery/procedure conducted should be supported by clinical protocols
- g. The member has to be 18 years of age or older and
- h. Body Mass Index (BMI)
 - i. Greater than or equal to 40 or,
 - ii. 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:
 1. Obesity related cardiomyopathy
 2. coronary heart disease
 3. severe sleep apnoea
 4. uncontrolled type2 diabetes



- iv) **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.
- v) **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**.
- vi) **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.
- vii) **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.
- viii) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12
- ix) 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
- x) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure.Code – Excl14
- xi) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.Code – Excl15
- xii) **Unproven Treatments–** 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.Code – Excl16
- xiii) **Sterility and Infertility –**Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - j. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - k. Gestational Surrogacy
 - l. Reversal of sterilization
- xiv) **Maternity:**Code – Excl18
 - m. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - n. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.

II. Standard Non Medical Exclusions

- i) 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.
- ii) Hazardous or Adventure sports: Code – Exclog
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.

III. Specific Exclusions

We will not pay for any claim arising from or attributable to:

| | |
|-------------------------------|---|
| Non Medical Exclusions | <ul style="list-style-type: none"> i) War or similar situations: Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. ii) Intentional self-injury or attempted suicide while sane or insane. |
| Medical Exclusions | <ul style="list-style-type: none"> i) or caused during service in the armed forces of any country), civil war, public defence acts, Nuclear, Chemical or Biological attack or weapons, Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound. iii) Insuarticipation oInvestigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”). iv) Congenital external diseases, defects or anomalies, v) Stem cell harvesting vi) Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities). vii) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment). viii) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care. ix) Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. x) Vaccination including inoculation and immunisations (Except post Animal bite treatment), xi) Non-Medical expenses such as Food charges (other than patient’s diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com. xii) Treatment taken on Outpatient basis xiii) The provision or fitting of hearing aids, spectacles or contact lenses. xiv) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy. xv) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription. xvi) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). Prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also |



| | |
|--|--|
| | <p>available on www.hdfcergo.com</p> <p>xvii) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p> <p>xviii) Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia</p> <p>xix) Treatment availed outside India</p> <p>xx) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>xxi) Any non-allopathic treatment except to the extent of coverage provided for under 'In-patient Hospitalization treatment' cover</p> <p>xxii)</p> <p>xxiii) Dental treatment and surExpense related to pancreatic islet transplantation.</p> <p>xxiv) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</p> <p>xxv) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p> <p>xxvi) Admission for administration of Intraarticular or Intra-lesional injections, S u p p l e m e n t a r y m e d i c a t i o n s like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion (example: Zolendronic acid, examples of Trade names of supplementary medications: Zometa, Reclast) or IV immunoglobulin infusion</p> <p>xxvii) Any specific time bound exclusion(s) not exceeding 36 months applied by Us and specified in the Schedule and accepted by the insured.</p> |
|--|--|

Claim Procedure:

Specified Third Party Administrator (TPA) licensed by IRDA will process all claims under this policy on behalf of HDFC ERGO General Insurance Company Limited. The final decision on any claim solely rests with HDFC ERGO General Insurance Company Limited.

Intimation & Assistance - Please contact our designated TPA atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses –

- Our TPA must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to your designated TPA within 15 days of the occurrence of the Incident.
* Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate
- The payment will be made in the name of the proposer.



Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, your designated TPA must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization.
- TPA will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 1 hour of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 1 hour.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our contact number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim. You can approach HDFC ERGO General Insurance Company Limited to settle Your claim by following the “Procedure for Reimbursement of Medical Expenses” as stated above.

Renewal of Policy:

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- iii. No loading shall apply on renewals based on individual claims experience
- iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.
- vi.

Withdrawal of Policy

- i) In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii) Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

Possibility of Revision of Terms of the Policy Including the Premium Rates



The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Tax Benefit:

- The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.
- Income tax rules are subject to change.

Requirement:

- Completed proposal form

Pre- Acceptance Medical Test:

- Pre-Policy Checkup at our network would be required for all proposals. We will reimburse 100% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of Pre-Policy Checkup.

Pre-policy check up Grid:

| Age\SI | Rs. 200,000; 300,000; 500,000, 10,00,000, 15,00,000, 20,00,000, 25,00,000 & 50,00,000 |
|--|---|
| 18-45 Years | Medical examination report, HbA1c, Urine micro albumin, Total Cholesterol, Total Protein, SGOT, Serum Creatinine, Tread Mill Test |
| >45 Years | Medical examination report, Tread mill test or ECG with 2D ECHO, Lipids, Serum Creatinine, Liver function test, Ultrasonogram Abd, HbA1C, Urine micro albumin |
| ME = Medical Examination (Report), FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, TMT = Treadmill Test, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycosylated Hb, Total Proteins = Serum total protein, Microalbuminuria = Urine Albumin | |

Loading

- We may apply a risk loading on the premium payable (based on the declarations made in the proposal form and the health status of the persons proposed for insurance) at the Commencement Date or on any renewal of the Policy with Us or on the receipt of a request for enhancing the Sum Insured. The maximum risk loading applicable for an individual will not exceed 100% per diagnosis / medical condition and an overall risk loading of 150% per individual. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- We will send You the applicable risk loading or exclusion in writing. You shall give Us Your consent and the additional premium (if any), within 7 days of the issuance of Our letter. If You neither accept Our letter nor revert to Us within 7 days, We will cancel Your application and refund the premium paid within the next 7 days. We will issue Policy only after getting Your consent.

**PI Note:**

The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 2 A i),ii),iii) above or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.

Cancellation

i)

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

ii)

- i. The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.
- ii. Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.
- iii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- iv. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- v. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

Renewability

- There shall be no cover ceasing age under this policy.

Premium Rates

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.

Premium payment in Instalments

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

- i. Grace Period of 7 days would be given to pay the instalment premium due for the policy.



- ii. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
 - iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
 - iv. No interest will be charged If the instalment premium is not paid on due date.
 - v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
 - vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable. This provision will not apply to claims arising under Wellness benefit and HbA1C Checkup benefit.
- The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Redressal of Grievance

In case of any grievance the insured person may contact the Company through:

- Website: www.hdfcergo.com
- Contact number: 022 6234 6234 / 0120 6234 6234
- E-mail: grievance@hdfcergo.com
- Contact Details for Senior Citizen: 022 – 6242 – 6226
- E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

Gross Premium Tables (Exclusive of Taxes)

1. Silver Plan

A. No Copayment

| Age Band | 200,000 | 300,000 | 500,000 | 1,000,000 | 1,500,000 | 2,000,000 | 2,500,000 | 5,000,000 |
|----------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|
| 18-35 | 5,642 | 6,973 | 9,697 | 11,980 | 14,360 | 17,312 | 18,789 | 24,157 |
| 36-45 | 6,733 | 8,195 | 12,305 | 15,200 | 18,220 | 21,965 | 23,838 | 30,648 |
| 46-50 | 10,302 | 12,123 | 16,923 | 20,906 | 25,057 | 30,210 | 32,785 | 42,152 |
| 51-55 | 12,510 | 15,062 | 21,867 | 27,012 | 32,376 | 39,034 | 42,363 | 54,465 |
| 56-60 | 16,150 | 19,194 | 25,670 | 31,711 | 38,008 | 45,823 | 49,731 | 63,941 |
| 61-65 | 22,163 | 26,898 | 36,497 | 45,085 | 54,039 | 65,150 | 70,704 | 90,906 |
| 66-70 | 29,695 | 36,229 | 49,487 | 61,132 | 73,274 | 88,340 | 95,874 | 123,266 |
| 71-75 | 35,334 | 43,468 | 60,159 | 74,316 | 89,076 | 107,391 | 116,549 | 149,848 |
| 76-80 | 45,886 | 56,448 | 78,273 | 96,692 | 115,896 | 139,725 | 151,639 | 194,964 |
| >80 | 55,559 | 68,349 | 94,997 | 117,353 | 140,660 | 169,581 | 184,041 | 236,625 |



B. 20% Copayment

| Age Band | 200,000 | 300,000 | 500,000 | 1,000,000 | 1,500,000 | 2,000,000 | 2,500,000 | 5,000,000 |
|----------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|
| 18-35 | 4,597 | 5,632 | 7,785 | 9,590 | 11,495 | 13,858 | 15,041 | 19,338 |
| 36-45 | 5,521 | 6,645 | 9,897 | 12,174 | 14,592 | 17,592 | 19,092 | 24,547 |
| 46-50 | 8,486 | 9,860 | 13,633 | 16,751 | 20,078 | 24,206 | 26,270 | 33,775 |
| 51-55 | 10,339 | 12,279 | 17,637 | 21,652 | 25,952 | 31,289 | 33,957 | 43,658 |
| 56-60 | 13,383 | 15,678 | 20,726 | 25,426 | 30,475 | 36,742 | 39,875 | 51,269 |
| 61-65 | 18,406 | 22,007 | 29,495 | 36,162 | 43,344 | 52,256 | 56,711 | 72,915 |
| 66-70 | 24,708 | 29,680 | 40,025 | 49,046 | 58,787 | 70,874 | 76,919 | 98,895 |
| 71-75 | 29,448 | 35,655 | 48,691 | 59,637 | 71,482 | 86,179 | 93,528 | 120,250 |
| 76-80 | 38,296 | 46,352 | 63,393 | 77,612 | 93,026 | 112,153 | 121,716 | 156,491 |
| >80 | 46,430 | 56,178 | 76,983 | 94,217 | 112,928 | 136,148 | 147,757 | 189,974 |



2. Gold Plan

A. No Copayment

| Age Band | 200,000 | 300,000 | 500,000 | 1,000,000 | 1,500,000 | 2,000,000 | 2,500,000 | 5,000,000 |
|----------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|
| 18-35 | 10,642 | 11,973 | 14,697 | 16,980 | 19,360 | 22,312 | 23,789 | 29,157 |
| 36-45 | 11,733 | 13,195 | 17,305 | 20,200 | 23,220 | 26,965 | 28,838 | 35,648 |
| 46-50 | 15,302 | 17,123 | 21,923 | 25,906 | 30,057 | 35,210 | 37,785 | 47,152 |
| 51-55 | 17,510 | 20,062 | 26,867 | 32,012 | 37,376 | 44,034 | 47,363 | 59,465 |
| 56-60 | 21,150 | 24,194 | 30,670 | 36,711 | 43,008 | 50,823 | 54,731 | 68,941 |
| 61-65 | 27,163 | 31,898 | 41,497 | 50,085 | 59,039 | 70,150 | 75,704 | 95,906 |
| 66-70 | 34,695 | 41,229 | 54,487 | 66,132 | 78,274 | 93,340 | 100,874 | 128,266 |
| 71-75 | 40,334 | 48,468 | 65,159 | 79,316 | 94,076 | 112,391 | 121,549 | 154,848 |
| 76-80 | 50,886 | 61,448 | 83,273 | 101,692 | 120,896 | 144,725 | 156,639 | 199,964 |
| >80 | 60,559 | 73,349 | 99,997 | 122,353 | 145,660 | 174,581 | 189,041 | 241,625 |

B. 20% Copayment

| Age Band | 200,000 | 300,000 | 500,000 | 1,000,000 | 1,500,000 | 2,000,000 | 2,500,000 | 5,000,000 |
|----------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|
| 18-35 | 9,597 | 10,632 | 12,785 | 14,590 | 16,495 | 18,858 | 20,041 | 24,338 |
| 36-45 | 10,521 | 11,645 | 14,897 | 17,174 | 19,592 | 22,592 | 24,092 | 29,547 |
| 46-50 | 13,486 | 14,860 | 18,633 | 21,751 | 25,078 | 29,206 | 31,270 | 38,775 |
| 51-55 | 15,339 | 17,279 | 22,637 | 26,652 | 30,952 | 36,289 | 38,957 | 48,658 |
| 56-60 | 18,383 | 20,678 | 25,726 | 30,426 | 35,475 | 41,742 | 44,875 | 56,269 |
| 61-65 | 23,406 | 27,007 | 34,495 | 41,162 | 48,344 | 57,256 | 61,711 | 77,915 |
| 66-70 | 29,708 | 34,680 | 45,025 | 54,046 | 63,787 | 75,874 | 81,919 | 103,895 |
| 71-75 | 34,448 | 40,655 | 53,691 | 64,637 | 76,482 | 91,179 | 98,528 | 125,250 |
| 76-80 | 43,296 | 51,352 | 68,393 | 82,612 | 98,026 | 117,153 | 126,716 | 161,491 |
| >80 | 51,430 | 61,178 | 81,983 | 99,217 | 117,928 | 141,148 | 152,757 | 194,974 |

Premium payment Options

| Sr. No | Premium Payment Option | Installment as % of annual gross premium |
|--------|------------------------|--|
| 1 | Half Yearly | 51.50% |
| 2 | Quarterly | 26.25% |



Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.



Schedule of Benefits

Gold Plan:

| | |
|--|--|
| Sum Insured – (Rs. In Lakhs) | 2.00, 3.00, 5.00, 10.00, 20.00, 25.00, 50.00 |
| 1 a) In-patient Treatment | Covered |
| 1 b) Pre-hospitalization | Covered |
| 1 c) Post-hospitalization | Covered |
| 1 d) Day Care Procedures | All Day Care Procedures Covered |
| 1 e) Organ Donor | Covered |
| 1 f) Ambulance Cover | Upto Rs.2000 per hospitalisation |
| 1 g) Shared Accommodation Benefit | Covered |
| 1 h) HbA1C Checkup Benefit | Covered |
| 1 i) Restore Benefit | Covered |
| 2 Wellness Programme for Diabetes and Hypertension | Covered |

Silver Plan:

| | |
|--|--|
| Sum Insured – (Rs. In Lakhs) | 2.00, 3.00, 5.00, 10.00, 20.00, 25.00, 50.00 |
| 1 a) In-patient Treatment | Covered |
| 1 b) Pre-hospitalization | Covered |
| 1 c) Post-hospitalization | Covered |
| 1 d) Day Care Procedures | All Day Care Procedures Covered |
| 1 e) Organ Donor | Covered |
| 1 f) Ambulance Cover | Upto Rs.2000 per hospitalisation |
| 1 g) Shared Accommodation Benefit | Covered |
| 1 h) HbA1C Checkup Benefit | Covered |
| 1 i) Restore Benefit | Covered |
| 2 Wellness Programme for Diabetes and Hypertension | Covered |

Annexure I - List of Non-Medical Expenses

| S. No. | Item | S. No. | Item |
|--------|------------------------|--------|--|
| 1 | BABY FOOD | 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 2 | BABY UTILITIES CHARGES | 36 | SPACER |
| 3 | BEAUTY SERVICES | 37 | SPIROMETRE |
| 4 | BELTS/ BRACES | 38 | NEBULIZER KIT |
| 5 | BUDS | 39 | STEAM INHALER |



| | | | |
|----|--|----|--|
| 6 | COLD PACK/HOT PACK | 40 | ARMSLING |
| 7 | CARRY BAGS | 41 | THERMOMETER |
| 8 | EMAIL / INTERNET CHARGES | 42 | CERVICAL COLLAR |
| 9 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | 43 | SPLINT |
| 10 | LEGGINGS | 44 | DIABETIC FOOT WEAR |
| 11 | LAUNDRY CHARGES | 45 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 12 | MINERAL WATER | 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 13 | SANITARY PAD | 47 | LUMBO SACRAL BELT |
| 14 | TELEPHONE CHARGES | 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 15 | GUEST SERVICES | 49 | AMBULANCE COLLAR |
| 16 | CREPE BANDAGE | 50 | AMBULANCE EQUIPMENT |
| 17 | DIAPER OF ANY TYPE | 51 | ABDOMINAL BINDER |
| 18 | EYELET COLLAR | 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 19 | SLINGS | 53 | SUGAR FREE TABLETS |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | 54 | CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE) |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | 55 | ECG ELECTRODES |
| 22 | TELEVISION CHARGES | 56 | GLOVES |
| 23 | SURCHARGES | 57 | NEBULISATION KIT |
| 24 | ATTENDANT CHARGES | 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | 59 | KIDNEY TRAY |
| 26 | BIRTH CERTIFICATE | 60 | MASK |
| 27 | CERTIFICATE CHARGES | 61 | OUNCE GLASS |
| 28 | COURIER CHARGES | 62 | OXYGEN MASK |
| 29 | CONVEYANCE CHARGES | 63 | PELVIC TRACTION BELT |
| 30 | MEDICAL CERTIFICATE | 64 | PAN CAN |
| 31 | MEDICAL RECORDS | 65 | TROLLY COVER |
| 32 | PHOTOCOPIES CHARGES | 66 | UROMETER, URINE JUG |
| 33 | MORTUARY CHARGES | 67 | AMBULANCE |
| 34 | WALKING AIDS CHARGES | 68 | VASOFIX SAFETY |