ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Activ Secure
Prospectus

I. Key Highlights

A Fixed Benefit Product which covers Personal Accident, Critical Illness, Cancer secure and Hospital cash. Key features include coverage for 64 Critical Illnesses, Accidental death, Permanent total disability, Permanent partial Disability and Temporary total disability, Accidental Hospitalization, EMI Protection, Cancer Care Cover, Second E opinion and Wellness coach.

II. Eligibility and Terms

A. Eligibility and Coverage

The minimum Age at entry is 5 years for all the plans under the Policy except Critical Illness Cover Plan 3 and Cancer Secure Cover, for which minimum entry Age is 18 years. Maximum entry Age is 65 years under the Policy. Proposer's Age should be at least 18 years. You shall be eligible for Renewals for lifetime. We will not deny Renewals on the basis of Age, except TTD which shall not be Renewed after the Insured Person has attained 70 years of Age.

B. Policy Type: You can buy an Individual or a Family Policy. Each Insured Person under the Policy will have a separate Sum Insured for them.

Family Policy means a Policy described as such in the Policy Schedule in terms of which, two or more persons of a family are named in the Policy Schedule as Insured Persons. In a Family Policy, family means a unit comprising of members who are related to each other in the following manner:

i) Legally married spouse as long as they continue to be married; and/or
ii) Up to four of their children; and/or
iii) Up to 2 parents; and/or
iv) Up to 2 parents in law.

C. Plans and Sum Insured

You can choose any one or can club two or more covers from the 5 available covers. You can choose any plan, Sum Insured and optional covers as available within these 5 covers. Optional Cover (Wellness Coach) may be taken only along with any combination of Personal Accident Cover, Critical Illness Cover, Cancer Secure Cover, and Hospital Cash Cover.

For a Family Policy, all Insured Persons should have same plan within each cover (unless not eligible).

Table under Plans and Sum insured

Cover	Plan	Treatment/Surgery
Personal Accident Cover	Plan I	Rs. 1 Lac, 2 Lacs, 3 Lacs, 4 Lacs, 5 Lacs, 6 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr, 1.5 Cr, 2 Cr
	Plan II	Rs. 1 Lac, 2 Lacs, 3 Lacs, 4 Lacs, 5 Lacs, 6 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 1 Cr, 1.5 Cr, 2 Cr, 5 Cr
	Plan III	Rs. 1 Lac, 2 Lacs, 3 Lacs, 4 Lacs, 5 Lacs, 6 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr, 1.5 Cr, 2 Cr, 5 Cr
	Plan IV	Rs. 5 Lacs, 6 Lacs, 7 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr, 1.5 Cr, 2 Cr, 5 Cr
	Plan V	Rs. 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr, 1.5 Cr, 2 Cr, 5 Cr, 7.5 Cr, 10 Cr, 15 Cr, 20 Cr
Critical Illness Cover	Plan 1	1 Lac, 2 Lacs, 3 Lacs, 4 Lacs, 5 Lacs, 6 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr
	Plan 2	1 Lac, 2 Lacs, 3 Lacs, 4 Lacs, 5 Lacs, 6 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr
	Plan 3	Rs. 5 Lacs, 6 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr
Cancer Secure Cover	Cancer Secure Cover	Rs. 5 Lacs, 6 Lacs, 8 Lacs, 9 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 30 Lacs, 40 Lacs, 50 Lacs, 1 Cr
Hospital Cash Cover	Hospital Cash Cover	Daily Cash Benefit options are: Rs. 500, Rs. 1000, Rs. 2000, Rs. 3000, Rs. 4000, Rs. 5000, Rs 10,000 Limit per Policy Year: 30 days/ 45 Days/60 days
Optional Cover	Wellness Coach	Available along with any combination of Personal Accident Cover, Critical Illness Cover, Cancer Secure Cover, Hospital Cash Cover

Optional Covers are available with Personal Accident Cover, Critical Illness Cover and Cancer Secure Cover. Once selected these Optional Covers will be applicable for all Insured Persons in the Policy without any individual selection, except for Temporary Total Disablement (TTD), which will be applicable only for earning Insured Persons under the Policy.

D. Eligibility

For Personal Accident Cover

i. For Earning Member(s)
   - Basic cover Sum insured (in case Loan Protect benefit is not opted) Up to 12 times gross annual income of Insured.
   - Personal Accident Cover taken along with Loan Protect optional benefit: Basic Cover Sum Insured plus Loan Protect optional benefit limit up to 15 times his/her gross annual income.
   - TTD SI – Salaried/ Self-employed – Up to 2 times of Annual gross income.

ii. Non-earning Spouse / Parent/Parent in laws – 100% of Proposer's Basic cover sum insured/eligibility or 30L whichever is lower. TTD Benefit is not applicable.

iii. Children/Student – 100% of Proposer's Basic cover sum insured/eligibility or 15L whichever is lower. TTD Benefit is not applicable.
Sum Insured for Optional Cover "TTD" under Personal Accident Cover: up to 2 times annual income. Only an earning Insured Person can opt for this cover. Other Optional Covers, if opted, will be applicable for all Insured Persons under the Policy.

For Critical Illness Cover and Cancer Secure Cover

i. Earning Member– Sum insured Up to 12 times Annual gross income of Insured
ii. Non-earning Spouse– 50% of Proposer's sum insured/eligibility or 30L whichever is lower.
iii. Non-earning Parent/ Parent in laws – 50% of Proposer's sum insured/eligibility or 10L whichever is lower.
iv. Children/Student – 50% of Proposer's sum insured/eligibility or 15L whichever is lower.

For Hospital Cash Cover, any Daily Cash Benefit limit may be chosen.

Eligible Risk Class (For Personal Accident Cover)
Risk Class 1: Persons engaged in professional, administrative, managerial, clerical and non-manual work solely in offices or similar non-hazardous places. E.g. Doctors, lawyers, accountants, architects, consulting engineers, teachers, bankers or engaged in a similar occupation.

Risk Class 2: Persons engaged in work of a supervisory nature and others not in Class 1 whose duties do not involve the use of tools or machinery or expose them to any special hazard, e.g. paid car drivers, builders, contractors, engineers on site engaged in superintending functions only, veterinary doctors, veterinary workers or engaged in a similar occupation.

Risk Class 3: Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery. E.g. garage or motor mechanic, machine operator, paid drivers of trucks, a lorries or other heavy vehicles, agriculturist/farmer, bricklayer; butcher; crane driver; carpenter; car exhaust fitter; train guard; welder at building sites/factories; or engaged in a similar occupation.

Risk Class 4: Persons engaged in underground mines, handling explosives/chemical industries, electrical installations with high tension supply, or the Insured Person is a jockey, circus personnel, individual engaged in racing in wheels or horseback, winter sports, mountaineering, skiing, river rafting, polo, ice hockey, hand gliding as an occupation, furnace operators, persons working at heights, aviation crew, pilots, security guards, crew employed in ships (merchant navy when in duty), firemen, individuals working in law enforcement agencies (including police, para-military, military forces), demolition workers, junk or salvage workers (breakers yard) including scrap metal yards, loggers, lumber mill workers (tree fellers, people climbing trees as part of their occupation), steeple jacks, window cleaners using harness or cradles or any other occupation using harness, cradles or safety lines, adventurous sports professionals/ trainers, employees engaged in offshore activities like oil rigs, or in similar activity or Occupation.

Note – Person engaged in occupation falling under Risk Class 3 will not be eligible for TTD Benefit

Uninsurable risks:
There are certain diseases and Illnesses which may have higher probability of Injury due to an Accident. Also some occupations are considered hazardous. These are considered uninsurable and may be declined by Us. Indicative lists of such risks are mentioned below.
Indicative List of Uninsurable Illnesses/diseases / conditions:

Political activists in violence prone areas.
- Alcoholics, persons habitually under the influence of drugs.
- Proposals from politically disturbed areas or areas where enforcement law and order is lax.
- Persons suffered/ suffering from/diagnosed with/undergoing treatment for epilepsy irrespective of origin, paralysis, psychiatric disorder
- Risk Class 4

E. Policy Period option

You can buy the Policy for one, two or three continuous years at the option of the Insured Person. 'One Policy Year' shall mean a period of one year from the Inception Date of the Policy.

F. Premium Payment Option

You can choose to buy Policy by paying single premium or You can choose premium payment on instalment basis. Monthly/quarterly/semi annual instalment options are available for Policies with Policy Period of 1 year.

G. Discounts under the Policy

You can avail of the following discounts on the premium on Your Policy.
- Family discount – You can avail a 10% discount on covering 3 or more family members in an Individual Policy type.
  Long Term Discount – You can avail of a long term discount of 7.5% and 10% on selecting a Policy with Policy Period of 2 and 3 years respectively. Long term discount will apply only in case of single premium Policies.
  A 10% discount is applicable for employees of Aditya Birla Group upon purchase of this Policy without any intermediary.

H. Pre-policy Medical Examination

Pre-Policy medical check- up may be required based on cover(s) chosen, Sum Insured, Age and/or any health declaration. Medical tests will be facilitated by Us and conducted at Our network of diagnostic centres. Full cost of all such tests will be borne by Us for all accepted proposals. In case of rejected proposals or where a counter offer is not accepted by the customer We will bear only 50% of the cost for such tests.

I. Underwriting and Loadings

i We may apply a risk loading (additional premium) on the premium payable (excluding statutory levies and taxes) based on the details of the Insured Person, including the health status, habits and lifestyle, past medical records, declarations on the Proposal Form and the results of the pre-Policy medical examination.

ii. The maximum risk loading applicable for an individual shall not exceed above 100% per Insured Person. Loadings will be applied from the Inception Date of the first Policy including subsequent Renewal. There will be no loadings based on individual claims experience on Renewals for the Policies Renewed with Us continuously without any break.
iii. We will inform You about the applicable risk loading or special condition through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium. In case, You neither accept the counter offer nor revert to Us within 10 working days, We shall cancel Your application and refund the premium paid.
iv. Your Policy shall not be issued unless We receive Your consent.

Section III. Benefits Covered Under the Policy

1. Personal Accident

A: Basic Covers

Benefits under this Section III.1.A are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the sub-limit for each Benefit under Section III.1.A is specified against that Benefit in the Policy Schedule /the Product Benefit Table. Payment of the Benefit shall be subject to the availability of the Sum Insured/applicable sub-limit for that Benefit.

All claims under Section III.1.A must be made in accordance with the procedure set out in Section VI.1

1 Accidental Death Cover (AD)

What is covered
If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period and that Injury results in the death of the Insured Person within 365 days from the date of the Accident, We shall pay the Sum Insured as specified in the Policy Schedule/ the Product Benefit Table including any P.A. Cumulative Bonus, as applicable.

In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after 365 days, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as a result of an Accident. If, at any time, after the payment of the Sum Insured payable under this Benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to Us

Condition
a) Once a claim has been accepted and paid under this Benefit then cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

2 Permanent Total Disablement (PTD)
What is covered
If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period and that Injury results in the permanent total disablement of the Insured Person of the nature as specified in the table below within 365 days from the date of the Accident, We shall pay the Sum Insured as specified in the Policy Schedule / the Product Benefit Table including any P.A. Cumulative Bonus, as applicable.

Table of Benefits	
Type of Permanent Total Disablement	
i)	Total and irrecoverable loss of sight of both eyes
ii)	Loss by physical separation or total and permanent loss of use of both hands or both feet
iii)	Loss by physical separation or total and permanent loss of use of one hand and one foot
iv)	Total and irrecoverable loss of sight of one eye and loss of a Limb
v)	Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
vi)	Total and irrecoverable loss of hearing of both ears and loss of speech
vii)	Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
viii)	Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

Conditions
a) For the purpose of this Benefit:
- Limb means a hand at or above the wrist or a foot above the ankle;
- Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.
  In this benefit, Loss means the physical separation of a body part, or the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disablement and provided further that We are satisfied based on a written confirmation by a Medical Practitioner at the expiry of the 365 days that there is no reasonable medical hope of improvement.

b) Once a claim has been accepted and paid under this Benefit then cover under Section III.1 of this Policy shall immediately and automatically cease in respect of that Insured Person.

What is not covered
Loss caused directly or indirectly due to the following shall not be covered:
a) due to infections (except pyogenic infections which occur through an Accidental cut or wound) or any other kind of disease; or
b) any Surgical Procedure except as may be necessary solely as a result of the Injury.

3 Permanent Partial Disablement (PPD)
What is covered
If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period and that Injury results in the permanent partial disablement of the Insured Person of the nature as specified in the table below within 365 days from the date of the Accident, then We shall pay the percentage of the Sum Insured as specified in the Policy Schedule / the Product Benefit Table including any P.A. Cumulative Bonus, as applicable, and as specified in the table below:

S.No	Table of Benefits	Percentage of the Sum Insured payable
Type of Permanent Partial Disablement		
1	Hearing of both ears	75%
2	An arm at the shoulder joint	70%
3	A leg above mid-thigh	70%
4	An arm above the elbow joint	65%
5	An arm beneath the elbow joint	60%
6	A leg up to mid-thigh	60%
7	A hand at the wrist	55%
8	A leg up to beneath the knee	50%
9	An eye	50%
10	A leg up to mid-calf	45%
11	A foot at the ankle	40%
12	Hearing of one ear	30%
13	A thumb	20%
14	An index finger	10%
15	Sense of smell	10%
16	Sense of taste	5%
17	Any other finger	5%
18	A large toe	5%
19	Any other toe	2%

Conditions

a) In case the Insured Person suffers a loss not mentioned in the table above, then an external medical advisor shall determine the degree of disablement and the amount payable, if any.

b) In this benefit, Loss means the physical separation of a body part, or the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disablement and provided further that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

c) If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment under this Benefit shall be limited to the member only and not for any of its parts or constituents.

What is not covered

Loss caused directly or indirectly due to the following shall not be covered:

a) due to infections (except pyogenic infections which occur through an Accidental cut or wound) or any other kind of disease; or
b) any Surgical Procedure except as may be necessary solely as a result of the Injury

4 Education Benefit

What is covered

If We have accepted a claim under Section III.1.A.1(Accidental death Cover) or under Section III.1.A.2(Permanent Total Disablement), then in addition to the amount payable under that Section, We shall pay a lump sum amount as specified in the Policy Schedule /the Product Benefit Table towards the education of the surviving Dependent Children.

Conditions

a) The maximum amount payable under this Section shall not exceed the amount as specified in the Policy Schedule /the Product Benefit Table irrespective of the number of Dependent Children.

b) This Benefit shall be payable subject to the Dependent Child being up to 25 years of Age as on the date of occurrence of the event giving rise to the claim under Section III.1.A.1(Accidental Death Cover) or Section III.1.A.2(Permanent Total Disablement) and irrespective of whether the child is an Insured Person under this Policy.
c) The Dependent Child shall not have any independent source of income and must be pursuing an educational course as a full time student at an accredited educational institute.

5 Emergency Road Ambulance Cover

What is covered

If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period that requires Hospitalization of the Insured Person as an In-patient, then in addition to the amount payable under Section III.1.A.1(Accidental Death Cover) or III.1.A.2(Permanent Total Disablement) or III.1.A.3(Permanent Partial Disablement) if any, We shall reimburse the costs incurred to transfer the Insured Person from the site of the Accident to the nearest Hospital by road Ambulance immediately following the Accident up to the limits as specified in the Policy Schedule / the Product Benefit Table.

In addition to the above, coverage under this Benefit shall also be provided under the below circumstances:

(i) If it is medically necessary 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; or
(ii) If it is medically necessary to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of super speciality treatment in the existing Hospital.

Condition

a) The treating Medical Practitioner certifies in writing that the transportation of the Insured Person by Ambulance was medically necessary.
b) The Ambulance/ healthcare service provider is registered

What is not covered

a) Any expenses in relation to the transportation of the Insured Person from the Hospital to the Insured Person's residence are not payable under this Benefit.

6 Funeral Expenses

What is covered

If We have accepted a claim under Accidental Death Cover in accordance with Section III.1.A.1 (Accidental Death Cover), then in addition to the amount payable under that Section, We shall pay a lump sum amount equal to the amount as specified in the Policy Schedule /the Product Benefit Table towards funeral, cremation or burial expenses of that Insured Person.

7 Repatriation of Remains

What is covered

If We have accepted a claim under Accidental Death Cover in accordance with Section III.1.A.1(Accidental Death Cover), then in addition to the amount payable under that Section, We shall pay a lump sum amount as specified in the Policy Schedule /the Product Benefit Table towards transportation of mortal remains from the place of death to the residence of the Insured Person or to a cremation/ burial ground.

8 Orphan Benefit

What is covered

If We have accepted a claim under Accidental Death Cover in accordance with Sections III.1.A.1(Accidental Death Cover), for the Insured Person and that Insured Person's spouse (who may or may not be an Insured Person under this Policy) is also deceased on or before the date of the Accident which caused the death of the Insured Person and as a consequence, their Dependent Child becomes an orphan, then in addition to the amount payable under that Section, We shall pay a lump sum amount equal to the amount as specified in the Policy Schedule / the Product Benefit Table.

Conditions

a) The maximum amount payable under this Section shall not exceed the amount as specified in the Policy Schedule /the Product Benefit Table irrespective of the number of Dependent Children and whether the child is an Insured Person under this Policy or not.
b) This Benefit shall be payable subject to the Dependent Child being up to 25 years of Age as on the date of occurrence of the event and provided that the Dependent Child does not have any independent source of income.
c) Any claim towards Orphan Benefit for Children where the Dependent Child is less than 18 years of Age, shall be payable to the legal guardian of the Dependent Child.

9 Modification Benefit (Residence and vehicle)

What is covered

If We have accepted a claim for Permanent Total Disablement under Section III.1.A.2 or Permanent Partial Disablement under Section III.1.A.3, then in addition to the amount payable under that Section, We shall reimburse maximum up to the amount as specified in the Policy Schedule / the Product Benefit Table towards the costs incurred for suitable improvements carried out in the Insured Person's residence and/or vehicle following the Insured Person's disablement.

Expenses covered under this Section shall include expenses for necessary modification to:

a) make the residence accessible and habitable for the disabled Insured Person;
b) one motor vehicle owned or leased by the Insured Person to make such vehicle accessible to or driveable by the Insured Person.

Conditions

a) The modification must be carried out in India only by an individual experienced in carrying out such modifications and such modifications must be certified by a Medical Practitioner as "necessary".
b) The modification must be directly required as a result of the Injury caused by an Accident for which We have accepted a claim under Section III.1.A.2 or III.1.A.3.

10 Compassionate visit

What is covered

If We have accepted a claim under Section III.1.A.1 (accidental Death Cover) or under Section III.1.A.2 (Permanent Total Disablement) and Section III.1.A.3 (Permanent Partial Disablement), then in addition to any amount payable under that Section, We shall reimburse the amount which shall be lower of return economy class air ticket or up to the amount as specified in the Policy Schedule /the Product Benefit Table for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person.

Conditions

a) Such travel by the Immediate Relative should be by the most direct route.
b) Such travel may be undertaken using any mode of legally allowed transport.
c) The Insured Person is Hospitalized at a distance of at least 100 kilometre from his place of residence. For the purpose of this Benefit, "Immediate Relative" means the Insured Person's spouse, children (including step-children, adopted children and ward), brother, sister, parents, parents-in-law, brother-in-law or sister-in-law, and any legal guardian.

11.a. P.A Cumulative Bonus

What is covered

If the Insured Person has not made any claim under Section III.1.A.1(Accidental Death Cover) and Section III.1.A.2 (Permanent Total Disablement) and Section III.1.A.3 (Permanent Partial Disablement) and Section III.1.A.3 in a Policy Year, then We shall apply a P.A. Cumulative Bonus of 5% on the Sum Insured as specified for Section III.1.A.1 (Accidental Death Cover) in the Policy Schedule for that Insured Person. The maximum P.A. Cumulative Bonus shall not exceed 50% of the Sum Insured as specified for Section III.1.A.1 (Accidental Death Cover) in the Policy Schedule for that Insured Person. This accrued P.A. Cumulative Bonus shall be available for any claim under Section III.1.A.1, III.1.A.2 and III.1.A.3 of this Policy.

If a P.A. Cumulative Bonus is applied and a claim is made, then at the time of Renewal, the accrued P.A. Cumulative Bonus shall be reduced by 5% of the Sum Insured as specified for Section III.1.A.1 in the Policy Schedule for that Insured Person.

Conditions

a) P.A. Cumulative Bonus shall not accrue if the Policy is not Renewed with Us by the end of the Grace Period.
b) If the Policy Period is for either two years or for three years, then any P.A. Cumulative Bonus that has accrued for the first Policy Year or the second Policy Year as the case may be shall be credited at the end of the first Policy Year or the second Policy Year as the case may be and shall be available for any claims made in the subsequent Policy Year.
c) If the Sum Insured under the Policy has been increased at the time of Renewal, then the P.A. Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.

d) The P.A. Cumulative Bonus is subject to revision in case a claim is being reported under the expiring Policy Year.

What is not covered
This Benefit is not applicable to an Insured Person whose Sum Insured specified for Section III.1.A.1 in the Policy Schedule is more than Rs. 10 Crores.

11.b No Claim Discount
We shall apply a No claim discount at such percentage as mentioned in the Policy Schedule on the premium of the Insured Persons expiring policy year, provided that the Insured Person(s) has not made any claim under Section III.1.A.1(Accidental Death Cover) and Section III.1.A.2 (Permanent Total Disablement) and Section III.1.A.3 (Permanent Partial Disablement) and Section III.1.A.3 in a Policy Year, and has successfully renewed the policy with us continuously and without any break on or before the Grace Period.

Conditions:

i. Insured Person can either opt for (P.A Cumulative Bonus) or (No Claim Discount) at the time of renewal.

ii. No Claim Discount can be availed maximum upto the threshold of P.A Cumulative Bonus limit as specified in the Policy Schedule / Product Benefit Table.

iii. No Claim Discount is applicable on every claim free year, provided the policy is renewed with Us without a break, up to the maximum threshold of P.A Cumulative Bonus limit as specified in the Policy Schedule / Product Benefit Table.

iv. Application of No Claim Discount (NCD) in case of Individual Policy:
In case where the policy is on individual basis, the NCD shall be applied on Previous year policy premium as discount individually to the Insured person who was there in expiring policy and if no claim has been reported. NCD shall not be applicable only in case of claim from the same Insured Person.

v. Application of No Claim Discount – Grace Period
NCD shall be available only if the Policy is renewed/ premium paid on or within the Grace Period.

vi. Application of No Claim Discount in case of Reduction in Sum Insured:
If the Sum Insured has been reduced at the time of Renewal, the NCD shall be calculated basis on the policy premium proportionate to the renewed Sum Insured.

vii. Application of No Claim Discount in case of Increase in Sum Insured:
If the Sum Insured under the Policy has been increased at the time of Renewal the NCD shall be calculated basis on the Previous Year policy premium.

viii. Application of No Claim Discount in case of claim post payment of renewal premium:
If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any NCD offered shall be reduced from claim payable for the claimed policy year

ix. Application of No Claim Discount in case of Family Floater basis to Individual Basis during renewal:
If the Insured Persons in the expiring policy are covered on Family floater basis and such expiring policy has been Renewed on an individual policy basis, then the NCD to be applied on Previous Year Policy Premium provided no claim has been reported from any member of the family in previous policy.

x. Application of No Claim Discount in case of Multi Year policies:
In case of Multi-year Policy, the NCD shall be applied on the Previous year policy premium on expiry of policy period as opted, provided there are no claims made in the last policy year. Only at the time of renewal, policyholder will be given the choice of NCB and NCD in case of last policy year being claim free.

B: Optional Covers
The following additional covers shall apply only if the premium in respect of the additional cover has been received and the Policy Schedule states that the additional cover is in force. The Policy Schedule shall specify which of the following additional covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section III.1.B are subject to the terms, conditions and exclusions of this Policy. The sub-limit for each Benefit is specified against that Benefit in the Policy Schedule /the Product Benefit Table. Payment of the Benefit shall be subject to the availability of the applicable sub-limit for that Benefit.

All claims under this section must be made in accordance with the procedure set out in Section VI.1 Wherever a claim qualifies under more than one Benefit in Section III.1.B, We shall pay for all such eligible covers opted and in force.

12 Temporary Total Disablement (TTD)
What is covered
If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any employment or occupation on a temporary basis, then We shall pay the weekly amount as specified in the Policy Schedule /the Product Benefit Table for the duration that the temporary total disablement continues.

Conditions
a) The temporary total disablement is certified by a treating doctor.
b) We shall not be liable to make payment for more than the number of weeks as specified in the Policy Schedule in respect of any one Injury calculated from the date of commencement of the temporary total disablement.
c) This Benefit shall not be paid in excess of the Insured Person's base weekly income at the time of accident excluding overtime, bonuses, tips, commissions, or any other compensation.
d) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.
e) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement contin ues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.
f) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

13 Accidental in-patient Hospitalization Cover

What is covered

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that requires Hospitalization of the Insured Person as an In-patient, then We shall cover the Medical Expenses incurred for such Hospitalization up to the limits as specified against this cover in the Policy Schedule / the Product Benefit Table for that Insured Person. We shall cover the following Medical Expenses:

- Room Rent and other boarding charges;
- ICU Charges;
- Operation theatre expenses;
- Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
- Qualified Nurses' charges;
- Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
- Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
- Anaesthesia, blood, oxygen and blood transfusion charges;
- Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

Day Care Treatment:

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment on the recommendation of a Medical Practitioner following an Injury suffered by the Insured Person solely and directly due to an Accident occurring during the Policy Period up to the limits as specified under this Benefit in the Policy Schedule / the Product Benefit Table for that Insured Person.

Cashless facilities can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us on Our toll free number as specified in the Policy Schedule.

Conditions

(a) The Insured Person is Hospitalized in India.
(b) The Hospitalization is for Medically Necessary Treatment and is on the written advice of a Medical Practitioner.

What is not covered

a) Any Hospitalization for an existing disability from an Accident which has occurred prior to the Inception Date of this Policy.
b) Any Hospitalization for an Injury solely and directly due to an Accident where the treatment is undertaken by a family member in the form of self-medication or any other treatment that is not scientifically recognized.
c) Vaccination and inoculation of any kind unless forming part of Medically Necessary Treatment for Injury solely and directly due to an Accident and as prescribed by the Medical Practitioner.
d) Vitamins and tonics unless forming part of Medically Necessary Treatment for Injury solely and directly due to an Accident and as prescribed by the Medical Practitioner.
e) Aesthetic treatment, Cosmetic Surgery and plastic Surgery unless medically necessary and certified by the attending Medical Practitioner for reconstruction following an Accident.
f) Dental Treatment or Surgery of any kind unless medically necessary as a result of Injury to natural teeth as well as requiring Hospitalization due to an Accident.
g) Experimental, investigational or unproven treatment devices and pharmacological regimens.

14 Broken Bones Benefit

What is covered

If the Insured Person sustains broken bones of the nature as specified in the table below, solely and directly due to an Accident which occurs during the Policy Period, then We shall pay the percentage of the maximum limit as mentioned in the Policy Schedule /the Product Benefit Table for this cover. The percentage of limit as per the nature of the Injury are as specified in the table below.

Broken Bones resulting an Injury to	Percentage of the Broken Bone Cover limit payable
Vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (collies or similar Fractures)	10%
Ankle (Potts or similar Fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%
Foot	3%
Toe	3%
Nasal bone	3%

For the purpose of this Benefit:

- Broken Bones means the breakage of one or more of bones of the Insured Person specified in the table above as evidenced by a Fracture but excluding any form of hair line Fracture.
- Pelvis means all pelvic bones which shall be treated as one bone. The sacrum shall be considered as part of the vertebral column.
- Skull means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.

Conditions

a) If We have admitted a claim in accordance with this Benefit which results in 100% of the limit under this Benefit being paid, then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person and shall not be available at the time of Renewal.

b) Our maximum liability under this Benefit is limited to the percentage of limit mentioned against this Benefit in the Policy Schedule /the Product Benefit Table, irrespective of the number of Fractures that an Insured Person sustains due to an Accident. If a claim in respect of any Fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment shall be limited to the whole bone only and not for any of its parts.

What is not covered

a) Any Fracture which results due to any Illness or disease (including malignancy) or due to osteoporosis/ degeneration of bones shall not be payable under this Benefit.

15 Coma Benefit

What is covered

If the Insured Person suffers a coma solely and directly due to an Accident which occurs during the Policy Period, then We shall pay a lump sum amount equal to the limit as specified in the Policy Schedule / the Product Benefit Table in respect of that Insured Person.

Conditions

a) The condition of coma must be confirmed by a specialist Medical Practitioner in writing which includes:
   (i) no response to external stimuli continuously for at least 96 hours; and
   (ii) life support measures are necessary to sustain life.

b) If We have admitted a claim in accordance with this Benefit, then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person and shall not be available at the time of Renewal.

What is not covered

a) We shall not pay for coma which results from alcohol/ drug abuse or due to an Illness.

16 Burn Benefit

What is covered

If the Insured Person sustains burns of the nature as specified in the table below solely and directly due to an Accident which occurs during the Policy Period, then We shall pay the percentage of the limit as specified in the Policy Schedule /the Product Benefit Table, and as per the table below:

Nature of Burns		**Percentage of Limit for Burns Benefit payable**
	1. Head	
a.	Third degree burns of 8% or more of the total head surface area	100%
b.	Second degree burns of 8% or more of the total head surface area	50%
c.	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d.	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f.	Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2.	Rest of the body	
a.	Third degree burns of 20% or more of the total body surface area	100%
b.	Second degree burns of 20% or more of the total body surface area	50%
c.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Conditions

a) If the Injury results in more than one of the nature of burns specified in the table above, We shall be liable to pay for only the highest Benefit among all.

b) If We have admitted a claim in accordance with this Benefit, which results in 100% of the limit under this Benefit being paid, then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person and shall not be available at the time of Renewal.

17 Accidental Medical Expenses

What is covered

If We have accepted a claim under Section III.1.A.1 (Accidental Death Cover) or under Section III.1.A.2 (Permanent Total Disablement) or Section III.1.A.3 (Permanent Partial Disablement), or Section III.B.12 (Temporary Total Disablement), if opted, then in addition to the amount payable under that Section, We shall pay the Medical Expenses incurred by the Insured Person at a Hospital in India for OPD treatment for Injuries caused by such Accident.

Conditions

Our maximum liability under this Benefit shall be the lowest of the following:

- Actual Medical Expenses
- 10% of the amount payable as per Section III.1.A.1 (Accidental Death Cover) in case of death; or
- 40% of the amount payable as per Section III.1.A..2 (Permanent Total Disablement) in case of PTD; or
- 40% of the amount payable as per Section III.1.A..3 (Permanent Partial Disablement) in case of PPD; or
- 40% of the amount payable as per Section III.1.B..12 (Temporary Total Disablement), if opted in case of TTD; or
- Rs 50,000.

18 Adventure Sports Cover

What is covered

If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period whilst engaged in a sports activity carried out in accordance with the guidelines, codes of good practice and recommendations laid down by a governing body or authority in respect of that sport, and such Injury results in death or Permanent Total Disablement as per Section III.1.A.1 or III.1.A.2 respectively, then We shall pay a lump sum amount equal to the limit as specified in the Policy Schedule /the Product Benefit Table, in respect of that Insured Person.

Conditions

a) If We have admitted a claim in accordance with this Benefit, then cover under Section III.1 shall be terminated and shall not be Renewed under this Policy.

b) Permanent Exclusion 16 under IV.A.(iv).a shall not be applicable in respect of this Benefit.

19 Worldwide Emergency Assistance Services (including Air Ambulance)

What is covered

If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period requiring Emergency medical assistance, We shall provide the Emergency medical assistance as described below provided that the Insured Person is travelling 150 (one hundred and fifty) kilometres or more away from his/her residential address as mentioned in the Policy Schedule.

(1) Emergency Medical Evacuation: When an adequate medical facility is not available in the proximity of the Insured Person, as determined by the Emergency service provider, the consulting Medical Practitioner and the Medical Practitioner attending to the Insured Person, transportation under appropriate medical supervision shall be arranged, through an appropriate mode of transport to the nearest medical facility which is able to provide the required care.

(2) Medical Repatriation (Transportation): When medically necessary, as determined by Us and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Policy Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

Conditions

(a) No claims for reimbursement of expenses incurred for services arranged by Insured Person shall be allowed unless agreed by Us or Our authorized representative

(b) Please call Our call centre with details on the name of the Insured Person and/ or Policyholder and Policy number, on the toll free number specified in the Policy Schedule for availing this Benefit.

What is not covered

We shall not provide services in the following instances:

(i) Travel undertaken specifically for securing medical treatment

(ii) Injuries resulting from participation in acts of war or insurrection.

(iii) Commission of an unlawful act(s).

(iv) Attempt at suicide.

(v) Incidents involving the use of drugs unless prescribed by a Medical Practitioner.

(vi) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.

(vii) International trips exceeding 90 days from residential address without prior notification to Us.

We shall not evacuate or repatriate an Insured Person in the following instances:

(i) Without medical authorization.

(ii) With mild lesions, simple Injuries such as sprains, simple Fractures, or mild Illness which can be treated by a local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.

(iii) With a pregnancy beyond the end of the 28th week and shall not evacuate or repatriate a child born while the Insured Person was traveling beyond the 28th week.

(iv) International trips exceeding 90 days from residential address without prior notification to Us.

20 EMI Protect

If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period and If We have accepted a claim under Section III.1.A.1 (Accidental Death Cover) or Section III.1.A.2 (Permanent Total Disablement) or Section III.1.A.3 (Permanent Partial Disablement) where such Injury results in completely preventing the Insured Person from performing each and every duty pertaining to his/her employment or occupation for a minimum period of 1 month, then in addition to the amount payable under Section III.1.A.1 or Section III.1.A.2 or Section III.1.A.3 and subject to all other terms, conditions and exclusions under this Policy, We shall pay the amount commensurate with the Insured Person's contribution in EMI of his/her loan account as specified in the Policy Schedule, subject to the maximum limit specified in the Policy Schedule/ the Product Benefit Table.

Conditions

a) Payments under this Benefit shall be subject to the Insured Person satisfying Us that the Permanent Total Disablement or Permanent Partial Disablement has completely prevented him/her from engaging in his/her occupation as mentioned in the Policy Schedule.

b) Payments under this Benefit shall stop when We are satisfied that the Insured Person can engage in his/her occupation again or when We have made payments for a maximum period of 3 months (3 EMIs) beginning from the date the Insured Person suffered the Injury solely and directly due to the Accident where total payment made does not exceed the maximum limit specified in the Policy Schedule/the Product Benefit Table, whichever is earlier.

c) The EMI amount payable under this Section shall not include any arrears due to any reasons whatsoever.

21 Loan Protect

If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period and If We have accepted a claim under Section III.1.A.1 or under Section III.1.A.2, then in addition to the amount payable under that Section, We shall pay an amount commensurate with the balance outstanding loan amount of the Insured Person's loan account specified in the Policy Schedule as on the date of the Accident, subject to the maximum limit specified in the Policy Schedule/ the Product Benefit Table.

Conditions

a) The amount payable under this Section shall not include any arrears in the outstanding loan amount due to any reasons whatsoever.

b) The cover for the Insured Person under this Section shall terminate immediately in the event of admissible claim and settlement of Benefit under this cover.

2. Critical Illness Cover

A: Basic Covers

The Basic Covers below are in-built Benefits that are available for the Insured Persons under the Policy.

Benefits under this Section are subject to the terms, conditions and exclusions of this Policy. The Sum Insured for the Benefit shall be as specified in the Policy Schedule /the Product Benefit Table. Payment of the Benefit shall be subject to the availability of the Sum Insured for this Benefit.
All claims must be made in accordance with the procedure set out in Section VI.1

2.A.1 Critical Illness Cover

What is covered

If the Insured Person suffers from a Critical Illness of the nature as specified below during the Policy Period and while the Policy is in force, then We shall pay the Sum Insured as set out for that Critical Illness provided that the Critical Illness is first diagnosed or first manifests itself during the Policy Period as a first incidence.

Conditions

(a) For Plan 1, Plan 2:
- Maximum liability during the lifetime of the Insured Person: 100% of the Sum Insured.
- Cover Termination: Once a claim for a listed condition under either plan is admissible in respect of an Insured Person, no further Renewals shall be allowed for that Insured Person under this Benefit.

(b) For Plan 3:
- Maximum liability during the lifetime of the Insured Person: 100% of the Sum Insured for Critical Illness under List A plus 50% of the Sum Insured, maximum up to Rs. 10 Lacs for Critical Illness under List B.
- Cover Termination: Once a claim for any Critical Illness in List A is admissible in respect of an Insured Person. No further Renewals shall be allowed for that Insured Person under this Benefit. Cover shall continue even after a claim becomes admissible for any Critical Illness in List B.
  - Maximum number of claims: One under List A and one under List B.
  - A lump sum amount equal to 100% of the Sum Insured as mentioned in the Policy Schedule shall be payable for claim for condition under List A.
  - A lump sum amount equal to 50% of Sum Insured as mentioned in the Policy Schedule or Rs. 10 Lacs, whichever is lower shall be payable for claim for condition under List B.
  - If there is more than one condition diagnosed within a period of 48 hours, only one claim with the highest Benefit pay-out shall be admissible.
  - Payment for condition under List A subsequent to claim for condition under List B shall be over and above the claim amount for condition under List B.
  - Transition grid for various scenarios is as below:

Scenario	Event	Benefit Pay out as % of Sum Insured	Cover terminates
1	List B Critical Illness	50% or Rs. 10 Lacs, whichever is lower	No
	List A Critical Illness	100%	Yes
2	List A Critical Illness	100%	Yes

(c) List & Definition of Critical Illnesses as applicable for Plan1, Plan2, Plan3:

	Name of Critical Illness	Payout as a % of S.I.in Plan 1	Payout as a % of S.I.in Plan 2	Payout as a % of S.I.in Plan 3
1	Cancer of Specified Severity	100%	100%	List A
2	Myocardial Infarction (First Heart Attack of specific severity)	100%	100%	List A
3	Open Chest CABG	100%	100%	List A
4	Open Heart Replacement Or Repair Of Heart Valves	100%	100%	List A
5	Kidney Failure Requiring Regular Dialysis	100%	100%	List A
6	Stroke Resulting In Permanent Symptoms	100%	100%	List A
7	Major Organ / Bone Marrow Transplant	100%	100%	List A
8	Permanent Paralysis Of Limbs	100%	100%	List A
9	Multiple Sclerosis With Persisting Symptoms	100%	100%	List A
10	Coma of Specified Severity	100%	100%	List A
11	Motor Neuron Disease With Permanent Symptoms	100%	100%	List A
12	Third Degree Burns	100%	100%	List A
13	Deafness	100%	100%	List A
14	Loss of Speech	100%	100%	List A
15	Aplastic Anaemia	100%	100%	List A
16	End Stage Liver Failure	100%	100%	List A
17	End Stage Lung Failure	100%	100%	List A
18	Bacterial Meningitis	100%	100%	List A
19	Fulminant Hepatitis	100%	100%	List A
20	Muscular Dystrophy	100%	100%	List A
21	Parkinson's disease	Not Covered	Not Covered	List A
22	Benign Brain Tumor	Not Covered	Not Covered	List A
23	Alzheimer's Disease	Not Covered	Not Covered	List A
24	Aorta Graft Surgery	Not Covered	Not Covered	List A
25	Loss of Limbs	Not Covered	Not Covered	List A
26	Blindness	Not Covered	Not Covered	List A
27	Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Not Covered	List A
28	Apallic Syndrome or Persistent Vegetative State (PVS)	Not Covered	Not Covered	List A
29	Encephalitis	Not Covered	Not Covered	List A
30	Chronic Relapsing Pancreatitis	Not Covered	Not Covered	List A
31	Major Head Trauma	Not Covered	Not Covered	List A
32	Medullary Cystic Disease	Not Covered	Not Covered	List A
33	Poliomyelitis	Not Covered	Not Covered	List A
34	Systemic Lupus Erythematous	Not Covered	Not Covered	List A
35	Brain Surgery	Not Covered	Not Covered	List A
36	Severe Rheumatoid Arthritis	Not Covered	Not Covered	List A
37	Creutzfeldt-Jakob disease	Not Covered	Not Covered	List A
38	Hemiplegia	Not Covered	Not Covered	List A
39	Tuberculosis Meningitis	Not Covered	Not Covered	List A
40	Dissecting Aortic aneurysm	Not Covered	Not Covered	List A
41	Progressive Supranuclear Palsy – resulting in permanent symptoms	Not Covered	Not Covered	List A
42	Myasthenia Gravis	Not Covered	Not Covered	List A
43	Infective Endocarditis	Not Covered	Not Covered	List A
44	Pheochromocytoma	Not Covered	Not Covered	List A
45	Eisenmenger's Syndrome	Not Covered	Not Covered	List A
46	Chronic Adrenal Insufficiency	Not Covered	Not Covered	List A
47	Progressive Scleroderma	Not Covered	Not Covered	List A
48	Elephantiasis	Not Covered	Not Covered	List A

49	Cardiomyopathy – of specified severity	Not Covered	Not Covered	List A
50	Myelofibrosis	Not Covered	Not Covered	List A
51	Angioplasty	Not Covered	Not Covered	List B
52	Pericardectomy	Not Covered	Not Covered	List B
53	Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary	Not Covered	Not Covered	List B
54	Keyhole Coronary Surgery	Not Covered	Not Covered	List B
55	Severe Crohn's disease – surgically treated	Not Covered	Not Covered	List B
56	Cardiac Defibrillator insertion or Cardiac Pacemaker insertion	Not Covered	Not Covered	List B
57	Carcinoma in-situ of the cervix uteri – requiring treatment with hysterectomy	Not Covered	Not Covered	List B
58	Carcinoma in-situ of the urinary bladder	Not Covered	Not Covered	List B
59	Carotid Artery Surgery	Not Covered	Not Covered	List B
60	Ductal or Lobular carcinoma in-situ of the breast – with specified treatment	Not Covered	Not Covered	List B
61	Small Bowel Transplant	Not Covered	Not Covered	List B
62	Severe ulcerative colitis – with operation to remove the entire large bowel	Not Covered	Not Covered	List B
63	Testicular carcinoma in situ – requiring surgery to remove at least one testicle	Not Covered	Not Covered	List B
64	Surgical removal of an eyeball	Not Covered	Not Covered	List B

1. **Cancer of Specified Severity**
   - I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.
   - II. The following are excluded-
     - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
     - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
     - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
     - iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
     - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
     - vi. Chronic lymphocytic leukaemia less than RAI stage 3
     - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
     - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. **Myocardial Infarction**
   (First Heart Attack of specific severity)
   - I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
     - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
     - ii. New characteristic electrocardiogram changes
     - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
       The following are excluded:
       - i. Other acute Coronary Syndromes
       - ii. Any type of angina pectoris
       - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. **Open Chest CABG**
   - I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive key hole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
   - II. The following are excluded:
     i. Angioplasty and/or any other intra-arterial procedures

4. **Open Heart Replacement Or Repair Of Heart Valves**
   - I. The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvu loplasty are excluded.

5. **Kidney Failure Requiring Regular Dialysis**
   - I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemo dialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. **Stroke Resulting in Permanent Symptoms**
   - I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
   - II. The following are excluded:
     - i. Transient ischemic attacks (TIA)
     - ii. Traumatic Injury of the brain
     - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. **Major Organ / Bone Marrow Transplant**
   - I. The actual undergoing of a transplant of:
     - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:
   i. Other stem-cell transplants
   ii. Where only islets of langerhans are transplanted

8. Permanent Paralysis of Limbs

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage such as SLE

10. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. Motor Neuron Disease with Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. Third Degree Burns

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

13. Deafness

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

14. Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by and Ear, Nose, Throat (ENT) specialist.

15. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

a. Blood product transfusion;
b. Marrow stimulating agents;
c. Immunosuppressive agents; or
d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

a. Absolute neutrophil count of 500/mm^3 or less
b. Platelets count less than 20,000/mm^3 or less
c. Absolute Reticulocyte count of 20,000/mm^3 or less

Temporary or reversible Aplastic Anaemia is excluded.
In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

16. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

17. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
   i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
   ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO2 <55 mm Hg); and
   iv. Dyspnea at rest.

18. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
b. A consultant neurologist certifying the diagnosis of bacterial meningitis.
   Bacterial Meningitis in the presence of HIV infection is excluded.

19. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

20. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:

a. Family history of muscular dystrophy;
b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
c. Characteristic electromygrom; or
d. Clinical suspicion confirmed by muscle biopsy.
   The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

21. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.
The diagnosis must be supported by all of the following conditions:

a. the disease cannot be controlled with medication;
b. signs of progressive impairment; and
c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
   Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

22. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain,
   cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
II. This brain tumor must result in at least one of the following and must be confirmed by the relevant specialist Medical Practitioner.
   i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
III. The following conditions are excluded:
   Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

23. Alzheimer's Disease

Alzheimer's disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

The following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric Illnesses;
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia.

24. Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.
The Insured Person understands and agrees that we shall not cover:

a. Surgery performed using only minimally invasive or intra-arterial techniques.
b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.
   The aorta is the main artery carrying blood from the heart. Aortic graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

25. Loss of Limbs

I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This shall include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded

26. Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
II. The Blindness is evidenced by
    i. corrected visual acuity being 3/60 or less in both eyes or;
    ii. the field of vision being less than 10 degrees in both eyes.
III. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

27. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
II. The NYHA Classification of Cardiac Impairment are as follows:
    i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
    ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

28. Apallic Syndrome or Persistent Vegetative State (PVS)

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.
The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

29. Encephalitis

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

Exclusions:
• Encephalitis in the presence of HIV infection is excluded.

30. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a registered Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded

31. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology
III. Activities of Daily Living are:
    i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
    ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
    iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
    iv. Mobility: the ability to move indoors from room to room on level surfaces;
    v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
    vi. Feeding: the ability to feed oneself once food has been prepared and made available.
IV. The following are excluded:
    i. Spinal cord injury;

32. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and intestitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

33. Poliomyelitis

The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.
Exclusions:
- Cases not involving irreversible paralysis shall not be eligible for a claim
- Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

34. Systemic Lupus Erythematous

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythe-matosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:
The WHO lupus classification is as follows:
a. Class I: Minimal change – Negative, normal urine.
b. Class II: Mesangial – Moderate proteinuria, active sediment.

c. Class III: Focal Segmental – Proteinuria, active sediment.
d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

35. Brain Surgery:

The actual undergoing of Surgery to the brain under general anesthesia during which a craniotomy is performed.
Exclusion:
Burr hole Surgery / brain Surgery on account of an Accident.

36. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least six (6) months.
- Elevated levels of C-reactive protein (CRP), or erythrocyte sedimentation rate (ESR)

37. Creutzfeldt-Jacob disease

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A registered doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

38. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by Illness or Injury, except when such Injury is self-inflicted.

39. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by 1) and 2) and 3)

1) Findings in the cerebrospinal fluid (csf) report
2) Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
3) Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

40. Dissecting Aortic aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

41. Progressive Supranuclear Palsy

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement
disorder and postural instability for a minimum period of 30 days

42. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:
Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
Class V: Intubation needed to maintain airway.

43. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s);
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist

44. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.
The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

45. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- Mean pulmonary artery pressure > 40 mm Hg;
- Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- Normal pulmonary wedge pressure < 15 mm Hg

46. Chronic Adrenal Insufficiency

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered Medical Practitioner who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

47. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivo cally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilicfascitis; and
- CREST syndrome

48. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

49. Cardiomyopathy of specified severity

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class III or Class IV, or its equivalent, based on the following classification criteria:
Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.
Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

50. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured Person requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

51. Angioplasty

I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
III. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

52. Pericardectomy

The undergoing of a pericardectomy as a result of pericardial disease or undergoing of any Surgical Procedure requiring keyhole cardiac surgery.
Both these Surgical Procedures must be certified to be absolutely necessary by a specialist in the relevant field.

53. Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary

An ovarian tumour of borderline malignancy / low malignant potential that has been positively diagnosed with histological confirmation and has resulted in surgical removal of an ovary.
For this definition the following are not covered:
Removal of an ovary due to a cyst.

54. Keyhole Coronary Surgery

The undergoing for the first time for the correction of the narrowing or blockage of one or more major coronary arteries with bypass grafts via "Keyhole" surgery. All intra-arterial catheter based techniques are excluded from this benefit. The Surgery must be considered medically necessary by a consultant cardiologist. Major coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

55. Severe Crohn's disease- surgically treated

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to Hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be made by a registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

56. Cardiac Defibrillator insertion or Cardiac Pacemaker insertion

I. Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field; or
II. Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method. The Surgical Procedure must be certified to be absolutely necessary by a specialist in the relevant field. Documentary evidence of ventricular tachycardia or fibrillation must be provided.

57. Carcinoma in-situ of the cervix uteri – requiring treatment with hysterectomy

Carcinoma in-situ of the cervix uteri (cervix) that requires treatment with hysterectomy.
The hysterectomy must have been performed on the advice of a specialist to treat carcinoma in-situ of the cervix.

The following are excluded:
a) All grades of dysplasia
b) Cervical squamous epithelial lesion (SIL) and Cervical intra-epithelial neoplasia (CIN), unless carcinoma in-situ is present
c) Carcinoma in-situ of any other gynaecological organ (for example the ovary, or the fallopian tube)
d) Any other disease or disorder of the cervix or other gynaecological organs that is treated with hysterectomy.

58. Carcinoma in-situ of the urinary bladder

Carcinoma in-situ of the urinary bladder that has been histologically confirmed on a pathology report.
The following conditions are not covered:
a) Non-invasive papillary carcinoma
b) Stage Ta bladder carcinoma
c) All other forms of non-invasive carcinoma

59. Carotid Artery Surgery

The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks (TIA). Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

60. Ductal or Lobular carcinoma in-situ of the breast – with specified treatment

Diagnosis of ductal or lobular carcinoma in-situ of the breast, that is histologically confirmed, and results in undergoing surgical removal on the advice of the Medical Practitioner.

61. Small Bowel Transplant

The receipt of a transplant of small bowel with its own blood supply via a laparatomy resulting from intestinal failure.

62. Severe ulcerative colitis – with operation to remove the entire large bowel

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
All of the following criteria must be met:
- the entire colon is affected, with severe bloody diarrhoea; and
- the necessary treatment is total colectomy and ileostomy; and
- the diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology

63. Testicular carcinoma in situ – requiring Surgery to remove at least one testicle

Diagnosis of, and having specified treatment of carcinoma in-situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU), histologically confirmed by biopsy, and as a result treated with orchidectomy (complete surgical removal of the testicle).

64. Surgical removal of an eyeball

Surgical removal of an eyeball as a result of Injury or disease.
For the above definition, the following is not covered:
• Self-inflicted Injuries

(d) Survival Period:

The payment of a Benefit under Section III.2.A.1 (Critical Illness cover) shall be subject to survival of the Insured Person for the number of days as specified in Policy Schedule/ the Product Benefit Table following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time.

B: Optional Covers

The following additional cover shall apply only if the premium in respect of the additional cover has been received and the Policy Schedule states that the additional cover is in force and is available for the Insured Persons under the Policy.

Benefits under this Section III.2.B are subject to the terms, conditions and exclusions of this Policy.

1 Second E Opinion

What is covered

If the Insured Person is diagnosed with a Critical Illness during the Policy Period, the Insured Person may at his/her sole discretion choose to avail a second E-opinion from Our panel of Medical Practitioners for the Critical Illness and We shall arrange for and cover the second E- opinion.

Conditions
a) This Benefit can be availed by the Insured Person only once in the Policy Period for the same Critical Illness.
b) The second E-opinion shall be based only on the information and documentation provided to Us.
c) Under this Benefit, We are only providing the Insured Person with access to an E-opinion and We shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
d) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner. Costs under this Benefit shall not be available on a reimbursement basis

3. Cancer Secure Cover

A: Basic Covers

The Basic Covers below are in-built Benefits that are available for the Insured Persons under the Policy.

Benefits under this Section are subject to the terms, conditions and exclusions of this Policy. The Sum Insured for the Benefit shall be as specified in the Policy Schedule /the Product Benefit Table. Payment of the Benefit shall be subject to the availability of the Sum Insured for this Benefit.
All claims must be made in accordance with the procedure set out in Section VI.1

1 Cancer Secure Plan

What is covered

If the Insured Person suffers from a Critical Illness of the nature as specified below during the Policy Period and while the Policy is in force, then We shall pay the Sum Insured as set out for that Critical Illness provided that the Critical Illness is first diagnosed or first manifests itself during the Policy Period as a first incidence.

Conditions

(a) For Cancer Secure plan:

- Maximum liability during the lifetime of the Insured Person: 150% of the Sum Insured as specified in the Policy Schedule.
- Cover Termination: Once a claim for major or Advanced stage of Cancer becomes admissible, coverage under Section III shall terminate. admissible, this cover shall terminate.
- Maximum number of claims: One under Early Stage Cancer and/or one under Major or Advanced Stage.
- For any of the specified Early Stage Cancer Condition or Carcinoma-in-situ (CIS) 50% of the Sum Insured as specified in the Policy Schedule or Rs. 10 Lacs, whichever is lower shall be payable only once and only for the first event of early stage/CIS cancer.
- For specified Major Stage Cancer, 100% of the Sum Insured as specified in the Policy Schedule shall be payable. Once a claim for Major stage becomes admissible, this cover shall terminate.
- For specified Advanced Stage Cancer, 150% of the Sum Insured as specified in the Policy Schedule shall be payable. Once the Advanced stage becomes admissible, this cover shall terminate.
- Payment for Major or Advanced Stage Cancer subsequent to Early Stage Cancer shall be over and above the claim amount for Early Stage Cancer, subject to maximum liability during the lifetime of the Insured Person.
- If there is more than one condition diagnosed within a period of 48 hours, only one claim, with the highest Benefit pay-out shall be admissible.
- Transition grid for various scenarios is as below:

Scenario	Event	Benefit Pay out as % of the Sum Insured	Cover terminates
1	Early Stage Cancer	50% or Rs. 10Lacs, whichever is lower	No
	Major Stage Cancer	100%	Yes
2	Major Stage Cancer	100%	Yes
3	Advanced Stage Cancer	150%	Yes
4	Early Stage Cancer	50% or Rs. 10Lacs, whichever is lower	No
	Advanced Stage Cancer	100%	Yes

For Cancer Secure Plan, various Stages are defined as below:

Early Stage:

This shall include the following:

1. Carcinoma in situ of the following sites: breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, stomach, nasopharynx or bladder.
   Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
   Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma in situ of the biliary system is also specifically excluded.
2. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
   Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
   Tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
   Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
   Malignant melanoma that has not caused invasion beyond the epidermis.
   Other skin carcinoma are excluded.

Major Stage (Cancer of Specified Severity):

I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

II. The following are excluded-
   i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
   ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
   iii. Malignant melanoma that has not caused invasion beyond the epidermis;
   iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
   v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
   vi. Chronic lymphocytic leukaemia less than RAI stage 3
   vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
   viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

Advanced Stage (Metastatic Cancer):

All Stage IV malignant tumor with the presence of distant metastasis. A spread to lymph nodes only is not covered under this definition. The diagnosis of malignancy must be confirmed by histological evidence.

Metastatic cancer is a cancer that has spread from the part of the body where it started (the primary site) to other parts of the body. When cancer cells break away from a tumour, they can travel to other areas of the body through the bloodstream, the lymph system (which contains a collection of vessels that carry fluid and immune system cells) or through the peritoneum

Following is excluded:

i. All tumours in presence of HIV infection
ii. Locally advanced cancers (these will be considered as Early Stage/ Stage II Major for the purpose of this policy)
iii. Any leukaemia and lymphoma (these will be considered as Stage II Major for the purpose of this policy)

(b) Survival Period:

The payment of a Benefit under Section Section III.3.A shall be subject to survival of the Insured Person for the number of days as specified in Policy Schedule/ the Product Benefit Table following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time.

(c).a Cancer Cumulative Bonus

What is covered

If the Insured Person has not made any claim under Section III.3.A.1 in a Policy Year, then We shall apply a Cancer Cumulative Bonus of 10% on the Sum Insured

as specified for Section III.3 in the Policy Schedule for that Insured Person. The maximum Cancer Cumulative Bonus shall not exceed 100% of the Sum Insured as specified for Section III.3 in the Policy Schedule for that Insured Person. This accrued Cancer Cumulative Bonus shall be available for any claim under Section III.3 of this Policy.

If a Cancer Cumulative Bonus is applied and a claim is made, then at the time of Renewal, the accrued Cancer Cumulative Bonus shall be reduced by 10% of the Sum Insured as specified for Section III in the Policy Schedule for that Insured Person.

Conditions

a) Cancer Cumulative Bonus shall not accrue if the Policy is not Renewed with Us by the end of the Grace Period.
b) If the Policy Period is for either two years or for three years, then any Cancer Cumulative Bonus that has accrued for the first Policy Year or the second Policy Year as the case may be shall be credited at the end of the first Policy Year or the second Policy Year as the case may be and shall be available for any claims made in the subsequent Policy Year.
c) If the Sum Insured under the Policy has been increased at the time of Renewal, then the Cancer Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.
d) The Cancer Cumulative Bonus is subject to revision in case a claim is being reported under the expiring Policy Year.

(c).b No Claim Discount

We shall apply a No claim discount at such percentage as mentioned in the Policy Schedule on the premium of the Insured Persons expiring policy year, provided that the Insured Person(s) has not made any claim under Section III.3.A.1 in a Policy Year, and has successfully renewed the policy with us continuously and without any break on or before the Grace Period.

Conditions:

i. Insured Person can either opt for (Cancer Cumulative Bonus) or (No Claim Discount) at the time of renewal.
ii. No Claim Discount can be availed maximum upto the threshold of Cancer Cumulative Bonus limit as specified in the Policy Schedule / Product Benefit Table.
iii. No Claim Discount is applicable on every claim free year, provided the policy is renewed with Us without a break, up to the maximum threshold of Cancer Cumulative Bonus limit as specified in the Policy Schedule / Product Benefit Table.
iv. Application of No Claim Discount (NCD) in case of Individual Policy:
In case where the policy is on individual basis, the NCD shall be applied on Previous year policy premium as discount individually to the Insured person who was there in expiring policy and if no claim has been reported. NCD shall not be applicable only in case of claim from the same Insured Person.
v. Application of No Claim Discount – Grace Period
NCD shall be available only if the Policy is renewed/ premium paid on or within the Grace Period.
vi. Application of No Claim Discount in case of Reduction in Sum Insured:
If the Sum Insured has been reduced at the time of Renewal, the NCD shall be calculated basis on the policy premium proportionate to the renewed Sum Insured.
vii. Application of No Claim Discount in case of Increase in Sum Insured:
If the Sum Insured under the Policy has been increased at the time of Renewal the NCD shall be calculated basis on the Previous Year policy premium.
viii. Application of No Claim Discount in case of claim post payment of renewal premium:
If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any NCD offered shall be reduced from claim payable for the claimed policy year
ix. Application of No Claim Discount in case of Family Floater basis to Individual Basis during renewal:
If the Insured Persons in the expiring policy are covered on Family floater basis and such expiring policy has been Renewed on an individual policy basis, then the NCD to be applied on Previous Year Policy Premium provided no claim has been reported from any member of the family in previous policy.
x. Application of No Claim Discount in case of Multi Year policies:
In case of Multi-year Policy, the NCD shall be applied on the Previous year policy premium on expiry of policy period as opted, provided there are no claims made in the last policy year. Only at the time of renewal, policyholder will be given the choice of NCB and NCD in case of last policy year

B: Optional Covers

The following additional covers shall apply only if the premium in respect of the additional cover has been received and the Policy Schedule states that the additional cover is in force and is available for the Insured Persons under the Policy.

Benefits under this Section III.3.B are subject to the terms, conditions and exclusions of this Policy.

1 Second E Opinion

What is covered

If the Insured Person is diagnosed with Cancer of Specified Severity or Metastatic Cancer during the Policy Period, the Insured Person may at his/her sole discretion choose to avail a second E-opinion from Our panel of Medical Practitioners for the Critical Illness of the nature specified herein and We shall arrange for and cover the second E- opinion.

Conditions

a) This Benefit can be availed by the Insured Person only once in the Policy Period.
b) The second E-opinion shall be based only on the information and documentation provided to Us.
c) Under this Benefit, We are only providing the Insured Person with access to an E-opinion and We shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
d) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner. Costs under this Benefit shall not be available on a reimbursement basis

4. Hospital Cash Cover

Benefits under this Section are subject to the terms, conditions and exclusions of this Policy. The sub-limit for each Benefit under this Section is specified against that Benefit in the Policy Schedule. Payment of the Benefit shall be subject to the availability of the applicable sub-limit for that Benefit.
Benefits shall be applicable on an Individual basis. The limit per Policy Year specified in the Policy Schedule for the Insured Person shall be Our maximum, total and cumulative liability for the number of days of Hospitalization for any and all claims arising under this Benefit in respect of that Insured Person.

All claims under this Section must be made in accordance with the procedure set out in Section VI.1

1. Hospital Cash Plan

What is covered

If the Insured Person is Hospitalized in India during the Policy Period for Medically Necessary Treatment of an Illness or Injury which occurs during the Policy Period, We shall pay the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

Conditions

(a) A Deductible of one day shall be applicable for each claim.
(b) Total number of days for this Benefit, including the days for which claim is payable as per Section IV.2, shall not exceed as specified in the Policy Schedule / the Product Benefit Table.

What is not covered

No Day Care Treatment shall be covered under this Benefit.

2. Double Benefit Cover
What is covered
For one or more of the following conditions that occur during the Policy Period, We shall pay 2 times the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization. This Benefit shall be available for maximum 10 days per Policy Year. This limit for number of days is included within the per Policy Year Limit as specified in the Policy Schedule.

a) ICU Hospitalization Days: If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary Treatment of an Illness or an Injury that occurred during the Policy Period. The double benefit shall be paid only for the days the Insured person is Hospitalized in ICU and not for the complete stay in the Hospital.

b) Hospitalization due to Road Traffic Accident: If the Insured Person is Hospitalized due to an Injury that occurred due to a road traffic Accident during the Policy Period.

Conditions
(a) A Deductible of one day shall be applicable for each claim. If one Hospitalization event also consists of days of Hospitalization in the ICU, then the first day shall be considered for Deductible, irrespective of whether it is a day of Hospitalization in the ICU or not.
(b) The Hospitalization must be for Medically Necessary Treatment of an Illness, or Injury that occurred during the Policy Period.
(c) For any given day of Hospitalization, if the Benefit is payable under Section III.4.2, then there shall be no additional payment under Section III.4.1
(d) If Hospitalization for the above health conditions as mentioned in III.4.2 a) or b) continues beyond the limit of 10 days as defined for this cover, then for days beyond this limit, Benefit shall be payable as per Section III.4.1

3. Convalescence Benefit
What is covered
If the Insured Person is Hospitalized in India during the Policy Period and if We have paid a claim for 7 days or more under SectionIII.4.1 or III.4.2 then, We shall additionally pay a lump sum amount equal to the Daily Cash Benefit as specified in the Policy Schedule towards convalescence.

Conditions
(a) This Benefit is payable only once per Policy Year.
(b) Claim is admissible under Sections III.4.1 and/or III.4.2 for 7 days or more

4. Parental Accommodation Benefit
What is covered
If the Insured Person Aged 12 years or less is Hospitalized in India during the Policy Period and if We have paid a claim for 3 days or more under Section III.4.1 or III.4.2, then We shall additionally pay a lump sum amount equal to the Daily Cash Benefit as specified in the Policy Schedule towards accommodation expenses of the parent(s) of the said Insured Person.

Conditions
(a) This Benefit is payable only once per child who is an Insured Person under this Policy per Policy Year.
(b) Claim is admissible under Sections III.4.1 and/or III.4.2 for 3 days or more

5. Optional Cover
The following additional cover shall apply only if the premium in respect of the additional cover has been received and the Policy Schedule states that the additional cover is in force and is available for the Insured Persons under the Policy.
Benefits under this Section V are subject to the terms, conditions and exclusions of this Policy.

1. Wellness Coach
What is covered
In order to educate, empower and engage Insured Persons to become more aware of their health and proactively manage it, each Insured Person shall have access to wellness coaching in areas such as:
(i) Weight management
(ii) Activity and fitness
(iii) Nutrition
(iv) Tobacco cessation

Conditions
a) These coaches shall be available as a chat service on Our mobile application and website or as a call back service.
b) It is agreed and understood that Our wellness coaches are not providing and shall not be deemed to be providing any Medical Advice. They shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice.

Doctor on call
Upon the Insured Person's request, We shall also provide access to a general Medical Practitioner, available as a chat service on Our mobile application and website or as a call back service.
We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this Benefit.

Section IV. Exclusions

A. Specific Exclusions
We shall not be liable to make any payment under this Policy directly or indirectly for, caused by or arising out of or howsoever attributable to any of the following. All waiting periods and permanent exclusions shall apply individually for each Insured Person and claims shall be assessed accordingly.

i. Initial waiting period
For Section III.1 Personal Accident Cover, no initial waiting period is applicable.

For Section III.2 Critical Illness Cover, We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within the following number of days from the Inception Date of cover.

a) Plan 1, Plan 2: 90 days
b) Plan 3:
- For conditions listed as List A: 90 days
- For conditions listed as List B: 180 days

For Section III.3 Cancer Secure Cover, We shall not be liable to make any payment in respect of any Critical Illness of the nature specified in Section III.3.A.1 whose signs or symptoms first occur within the following number of days from the Inception Date of cover.

a) Cancer Secure plan :
- For Major and Advanced Stage Cancer: 90 days
- For Early Stage Cancer: 180 days

For Section III.4, Hospital Cash Cover, We shall not be liable to make any payment for Hospitalization undertaken during the first 30 days from the Inception Date, unless the same is required as a result of an Accident that occurs during the Policy Period.

For Section III.5 Optional Cover, no initial waiting period is applicable.

ii. Specified disease / procedure waiting period: (Code- Excl02) (applicable only for Section III.4)
A waiting period of 24 months from the Inception Date of cover shall apply for Benefit under Section IV (Hospital Cash Cover) for Hospitalization, whether treatment is medical or surgical and is for the Illnesses/conditions and their complications mentioned below:

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

f) List of specific diseases / procedures:

	Body System	Illness	Treatment/ Surgery
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery
		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery
		Rheumatism, Rheumatoid Arthritis	Surgery for Prolapse of the intervertebral disc
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholestectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
6	Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	
		Hernia, Hydrocele,	Surgery for Hydrocele, Rectocele and Hernia
		Varicocoele / Spermatocoele	Surgery for Varicocoele / Spermatocoele
7	Skin	Skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	Surgery for Varicose veins and Varicose ulcers

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they shall be covered only after the completion of the Pre-Existing Disease Waiting Period as described in Section IV. A.iii below.

iii. Pre-Existing Disease (Code- Excl01) (Applicable for Section III.2, III.3 and Section III.4)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the 36 months of continuous coverage after the date of inception of the first policy with Us.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

iv. Permanent Exclusions:

a) Permanent Exclusions specific to Section III.1 (Personal Accident Cover)

We shall not be liable to make any payment for any claim under any Benefit under Section I in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following or as specified in the Policy Schedule:

1. Any Pre- Existing Disease or Injury or disability arising out of a Pre- Existing Disease or any complication arising therefrom.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured. This would not apply to payments made under the Optional Covers under Section III.1.B.
3. Suicide or attempted suicide, intentional self-inflicted Injury, acts of self-destruction whether the Insured Person is medically sane or insane.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
5. Any event arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
6. External Congenital Anomaly, diseases, defects or in consequence thereof.
7. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
8. Medical or Surgical Procedure except as necessarily required, solely and directly as a result of an Accident.
9. Any change of profession after Inception Date which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
10. Any event arising out of or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
11. Any event arising from or caused due to use, abuse or a consequence or influence of abuse of any substance, intoxicant, drug, alcohol or hallucino gen.
12. Any event resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to an Accident.
13. Any event caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized civil airline on regular routes and on a scheduled timetable.
14. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports.
15. Insured Persons involved in naval, military or air force operations.
16. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
17. Any event arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack:
    a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
18. Any benefit under this cover arising from Hernia.
19. Any Injury and/ or accidental death due to insect bite.
20. Any expenses (other than as mentioned therein) specified in List of Non-Medical Expenses as set out in Annexure B and as also provided on Our website adityabirlahealth.com/healthinsurance

b. Permanent Exclusions Specific to Section III.2 and III.3 (Critical Illness Cover and Cancer Secure Cover)

We shall not be liable to make any payment under Section III.2 and III.3 of this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following or as specified in the Policy Schedule:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
2. Any condition arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen.
3. Narcotics used by the Insured Person unless taken as prescribed by a Medical Practitioner.
4. Any condition directly or indirectly caused due to intentional self-Injury, suicide or attempted suicide; whether the Insured Person is medically sane or insane.
5. Any condition directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Any condition caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
7. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel.
8. Congenital external diseases, defects or anomalies of the Insured Person.
9. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in

competitions or professional sports, or involving a naval, military or air force operation.

10. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized civil airline on regular routes and on a scheduled timetable.
11. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental treatment, or is not Medically Necessary Treatment or any kind of self-medication and its complications.
12. Any treatment/Surgery for change of sex, Cosmetic Surgery or plastic Surgery or any elective Surgery or cosmetic procedure that improves physical appearance, surgical and non-surgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature including complications/Illness arising as a consequence thereof.
13. Any Critical Illness arising out of or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
14. In the event of the death of the Insured Person within the stipulated survival period as set out above.
15. Birth control procedures and hormone replacement therapy.
16. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion shall not apply to ectopic pregnancy.

c. Permanent Exclusions Specific to Section III.4 (Hospital Cash Cover)

We shall not be liable to make any payment under Section IV of this Policy in respect of any Hospitalization, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following or as specified in the Policy Schedule:

1. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
2. An Insured Person committing or attempting to commit a breach of law with criminal intent, intentional self- Injury or attempted suicide whether the Insured Person is medically sane or insane.
3. Wilful or deliberate exposure to danger, intentional self- Injury, non-adherence to Medical Advice, participation or involvement in naval, military or air force operation, circus personnel, racing in wheels or horseback, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping, parasailing, ballooning, skydiving, river rafting, polo, snow and ice sports in a professional or semi-professional nature.
4. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
5. Weight management programs or treatment in relation to the same including vitamins and tonics, treatment of obesity (including morbid obesity).
6. Treatment for correction of eye sight due to refractive error including routine examination.
7. All routine examinations and preventive health check-ups.
8. Cosmetic Surgery or treatments, aesthetic and re-shaping treatments and Surgeries.
9. Plastic Surgery or Cosmetic Surgery or treatments to change appearance unless medically necessary and certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
10. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
11. Non allopathic treatment.
12. Conditions for which treatment could have been done on an Outpatient basis without any Hospitalization.
13. Unproven/Experimental treatment devices and pharmacological regimens.
14. Admission primarily for diagnostic purposes not related to Illness for which Hospitalization has been done.
15. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
16. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing.
17. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) 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.
18. Hospitalization for treatment and use of hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens.
19. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
20. Hospitalization for treatment and use of medical supplies including elastic stockings, diabetic test strips, and similar products.
21. Hospitalization for use of prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
22. Parkinson and Alzheimer's disease, general debility or exhaustion ("rundown condition"), sleep-apnea, stress.
23. External Congenital Anomalies, dieases or defects.
24. Stem cell therapy or Surgery, or growth hormone therapy.
25. Venereal disease, all sexually transmitted disease (except HIV/ AIDS) or Illness including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
26. Complications arising out of pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy for In-patient only.
27. Treatment for sterility, infertility, sub-fertility or other related conditions and complications arising out of the same, assisted conception, surrogate or vicarious pregnancy, birth control, and similar procedures contraceptive supplies or services including complications arising due to supplying services.
28. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).
29. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended).
30. Hospitalization as donor for another person's organ transplantation.
31. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of Fractures (excluding hairline Fractures) and dislocations of the mandible and extremities.
32. Hospitalisation for treatment and use of dentures and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident.
33. Hospitalisation for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
34. Hospitalisation for treatment of artificial life maintenance, including life support machine use, where such treatment shall not result in recovery or restoration of the previous state of health.
35. Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.
36. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.

37. Treatment by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
38. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him.
39. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment, or drugs or treatments which are not supported by a prescription.
40. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular scheduled airline or air charter company.

Section V. General Terms and Clauses

I. Specific Terms and Clauses

A. 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. 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 to the extent of the Sum Insured, Cumulative Bonus, if any, specific waiting periods, waiting period for pre-existing disease, Moratorium period, provided the policy was renewed continuously without break.

For detailed guidelines on Portability, kindly refer the link
https://www.adityabirlacapital.com/healthinsurance/downloads

B. 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. 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 to the extent of the Sum Insured, Cumulative Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.

For detailed guidelines on Migration, kindly refer the link https://www.adityabirlacapital.com/healthinsurance/downloads

C. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies, except for those policies with tenure of less than a year. Free-Look is not applicable on renewals or at the time of porting / migrating the policy.

The Insured Person shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.

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

a) Refund of the premium paid, less any expenses incurred by the Company on medical examination of the Insured Person and stamp duty charges or
b) Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover and expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges or
c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period and expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges.

A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.

D. Material Change

Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the contract. The Policy terms and conditions shall not be altered.

E. Alterations in the Policy

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

F. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

G. Multiple Policies

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar polices.
If two or more policies are taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Policyholder/In sured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his / her policies. In all such cases the insurer chosen by the Insured Person shall be treated as the Primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this Policy.
iii. If the amount to be claimed exceeds the sum insured under a single policy, the Primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions.
iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

Benefit based covers:
On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

H. Geography

This Policy applies to events or occurrences taking place anywhere in the world for Personal Accident Cover, unless limited in a particular Benefit. However, for Accidental in-patient Hospitalization Cover (Section I.13) and Accidental Medical Expenses Cover (Section I.17), the scope thereof is restricted to India only.

In case of Critical Illness Cover, Benefits shall be paid to an Insured Person provided he/ she is Resident in India. Resident for the purpose of this Clause shall mean and include a person who satisfies the conditions prescribed under the Income Tax Act, 1961 for treating a person as Resident in India for that financial year.

In case of Hospital Cash Cover, Benefit shall be paid only for Hospitalization in India.

I. Records to be maintained

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

J. Grace Period

The Policy may be Renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the Expiry Date of the Policy and in no case later than the Grace Period of 30 days (for Quarterly, Half yearly and annual instalments) & 15 days for Monthly policies from the Expiry Date. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover. If the Policy is not Renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting guidelines and no continuity of benefits shall be available from the expired Policy.

K. Payment of premium in case of instalment

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

i. Grace Period of (15) fifteen days in case of monthly premium policies, and a period of 30 days in case of other than monthly premium policies would be given to pay the instalment premium due for the policy.
ii. The Policy will be in force during such grace period and any claims arising during the Grace Period will be payable subject to policy terms and conditions
iii. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
vii. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the Policy.

L. Renewal Terms and withdrawal of Policy

The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrep resentation by the Insured Person.

i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding Policy Years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
iv. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of (15) fifteen days where premium payment mode is monthly and (30) thirty days in all other cases to maintain continuity of benefits without break in policy. v. Coverage is not available during the grace period.
v. The insurer 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.
vi. No loading shall apply on renewals based on individual claims experience
vii. An Insurer 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.
viii. Modification of cover(s) may be requested by You at the time of Renewal of the Policy. However, any such modification shall come into effect only upon acceptance of Your request by Us and subject to realization of any additional premium, as applicable. In case of enhancement of any sum insured under the Policy, all waiting periods as mentioned in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

M. Possibility of Revision of Terms of the Policy

The Company, may revise or modify the terms of the Policy including the premium rates with prior approval of the Product Management Committee, of the Company. The Insured Person shall be notified three months before the changes are effected.

N. Nomination

The Insured Person is required at the inception of the policy and at the time of renewal to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Nomination can be changed any time during the term of the policy. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy

O. 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 to the extent of Sum Insured, Cumulative Bonus, if any, waiver of waiting period, Specific waiting periods, waiting period for Pre-existing disease, moratorium period, as per IRDAI guidelines, provided the policy has been maintained without a break.

P. Endorsements

The Policy shall allow the following endorsements during the Policy Period. Any request for endorsement must be made by You in writing. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later.

(i) Non-Financial Endorsements – which do not affect the premium.
  (1) Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
  (2) Rectification in gender of the Proposer/ Insured Person (if this does not impact the premium)*

(3) Rectification in relationship of the Insured Person with the Proposer
(4) Rectification of date of birth of the Insured Person (if this does not impact the premium)*
(5) Change in the correspondence address of the Proposer
(6) Change/Updation in the contact details viz., Phone No., E-mail Id, alternate contact address of the Proposer etc.
(7) Change in Nominee Details
(8) Updation of PAN/Aadhaar/passport/EIA/CKYC No.
(9) Change in Height, weight, marital status (if this does not impact the premium) *
* These endorsements, if impact the premium, and if accepted, shall be effective from the Inception Date of the Policy.

(ii) Financial Endorsements – which result in alteration in premium.
(1) Addition of Insured Person (New Born Baby or newly wedded spouse)
(2) Deletion of Insured Person on death* or separation or Policyholder/Insured Person leaving India
(3) Change in Age/date of birth
(4) Rectification in gender of the Proposer/ Insured Person
(5) Change in occupation
(6) Change in Height, weight

All endorsement requests may be assessed by Us and if required additional information/documents may be requested.

Q. Communication & Notices

Any communication or notice or instruction under this Policy shall be in writing and shall be sent to:
i. The Policyholder's, at the address as specified in the Policy Schedule.
ii. To Us , at the address specified in the Policy Schedule.
iii. No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us.

R. Duty of Disclosure

The Policy shall be null and void and no Benefit shall be payable hereunder in the event of an untrue or incorrect statement, misrepresentation, mis-description or non-disclosure of any material particular in the Proposal Form, personal statements, declarations, medical history and connected documents, or any material information having been withheld by the Policyholder or any one acting on their behalf, under this Policy. Under such circumstances We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

S. Fraudulent Claims

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital / doctor / any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

T. Special Provisions

Any special provision subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

U. Cancellation

1. Cancellation by You
In case You are not satisfied with the Policy or our services, You can request for a cancellation of the Policy by giving 7 days' notice in writing. We shall cancel the Policy and refund the premium in accordance with the grid below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

ii. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

No refund is applicable for Half Yearly, Quarterly & Monthly premium frequencies

	Refund		
In force Period-Up to	1 Year	2 Year	3 Year
1 Month	75.00%	85.00%	90.00%
3 months	50.00%	75.00%	85.00%
6 months	25.00%	60.00%	75.00%
12 months	NIL	50.00%	60.00%
15 months		30.00%	50.00%
18 months		20.00%	35.00%
24 months		NIL	30.00%
30 months			15.00%
30+ months			NIL

2. Automatic Cancellation:
   a. Individual Policy:
      The Policy shall automatically terminate on the death of the Insured Person.

   b. Family Policy
      The Policy shall automatically terminate in the event of the death of all the Insured Persons.

   c. Refund:
      A refund in accordance with the grid above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

3. Cancellation by Us:
   You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing to Your last known address on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact by You or the Insured Person and all premium paid thereon shall be forfeited by the Company.

4. In case of change in occupation of the Insured Person resulting in change in the Risk Class to uninsurable occupations, Personal Accident Cover shall terminate for that Insured Person. In such cases, pro-rata premium shall be refunded provided that no claim has been paid or is outstand ing with respect to that Insured Person under Section I, Basic and/or Optional covers, if any.
   Uninsurable occupations include but are not limited to, occupations like firemen, law enforcement agencies (including police, para military, military forces etc.), demolition workers, junk or salvage workers, lumber mill workers etc.

V. Electronic Transactions

The Policyholder agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.
Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent shall be subsequently validated / confirmed by the Policyholder.

W. Policy Dispute

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

X. Complete Discharge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy. The payment made by Us to the Insured Person or to the Nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

Y. Assignment

The payment due under any Benefit under this Policy can be assigned in accordance with provisions of applicable law.

Z. Grievances Redressal Procedure

In case of a grievance, the Insured Person / Policyholder can contact Us with the details through: Our website:
https://www.adityabirlacapital.com/healthinsurance/faqs
Toll Free : 1800 270 7000 Email: care.healthinsurance@adityabirlacapital.com
Courier: Aditya Birla Health Insurance Co. Limited Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601

In case you are not satisfied with the resolution you may write to Head Customer Care : carehead.healthinsurance@adityabirlacapital.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

For updated details of grievance officer, refer the link gro.healthinsurance@adityabirlacapital.com. For senior citizens, please contact Our respective branch office or call at 1800 270 7000 or write an e- mail at seniorcitizen.healthinsurance@adityabirlacapital.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area / region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure A

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

AA. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period

Section VI: Other Terms and Conditions

1. Claims Process

A. Intimation of Claim

You or anyone on behalf of the Insured Person(s) shall intimate a claim to Us within 7 days from the date of the Accident or diagnosis of the Critical Illness or admission in the Hospital (as the case may be) by any of the following means

- Call centre
- Email
- Fax
- Writing to Our office address

The following minimum details are required to be provided at the time of intimation of claim:
1. The Policy number;
2. Name of the Policyholder;
3. Name and address of the Insured Person in respect of whom the request is being made

B. Claims terms applicable to all Benefits under the Policy

The fulfillment of the terms and conditions of this Policy (including timely payment of premium in full) insofar as they relate to anything to be done or complied with by the Insured Person, including complying with the following in relation to claims, shall be Conditions Precedent to admission of Our liability under this Policy:

(1) On the occurrence or discovery of any event that may give rise to a claim under this Policy, the claims procedure set out in the Policy shall be followed.
(2) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed.
(3) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
(4) We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

C. Claims Assessment– Applicable to all benefits under the Policy

Claims Assessment and Settlement of claims

a. At Our discretion, We may investigate claims to determine the validity of a claim. This investigation will be conducted within 15 days. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals / entities that are authorised by Us in writing. If there are any deficiencies in the necessary, claim documents which are not met or are partially met, we will be sending communications to address the deficiency.
b. Payment for reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.

   For details on the claims process or assistance during the process, You may contact the Us at Our call centre on the toll free number specified in the Policy Schedule or through the website. In addition, We will keep You informed of the claim status and explain requirement of documents. Such means of communication shall include but not be limited to mediums such as letters, email, SMS messages, and information on Our Website.
c. Settlement of claims (other than cashless) shall be settled within 15 days from submission of claim.
d. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of claim intimation till the date of payment of claim at a rate of 2% above the bank rate.
   (Explanation: "Bank rate" shall mean rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1 st day of the financial year in which the claim has fallen due)

D. Claim Documents:

The claims documents as specified in below sections for various covers must be provided to Us within 30 days of occurrence of the event giving rise to a claim under the Policy at Your own/ Insured Person's expenses
Where there is a delay in intimation of claim and/or submission of claim documents is proved to be genuine and for reasons beyond the control of the claimant, We may condone such delay and process the claim. We reserve the right to decline such requests for claim process where there is no merit behind such delay.

E. Claims Documents for Section III.1 Personal Accident Cover

Documents required for all Benefits under Personal Accident Cover

(a) Claim Form (in original) duly completed and signed as prescribed by Us
(b) Proposer's ID Proof : PAN Card & Adhaar card (If CKYC not registered). If CKYC registered: CKYC form and CKYC number
(c) Claim intimation or claim reference number (if any)
(d) Attested copy of medico legal certificate copy / first information report copy / Panchnama (spot / inquest)
(e) Copies of consultation letters detailing the treatment taken immediately after Accident
(f) Radiological investigation reports like X ray, CT scan, MRI etc with films supporting the diagnosis of Injury
(g) Personalized Cancelled Cheque with Insured name on the Cheque / Passbook / NEFT form sign by Bank. In case of Death Cancelled cheque of Nominee

Additional documents required for Specific Benefits
If these details are not provided in full or are insufficient for Us to consider the request, We shall request additional information or documentation in respect of that request.

1) Accidental Death Cover (AD)

a) Attested copy of the death certificate issued by government / municipal authorities
b) Attested copy of cause of death certificate issued by treating Medical Practitioner/ Hospital
c) Copy of burial certificate (wherever applicable)
d) Attested copy of post-mortem report, if applicable
e) Attested copy of viscera report and chemical analysis report
f) Attested copy of witness statement (if available)
g) Copy of death summary if the Insured Person was Hospitalised
h) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details and patient's progress (where the death summary is not detailed)
i) Translation of all vernacular documents in English duly notarized.
j) Salary slips for last 3 months with seal and signature of authorized signatory of the organization (if employed)
k) Last 3 years financial years income tax return for self-employed persons
l) Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (If Nominee name is not mentioned on Policy Schedule or Nominee is a minor, then legal guardian.)
m) Kindly provide current loan outstanding details.
n) Driving license
o) Copy of Final Police Report.
p) Newspaper Cutting, if any.
q) Motor vehicle settlement letter.
r) Please confirm if Insured has taken any other Insurance Policy. If yes, please share Policy schedule and settlement letter .

2) Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD)

a) Attested copy of disability certificate issued by civil surgeon of district Hospital mentioning the type and percentage of disability.
b) Original photograph of the Insured Person reflecting the disablement or injured part for which the claim is made
c) Leave records with seal and signature of authorized signatory of the organization (if employed)
d) Salary slips for last 3 months with seal and signature of authorized signatory of the organization (if employed)
e) Last 3 years financial years income tax return for self-employed persons
f) Copies of medical documents towards treatment taken during disability period, including discharge summary of the Hospital
g) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details and patient's progress (where the discharge summary is not detailed)
i) Discharge Summary.
j) Legal Heir Certificate (incase Nominee name is not declare in Policy copy/ death of contratual nominee)

3) Education Benefit

a) Document pertaining to the section under which the Benefit is payable i.e. Accidental Death Cover and Permanent Total Disablement
b) Proof of relationship with the Insured Person and Age proof of the Dependent Child
c) Proof that the Dependent Child is pursuing educational course as a full time student

4) Emergency Road Ambulance Cover

a) Original invoice and paid receipt from the registered Ambulance carrier.

5) Funeral Expenses

a) All documents listed under Accidental Death Cover, invoice and payment receipt for expenses incurred during funeral

6) Repatriation of Remains

a) All documents listed under Accidental Death Cover
b) Proof of repatriation (bills and payment receipt of transportation)

7) Orphan Benefit:

a) All documents listed under Accidental Death Cover
b) Age proof of the surviving Dependent Child

8) Modification Benefit (Residence and vehicle)

Residence modification:

a) All documents listed under Permanent Total Disablement/ Permanent Partial Disablement
b) Original bills and payment receipt of actual expenses incurred towards improvements carried out in the Insured Person's residence following the Insured Person's disablement

Vehicle modification:

a) All documents listed under Permanent Total Disablement/ Permanent Partial Disablement
b) Original bills and payment receipt of actual expenses incurred towards improvements carried out in the Insured Person's or vehicle following the Insured Person's disablement

9) Compassionate visit

a) All documents listed under Accidental Death Cover/ Permanent Total Disablement Benefit
b) Ticket of the Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person
c) Original bills and payment receipt for travel expense incurred
d) Proof of the relationship of the 'Immediate Relative' as defined in the Policy (such as marriage certificate, ration card)

10) Temporary Total Disablement (TTD)

a) Attested copy of disability certificate issued by civil surgeon of district hospital mentioning the type and percentage of disability with disability period.
b) Original photograph of the Insured Person reflecting the disablement or injured part for which the claim is made
c) Leave records with seal and signature of authorized signatory of the organization (if employed)
d) Salary slips for last 3 months with seal and signature of authorized signatory of the organization (if employed)
e) Last 3 years' financial years income tax return for self-employed persons
f) Copies of medical documents towards treatment taken during disability period, including discharge summary of the Hospital
g) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details and patient's progress (where the discharge summary is not detailed)
h) Medical certificate from treating doctor confirming disability period & date from which insured is fit to resume the duties.
i) First Consultation Papers

11) Accidental in-patient Hospitalization Cover

a) Original Hospital discharge summary / day care summary / transfer summary
b) Original final Hospital bill with all original deposit and final payment receipt.
c) Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. sticker & invoice of nails, plates, screws, wires, implants, etc.
d) All original diagnostic reports (including imaging and laboratory) along with the Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center.
e) All original medicine / pharmacy bills along with the Medical Practitioner's prescription.
f) Medico legal certificate copy / first information report copy
g) Copy of death summary and death certificate (in death claims only)
h) Pre and post- operative imaging reports – where applicable
i) Copy of the Hospital's registration certificate / copy of Form C in case of Hospitalization
j) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details and patient's progress (where the discharge summary is not in detail)

For Contribution Claims Only:

- Photocopy of entire claim document duly attested by previous insurer or TPA
- Original payment receipts for expenses not claimed/settled by the previous insurer
- Discharge voucher/settlement letter by previous insurer

12) Broken Bones Benefit

a) All documents listed under Permanent Total Disablement (under Section I.2) / Permanent Partial Disablement (under Section I.3) and Temporary Total Disablement (under Section I.12)
b) All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center
c) Pre and post-operative radiological imaging reports with films confirming the extent of the fracture
d) Medico legal certificate copy / first information report copy / Panchnama (spot / inquest)
e) Medical documents / Hospital records evidencing the Fracture

13) Coma Benefit

All documents listed under Permanent Total Disablement / Permanent Partial Disablement
Condition of coma as confirmed by a specialist Medical Practitioner which documents:

i. No response to external stimuli continuously for at least 96 hours
ii. Life support measures are necessary to sustain life
iii. Cause of coma
iv. Whether coma has resulted from alcohol consumption or any intoxicating substance
v. Clinical summary of the comatose patient (original discharge card / day care summary / transfer summary)

14) Burn Benefit

(a) Treating Medical Practitioner's certificate stating:
  i. Incident details of Accident / trauma.
  ii. Degree of burns and extent of area involved
  iii. Cause of burns whether accidental or self-inflicted
  iv. Whether the patient was under the influence of alcohol or any intoxicating substance during incident / accident.
  v. Photo of the burns

(b) Medico legal certificate copy / first information report copy

15) EMI Protect

i. Documents listed under Accidental Death / Permanent Total Disablement Benefit / Permanent Partial Disability
ii. Current Outstanding Loan Certificate from financer, along with copies of documents submitted
iii. Loan disbursement letter along with payment record till the date of accident
iv. Repayment schedule showing the EMI details
v. Medical fitness certificate from treating doctor confirming the date to resume the duties (required in case of Permanent Partial Disability claims only)

16) Loan Protect

i. Documents listed under Accidental Death / Permanent Total Disablement Benefit
ii. Current Outstanding Loan Certificate from financer, along with copies of documents submitted
iii. Loan disbursement letter along with payment record till the date of accident
iv. Repayment schedule showing the EMI details

17) Accidental Medical Expenses

a) Original medicine prescription and advice from treating Medical Practitioner
b) Original invoices, bills, receipts of Medical Practitioner consultations / laboratory reports / radiology investigations / pharmacy bills / original investigation report

18) Adventure Sports Cover

a) Documents listed under Accidental Death Cover / Permanent Total Disablement

F. Claim Documents for Section II Critical Illness Cover, Section III Cancer Secure Cover and for Section IV Hospital Cash Cover

i. Claim Form (in original) duly completed and signed as prescribed by Us
ii. Photo ID and Age proof of Insured Person / Nominee (if Insured Person is not alive)
iii. Copy of the claim intimation, if any
iv. Final Hospital bill
v. Hospital discharge summary / day care summary / transfer summary
vi. Operation theatre notes
vii. Investigation reports (Including CT scan/ MRI /USG / Histopathology or Biopsy report) doctor's prescriptions
viii. Cancelled cheque copy with pre-printed name of Nominee, bank name, branch name, MICR code, IFSC code, account number and account type ; if name is not pre-printed then please provide copy of 1st page of pass book or bank account statement of the claimant
ix. Others
x. Duly completed Critical Illness policy claim form with mandatory selection of claimed illness and signed by Nominee with nominee's address & mobile no.

We may call for any additional documents/information as required based on the circumstances of the claim.

Additional documents for submission of claims under Critical Illness Cover and Cancer Secure Cover:

The Insured Person at their own expenses shall submit the following documents within 30 (thirty) days of the earliest of the date of first diagnosis of the Critical Illness/ date of Surgical Procedure or date of occurrence of the medical event, as the case may be:

a) Medical certificate confirming the diagnosis of Critical Illness
b) Certificate from attending Medical Practitioner confirming that the claim does not relate to any Pre-Existing Disease or any Illness or Injury which was diagnosed within the first 90 days of the Inception Date
c) Photocopy of discharge certificate/ card from the Hospital, if any
d) Photocopy of investigation test reports confirming the diagnosis
e) Photocopy of first consultation letter and subsequent prescriptions
f) Loan Outstanding statement in cases of Credit link / Salary link policies.
g) Salary slips for last three months with seal and signature of authorized signatory of the organization (if employed)/ITR copies for last
h) All Co-morbidities Details with their first consultation papers if any.
i) Please confirm if Insured has taken any other Insurance Policy. If yes, please share Policy schedule and settlement letter
Legal Heir Certificate (incase Nominee name is not declare in Policy copy/ death of contratual nominee)
j) Specific documents (if any) listed under the respective Critical Illness
k) In the cases where Critical Illness arises due to an Accident, FIR copy or medico legal certificate shall be required wherever conducted

We may call for any additional documents/information as required based on the circumstances of the claim.

Additional documents for submission of claims under Hospital Cash Cover:

The following documents as per the Benefit being sought must be provided to Us within 30 of the occurrence of the event giving rise to a claim under the Policy:

a) Discharge card / day care summary / transfer summary
b) Final Hospital bill
c) Previous consultation papers indicating history and treatment details for current ailment.
d) Diagnostic test reports (including imaging and laboratory) along with the medical prescription & copy of invoice / bill and receipt from the diagnostic centre.
e) MLC / FIR copy – in Accidental cases only
f) Death summary & death certificate (in death claims only)

If these details are not provided in full or are insufficient for Us to consider the request, We shall request for additional information or documentation in respect of that request.

For details on the claims process or assistance during the process, You may contact Us at Our call centre on the toll free number specified in the Policy Schedule or through Our website.

G. For Section I.13 please follow the process as under for Cashless Hospitalization:

Cashless facilities can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us on Our toll free number as specified in the Policy Schedule.

We reserve the right to modify, add or restrict any Network Provider for Cashless facilities at Our sole discretion. Before availing Cashless facilities, please check the applicable updated list of Network Providers.

Process to be followed for availing Cashless facilities in Emergencies

(i) We must be contacted to pre-authorize Cashless facility within 24 hours of the Insured Person's Hospitalization if the Insured Person has been Hospitalized in an Emergency. Each request for pre-authorization must be accompanied with all the following details:
   1. Name and address of the Insured Person in respect of whom the request is being made;
   2. Nature of the Injury and the treatment/Surgery required;
   3. Name and address of the attending Medical Practitioner;
   4. Hospital where treatment/Surgery is proposed to be taken;

(ii) If these details are not provided in full or are insufficient for Us to consider the request, We shall request additional information or documentation in respect of that request.

(iii) When We have obtained sufficient details to assess the request, We shall issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim, applicable Deductibles and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

(iv) Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless facility is pre-authorised by Us, We shall make the payment of the amounts assessed to be due directly to the Network Provider.

(v) The initial Authorization letter shall be issued to the Network Provider immediately but not more than one hour of receipt of request receiving the complete information.

Statutory Warning - Prohibition of Rebates

(Under Section 41 of Insurance Act 1938)

1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out 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 the 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 published prospectuses or tables of the Insurer.
2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Annexure A: Ombudsman Details

Office Details	
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road Ahmedabad – 380 001. Tel.: 079 – 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	**Jurisdiction of Office Union Territory,District)** Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands

LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, C hitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Annexure B: List of Non Medical Expenses

	List Of Non Medical Expenses/Item	
	Toiletries/Cosmetics/Personal Comfort or Convenience Items/Similar Expenses	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Not Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and paid specifically for cases that have undergone urgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein Surgery and may be considered for at least these conditions where Surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/ TPA then payable)

50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm Fractures may be considered.
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable. (We should consider only in Accident cases; where Dental Surgery is required)
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by Policy
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Not Payable
79	SURGICAL DRILL	Not Payable
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Not Payable
84	BOYLES APPARATUS CHARGES	Payable under OT Charges, not payable separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
88	COTTON	Not Payable
89	COTTON BANDAGE	Not Payable
90	MICROPORE/ SURGICAL TAPE	Not Payable
91	BLADE	Not Payable
92	APRON	Not Payable
93	TORNIQUET	Not Payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
95	URINE CONTAINER	Not Payable
	II. ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Not Payable. If there is no Policy exclusion, then actual tax levied by government is payable -Part of room charge for Sub Limits

97	HVAC	Not Payable
98	HOUSE KEEPING CHARGES	Not Payable
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Not Payable
100	TELEVISION & AIR CONDITIONER CHARGES	Payable - If under room charges not if separately levied
101	SURCHARGES	Not Payable
102	ATTENDANT CHARGES	Not Payable
103	IM IV INJECTION CHARGES	Not Payable
104	CLEAN SHEET	Not Payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not payable, Patient diet provided by Hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable
	III. ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Not Payable To be claimed by patient post-Hospitalisation where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable - upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	IV. EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Not Payable
135	INFUSION PUMP - COST	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Not Payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable

149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Payable - If essential and should be paid at least specifically for cases who have undergone Surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable -for any ICU patient requiring more than 3 days in ICU, all patient with paraplegia /quadriplegia or for any major Illness requiring prolonged Hospitalization. (Prevent Bed Sores & DVT)
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Payable - If essential and should be paid at least in post Surgery patients of major abdominal Surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	V. ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\ \ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for Hospital use in OT or ward or for dressings in Hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Not Payable
159	SUGAR FREE Tablets	Payable - Sugar free variants of admissable medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable - If prescribed Payable - If prescribed
161	Digestion Gels	Payable - Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
162	ECG ELECTRODES	Payable -Sterilized gloves payable.
163	GLOVES	Unstrerilized gloves not payable
164	HIV KIT	Payable
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable - If prescribed
166	LOZENGES	Payable - If prescribed
167	MOUTH PAINT	Payable - If prescribed
168	NEBULISATION KIT	Payable - If used during Hospitalization is payable reasonably
169	NOVARAPID	Payable - If prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable - If prescribed
171	ZYTEE GEL	Payable - If prescribed
172	VACCINATION CHARGES	Routine vaccination not payable / post bite vaccination payable
	VI. PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable
174	ALCOHOL SWABES	Not Payable
175	SCRUB SOLUTION/STERILLIUM	Not Payable
	VII. OTHERS	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Payable - Not payable, except for telemedicine consultations where covered by Policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable

188	PELVIC TRACTION BELT	Not Payable
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not Payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable - Ambulance from home to Hospital or inter-Hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - If maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable - where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Payable - If essential for case like CABG etc. where it should be paid.