

## Policy wordings - Group Hospital Cash

### PREAMBLE:

The insurance cover provided under this Policy to the Insured / Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Policy Schedule/ Certificate of Insurance

### SECTION 1- DEFINITIONS:

Any word or expression, to which a specific meaning has been assigned in any part of this Policy Wording or the Policy Schedule/ Certificate of Insurance, shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning as set forth herein below:

**"Accident"** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

**"Any one illness"** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital where treatment was taken.

**"AYUSH"** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

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

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

**An AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**"Break in Policy"** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

“**Certificate of Insurance**” means the document issued to Individual Insured by the Company detailing the effective date, instalment date, Insured Person(s), Benefits, Sum Insured, Deductible, Franchise, Premium and more generally all special conditions and or endorsements.

“**Company/We/Our/Ours**” means ICICI Lombard General Insurance Company Limited.

“**Condition Precedent**” shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

“**Congenital Anomaly**” means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- I. **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body;
- II. **External Congenital Anomaly**- Congenital anomaly which is in the visible and accessible parts of the body.

“**Day Care treatment**” means medical treatment, and / or surgical procedure which is:

- I. undertaken under general or local anesthesia in hospital/day care centre in less than 24 hours because of technological advancement, and
- II. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition. The list of Day Care Treatment is available in our website.

“**Day care Centre**” means any institution established for day care treatment of illness and / or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:

- I. has qualified nursing staff under its employment ;
- II. has qualified medical practitioner/s in charge;
- III. has a fully equipped operation theatre of its own where surgical procedures are carried out ;
- IV. maintains daily records of patients and will make these accessible to the Insurance Company’s authorized personnel.

“**Daily Allowance**” means the benefit amount payable to the Insured/Insured Person for each continuous and completed period of 24 hours as inpatient care in the hospital upto the limits as specified in the Policy Schedule/ Certificate of Insurance .

“**Deductible**” means a cost sharing requirement under a health insurance policy that provides that the company will not be liable for a specified rupee amount in case of indemnity sections and for a specified number of days/hours in case of hospital cash section which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

“**Dependent Child**” means a natural or legally adopted child, aged between 91 days to 23 years and financially dependent on the Policy holder.

“**Disclosure to information norm**” means the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

“**Emergency care**” means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person’s health.

“**Family Floater**” means the Sum Insured shown in the Policy Schedule/ Certificate of Insurance which represents the Company’s maximum liability for any

and all claims made by any one Insured and/or all Insured Person(s) together during the Policy Period.

“**Franchise**” means the company is not responsible for the loss which does not exceed specified number of days/hours for Hospital cash section, but is responsible to cover the risk from the first day/hour if it exceeds specified number of days/hours.

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

“**Hospital/ Nursing Home**” means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- I. has qualified nursing staff under its employment round the clock;
- II. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- III. has qualified medical practitioner(s) in charge round the clock;
- IV. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- V. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

“**Hospitalisation**” means admission in a Hospital for a minimum period of 24 consecutive ‘In-patient Care’ hours except for Day care treatments, where such admission could be for a period of less than 24 consecutive hours.

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

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

- I. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- II. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
  - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
  - ii. it needs ongoing or long-term control or relief of symptoms
  - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  - iv. it continues indefinitely
  - v. it recurs or is likely to recur

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

“**Inpatient care**” means treatment for which the insured person has to stay in a hospital for more than 24 consecutive hours for a covered event.

“**Insured/You/Your**” means the primary Insured who has the highest age amongst other person named in the Policy Schedule/ Certificate of Insurance in case of family floater Policy. In case of an Individual Policy the only member mentioned in the Policy Schedule/ Certificate of Insurance shall be referred as “**Insured**”.

“**Insured Person(s)**” means the person(s) named in the Policy Schedule/ Certificate of Insurance .

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

**"Medical Advise"** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

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

**"Medically necessary treatment"** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- I. is required for the medical management of the illness or injury suffered by the insured;
- II. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- III. must have been prescribed by a medical practitioner;
- IV. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

The registered practitioner should not be the insured or close member of the family.

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

**"Newborn baby"** means baby born during the Policy Period and is aged upto 90 days.

**"Notification of claim"** means the process of intimating a claim to the insurer through any of the recognized modes of communication.

**"OPD treatment"** means the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**"Period of Insurance"** means the period between the date when the policy had first incepted, its subsequent renewals without any break till policy expiry date under the last renewed policy.

**"Policy Holder"** means the entity named in the Policy Schedule who is responsible for remitting the premium

**"Policy period"** means the period between the inception date and the expiry date as specified in the Policy Schedule/ Certificate of Insurance or the cancellation of this insurance, whichever is earlier.

**"Policy Schedule"** means the document issued to the Policyholder which is attached to and forming part of this Policy mentioning the details of the Insured Person(s), the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject to.

**"Portability"** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

**"Post-hospitalization Medical Expenses"** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- I. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- II. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**“Pre-Existing Disease”** means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or,
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

**“Pre-hospitalization Medical Expenses”** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- II. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**“Qualified Nurse”** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**“Reasonable and Customary Charges”** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**“Renewal”** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**“Senior citizen”** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.

**“Subrogation”** means the right of the insurer to assume the rights of the Policyholder/insured person to recover expenses paid out under the policy that may be recovered from any other source.

**“Sum Insured”** means the sum shown in the Policy Schedule/ Certificate of Insurance which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

**“Surgery or Surgical Procedure”** means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**“Unproven/Experimental treatment”** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

## **SECTION 2- SCOPE OF COVER**

Scope of cover has been specified in detail under the Endorsement wordings (Optional Cover) Section. Admissibility of claims under any specified section of the endorsement wordings of the policy shall be accepted provided the Insured Person suffers an illness/sickness/injury/specific condition during the Policy Period that results in Insured Person's hospitalisation for each continuous and completed period of 24 hours, as an inpatient or if the treatment qualifies as a day care procedure.

### **Modern Treatment Methods and Advancement in Technologies:**

Claims pertaining to the following treatment methods will be also admissible under this policy and claims, if payable, would be paid in accordance with the Endorsement Wording

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain Stimulation
- D. Oral Chemotherapy
- E. Immunotherapy- Monoclonal antibody to be given as injection
- F. Intra Vitreal Injections
- G. Robotic Surgeries
- H. Stereotactic Radio Surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the Prostrate (Green Laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditons to be covered.

### **SECTION 3- EXCLUSIONS**

#### **A Exclusion Name: Pre-Existing Diseases - Code- Excl01**

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

#### **B. Exclusion Name: Specified disease/procedure waiting period- Code- Excl02**

- 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
  - 1. Any types of gastric or duodenal ulcers
  - 2. Benign prostatic hypertrophy
  - 3. All types of sinuses
  - 4. Hemorrhoids
  - 5. Dysfunctional uterine bleeding
  - 6. Endometriosis
  - 7. Stones in the urinary and biliary systems
  - 8. Surgery on ears/tonsils/adenoids/ paranasal sinuses
  - 9. Cataracts,
  - 10. Hernia of all types and Hydrocele
  - 11. Fistulae in anus

12. Fissure in anus
13. Fibromyoma
14. Hysterectomy
15. Surgery for any skin ailment
16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy
17. Dialysis required for Chronic Renal Failure.
18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date.
19. Dilatation and curettage
20. Varicose Veins and Varicose Ulcers
21. Non Infective Arthritis and other form arthritis
- 22) Gout and Rheumatism
- 23) Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident

**C. 30-day waiting period- Code- Excl03**

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

**D. Investigation & Evaluation- Code- Excl04**

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

**E. Exclusion Name: Rest Cure, rehabilitation and respite care- Code- Excl05**

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**F. Obesity/ Weight Control: Code- Excl06**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

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

**G. Change-of-Gender treatments: Code- Excl07**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

**H. Cosmetic or plastic Surgery: Code- Excl08**

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

**I. Hazardous or Adventure sports: Code- Excl09**

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

**J. Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

**K. Excluded Providers: Code- Excl11**

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

**L. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12**

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

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

**O.. Refractive Error: Code- Excl15**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

**P. Unproven Treatments: Code- Excl 16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**Q. Birth control, Sterility and Infertility: Code- Excl17**

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, /CS/
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

**R. Maternity: Code Excl18**

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



**S.** War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

**T.** Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

b) 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.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

**U.** Any expenses incurred on Domiciliary Hospitalization and OPD treatment

**V.** Treatment taken outside the geographical limits of India

**W.** Annexure A: List I: Optional Items

#### **SECTION 4 - Standard General Terms and Clauses**

##### **I. Disclosure of Information :**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of mis-representation, mis-description, or non-disclosure of any material fact.

##### **II. Condition Precedent to Admission of Liability :**

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

##### **III. Claim settlement :**

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of the last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, wherever the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of the last necessary document to the date of payment of claim.

##### **IV. Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**V. Multiple Policies**

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder 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 if chosen by the policy holder 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. Policyholder 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(s) 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 policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

**VI. Fraud**

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

Any amount already paid against claims made under the policy which are found fraudulent later under this policy 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.

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, 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 policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

**VII. Cancellation:**

- i. The policy holder may cancel this Policy, by giving 15 days' notice in writing and in such an event the Company shall refund the premium for the unexpired policy as detailed below :

| Period on Risk                    | Rate of Premium to be retained by Company |
|-----------------------------------|---|
| Up to 1 month                     | 25%                                       |
| Exceeding 1 month Up to 3 months  | 50%                                       |
| Exceeding 3 months Up to 6 months | 75%                                       |

|                                    |      |
|------------------------------------|------|
| Exceeding 6 months Up to 12 months | 100% |
|------------------------------------|------|

Credit linked policies may be issued for a period not exceeding 5 years. The refund on cancellation of Policy/Certificate of Insurance by the Policyholder/ Insured shall be made as per the Company's short period scales given below provided no claim has/is occurred/reported up to the date of cancellation of this Policy/Certificate of Insurance.

| Loan Period(Year)     | 1   | 2    | 3    | 4    | 5/5+ |
|-----------------------|---|------|------|------|------|
| Policy Period (Year)  | 1   | 2    | 3    | 4    | 5    |
| Year Of Cancellations | Rate of Premium to be retained by Company |      |      |      |      |
| 1                     | 100%                                      | 50%  | 33%  | 25%  | 20%  |
| 2                     |   | 100% | 67%  | 50%  | 40%  |
| 3                     |   |      | 100% | 75%  | 60%  |
| 4                     |   |      |      | 100% | 80%  |
| 5                     |   |      |      |      | 100% |

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 this policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation, non disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non disclosure of material facts or fraud.

### VIII. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the link:

[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3986&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3986&flag=1)  
[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1)

### IX. Portability

The Insured Person will have the option to port the policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit

shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link:

[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3986&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3986&flag=1)  
[https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1)

#### **X. Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation 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 grounds 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 with in the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

#### **XI. Withdrawal of Policy**

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

#### **XII. Moratorium Period**

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub-limits, co-payments, deductibles as per the policy.

#### **XIII. Premium Payment in Installments**

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

- i. Grace Period of 15 days would be given to pay the installment premium due for the Policy.
- ii. During such grace period, Coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged if the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace Period, the policy will get cancelled.

- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vii. The Company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

**XIV. Possibility of Revision of Terms of the Policy including the Premium Rates**

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

**XV. Free look period**

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

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

**XVI. Redressal of Grievance**

The Company is committed to extend the best possible services to its customers. However, If Policyholder/Insured Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:

Website: [www.bharti-axagi.co.in](http://www.bharti-axagi.co.in)

Email: [customersupportba@icicilombard.com](mailto:customersupportba@icicilombard.com)

Phone: 18001032292

Courier: Any of the Company's Branch office or corporate office

Policyholder/Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

**Escalation Level 1**

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at :

Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025

Email: <https://www.bharti-axagi.co.in/grievance-redressal/procedure>

**Escalation Level 2**

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at:

Email: <https://www.bharti-axagi.co.in/grievance-redressal/procedure>

### **Escalation Level 3**

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.

### **Grievance of Senior Citizens:**

In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any.

Website: [www.bharti-axagi.co.in](http://www.bharti-axagi.co.in)

Email: [customersupportba@icicilombard.com](mailto:customersupportba@icicilombard.com)

Phone: 18001032292

Courier: Any of the Company's Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

### **Grievance Redressal Cell of the Consumer Affairs Department of IRDAI**

The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the Insured/Insured Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI.

Website: [igms.irda.gov.in](http://igms.irda.gov.in)

Email: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)

Toll Free Number 155255 (or) 1800 4254 732

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

**Insurance Ombudsman** –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. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B.

The Compliant Registration Form is available for download at <http://www.policyholder.gov.in/uploads/CEDocuments/complaintform.pdf>

### **XVII. Nomination:**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. 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. For Claim settlement under reimbursement, the Company will pay the policyholder. 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.

**XVIII. Consideration :**

The Frequency of Premium payable under the policy and or each Certificate of the Insurance issued under this Policy shall be annually or instalment.

In the case of annually paid premium - premium is payable before the beginning of each 12 Monthly period when the annual premium is due.

- a. There is no grace period for the first instalment
- b.

**XIX. Observance of terms and conditions:**

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder/ Insured / Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

**XX. Material Change:**

The Policyholder/ Insured / Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business, partial disclosure of the medical history at Insured / Insured person's own expense. The Company may, adjust the scope of cover and / or the premium, if necessary, accordingly.

**XXI. No Constructive Notice:**

The Company shall not take notice of any information relating to the Insured person unless such information is submitted in writing by the Policyholder/ Insured, even if such information was available with the Company.

**XXII. Notice of Charge:**

The Company is not under obligation to take note of any trust, assignment, lien or similar charge on or relating to the Policy. However, any payment by the Company to Policyholder/ Insured or legal representative or bank shall be binding on all concerned and shall be considered as complete discharge by the Company.

**XXIII. Special Provisions:**

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

**XXIV. Room Categorisation:**

There is no restriction on the room category availed during the period of hospitalisation. During hospitalization if the insured person is transferred from Normal room to ICU or vice versa the benefit would be payable only under one heading as per the hospital bill for the respective day.

Further the Daily allowance payable shall be same for Normal Room and ICU unless specified otherwise by an endorsement.

**XXV. Electronic Transaction:**

The Policyholder/ Insured / Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirm that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centres, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of Policy holder's interests.

**XXVI. Duty of the Insured on occurrence of loss/event leading to claim**

On the occurrence of loss/event/claim within the scope of cover under the Policy resulting in a claim, the Policyholder/ Insured / Insured Person shall:

Forthwith file/submit a claim form in accordance with "Claim Procedure" clause.

Allow the Medical Practitioner or any representative of the Company to inspect the medical and hospitalization records and to examine the Insured / Insured Person

Assist and not hinder or prevent the Company or any of its representatives in pursuance of their duties

In case the Policyholder/ Insured / Insured Person does not comply with the provisions of this clause or other obligations cast upon the Policyholder/ Insured / Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at the option of the Company.

**XXVII. Right to Investigate:**

If required by the Company, a representative of the Company including a physician appointed in that behalf in case of any loss/event/claim or any circumstances that have given rise to a claim to the Insured / Insured Person, be permitted at all reasonable times to investigate into the circumstances of such loss/event leading to claim. The Insured / Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss/event or such circumstance in his/her possession including presenting himself/herself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or shall assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

The Company shall bear all cost of investigation required under this section.

**XXVIII. Position after a claim:**

As from the day of receipt of the claim amount by the Policyholder/ Insured / Insured Person, the days Insured for the remainder of the Policy year of insurance shall stand reduced by a corresponding amount.

**XXIX. Forfeiture of claims:**

If any claim is made and rejected and no court action or suit is commenced within 12 months after such rejection or, in case of arbitration taking place as provided therein, within 12 calendar months after the arbitrator or arbitrators have made their award, all benefits under this Policy shall be forfeited and will not have any rights whatsoever.

**XXX. Termination :**

The Policy will terminate at the expiration of the period for which premium has been paid or on Expiration Date shown in the Policy Schedule, whichever is earlier.

Termination of Individual Certificates of Insurance : Each Certificate of Insurance will terminate on the earliest of the following dates

The date the expiry of the certificate of Insurance.

The date the Insured person is no more eligible to get covered under the group.

The instalment premium is not paid.

The date We or You cancel the Certificate of Insurance.

**XXXI. Cause of action/Currency of payment:**



Coverage for all Sections on Benefit basis shall be applicable on worldwide basis. Indemnity Sections shall be restricted to territorial limits of India. All claims shall be payable in India in Indian Rupees only.

**XXXII. Policy Disputes:**

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Policyholder/ Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court with in Indian Territory.

**XXXIII. Arbitration:**

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators - 1 to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such 2 arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referred to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss shall be first obtained.

**XXXIV. Inclusion of members under the Policy:**

New Person can be added to this Policy, either by way of endorsement in case of mid-term inclusion or at the time of renewal subject to acceptance by underwriters.

**XXXV. Notices:**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to ;

In case of the Policyholder/ Insured, at the address given in the Policy Schedule/ Certificate of Insurance.

In case of the Company, to the Policy issuing office/nearest office of the Company.

**Annexure A**

**List I: Optional Items**

| SI No | Item   |
|-------|--|
| 1     | BABY FOOD  |
| 2     | BABY UTILITIES CHARGES   |
| 3     | BEAUTY SERVICES  |
| 4     | BELTS/ BRACES  |
| 5     | BUDS   |
| 6     | COLD PACK/HOT PACK   |
| 7     | CARRY BAGS   |
| 8     | EMAIL / INTERNET CHARGES   |
| 9     | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)          |
| 10    | LEGGINGS   |
| 11    | LAUNDRY CHARGES  |
| 12    | MINERAL WATER  |
| 13    | SANITARY PAD   |
| 14    | TELEPHONE CHARGES  |
| 15    | GUEST SERVICES   |
| 16    | CREPE BANDAGE  |
| 17    | DIAPER OF ANY TYPE   |
| 18    | EYELET COLLAR  |
| 19    | SLINGS   |
| 20    | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                    |
| 21    | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                      |
| 22    | Television Charges   |
| 23    | SURCHARGES   |
| 24    | ATTENDANT CHARGES  |
| 25    | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26    | BIRTH CERTIFICATE  |
| 27    | CERTIFICATE CHARGES  |
| 28    | COURIER CHARGES  |
| 29    | CONVEYANCE CHARGES   |
| 30    | MEDICAL CERTIFICATE  |

|    |  |
|----|--|
| 31 | MEDICAL RECORDS  |
| 32 | PHOTOCOPIES CHARGES  |
| 33 | MORTUARY CHARGES   |
| 34 | WALKING AIDS CHARGES   |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)   |
| 36 | SPACER   |
| 37 | SPIROMETRE   |
| 38 | NEBULIZER KIT  |
| 39 | STEAM INHALER  |
| 40 | ARMSLING   |
| 41 | THERMOMETER  |
| 42 | CERVICAL COLLAR  |
| 43 | SPLINT   |
| 44 | DIABETIC FOOT WEAR   |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED)  |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  |
| 47 | LUMBO SACRAL BELT  |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES   |
| 49 | AMBULANCE COLLAR   |
| 50 | AMBULANCE EQUIPMENT  |
| 51 | ABDOMINAL BINDER   |
| 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  |
| 53 | SUGAR FREE Tablets   |
| 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55 | ECG ELECTRODES   |
| 56 | GLOVES   |
| 57 | NEBULISATION KIT   |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]                        |
| 59 | KIDNEY TRAY  |
| 60 | MASK   |
| 61 | OUNCE GLASS  |
| 62 | OXYGEN MASK  |
| 63 | PELVIC TRACTION BELT   |

|    |                     |
|----|---------------------|
| 64 | PAN CAN             |
| 65 | TROLLY COVER        |
| 66 | UROMETER, URINE JUG |
| 67 | AMBULANCE           |
| 68 | VASOFIX SAFETY      |

**List II- Items that are to be subsumed into room charges**

| SI No | Item                                      |
|-------|---|
| 1     | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2     | HAND WASH                                 |
| 3     | SHOE COVER                                |
| 4     | CAPS                                      |
| 5     | CRADLE CHARGES                            |
| 6     | COMB                                      |
| 7     | EAU-DE-COLOGNE / ROOM FRESHNERS           |
| 8     | FOOT COVER                                |
| 9     | GOWN                                      |
| 10    | SLIPPERS                                  |
| 11    | TISSUE PAPER                              |
| 12    | TOOTH PASTE                               |
| 13    | TOOTH BRUSH                               |
| 14    | BED PAN                                   |
| 15    | FACE MASK                                 |
| 16    | FLEX I MASK                               |
| 17    | HAND HOLDER                               |
| 18    | SPUTUM CUP                                |
| 19    | DISINFECTANT LOTIONS                      |
| 20    | LUXURY TAX                                |
| 21    | HVAC                                      |
| 22    | HOUSE KEEPING CHARGES                     |
| 23    | AIR CONDITIONER CHARGES                   |
| 24    | IM IV INJECTION CHARGES                   |
| 25    | CLEAN SHEET                               |
| 26    | BLANKETS/VARMER BLANKET                   |

|    |   |
|----|---|
| 27 | ADMISSION KIT                                       |
| 28 | DIABETIC CHART CHARGES                              |
| 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES     |
| 30 | DISCHARGE PROCEDURE CHARGES                         |
| 31 | DAILY CHART CHARGES                                 |
| 32 | ENTRANCE PASS / VISITORS PASS CHARGES               |
| 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE       |
| 34 | FILE OPENING CHARGES                                |
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG              |
| 37 | PULSEOXYMETER CHARGES                               |

**List III- Items that are to be subsumed into Procedure charges**

| SI No. | Item   |
|--------|--|
| 1      | HAIR REMOVAL CREAM                                 |
| 2      | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3      | EYE PAD  |
| 4      | EYE SHEILD   |
| 5      | CAMERA COVER                                       |
| 6      | DVD, CD CHARGES                                    |
| 7      | GAUSE SOFT   |
| 8      | GAUZE  |
| 9      | WARD AND THEATRE BOOKING CHARGES                   |
| 10     | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS              |
| 11     | MICROSCOPE COVER                                   |
| 12     | SURGICAL BLADES, HARMONICSCALPEL,SHAVER            |
| 13     | SURGICAL DRILL                                     |
| 14     | EYE KIT  |
| 15     | EYE DRAPE  |
| 16     | X-RAY FILM   |
| 17     | BOYLES APPARATUS CHARGES                           |
| 18     | COTTON   |
| 19     | COTTON BANDAGE                                     |
| 20     | SURGICAL TAPE                                      |
| 21     | APRON  |

|    |                            |
|----|----------------------------|
| 22 | TORNIQUET                  |
| 23 | ORTHOBUNDLE, GYNAEC BUNDLE |

**List III- Items that are to be subsumed into Costs of Treatment**

| SI No. | Item   |
|--------|--|
| 1      | ADMISSION/REGISTRATION CHARGES                               |
| 2      | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE           |
| 3      | URINE CONTAINER  |
| 4      | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES     |
| 5      | BIPAP MACHINE  |
| 6      | CPAP/ CAPD EQUIPMENTS  |
| 7      | INFUSION PUMP— COST  |
| 8      | HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC                  |
| 9      | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES |
| 10     | HIV KIT  |
| 11     | ANTISEPTIC MOUTHWASH   |
| 12     | LOZENGES   |
| 13     | MOUTH PAINT  |
| 14     | VACCINATION CHARGES  |
| 15     | ALCOHOL SWABES   |
| 16     | SCRUB SOLUTION/STERILLIUM                                    |
| 17     | Glucometer& Strips   |
| 18     | URINE BAG  |

**Annexure B:**

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 **Insurance Ombudsman** offices are as below. These details can also be found at <http://www.cioins.co.in/ombudsman.html>.

| <b>NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES</b> |  |   |
|--|--|---|
| <b>Location</b>  | <b>Office Details</b>  | <b>Jurisdiction of Office, Union Territory, District</b>                              |
| <b>Ahmedabad</b>   | <p>Shri Kuldip Singh<br/>           Office of the Insurance Ombudsman,<br/>           Jeevan Prakash Building, 6th floor,<br/>           Tilak Marg, Relief Road,<br/>           Ahmedabad – 380 001.<br/>           Tel.: 079 - 25501201/02/05/06<br/>           Email: bimalokpal.ahmedabad@cioins.co.in</p>   | <p>Gujarat,<br/>           Dadra &amp; Nagar Haveli,<br/>           Daman and Diu</p> |
| <b>Bengaluru</b>   | <p>Smt. Neerja Shah<br/>           Office of the Insurance Ombudsman,<br/>           Jeevan Soudha Building, PID No. 57-27-N-19<br/>           Ground Floor, 19/19, 24th Main Road,<br/>           JP Nagar, 1st Phase,<br/>           Bengaluru – 560 078.<br/>           Tel.: 080 - 26652048 / 26652049<br/>           Email: bimalokpal.bengaluru@cioins.co.in</p> | <p>Karnataka</p>  |

|                           |   |   |
|---------------------------|---|---|
| <p><b>Bhopal</b></p>      | <p>Shri Guru Saran Shrivastava<br/>Office of the Insurance Ombudsman,<br/>Janak Vihar Complex, 2nd Floor,<br/>6, Malviya Nagar, Opp. Airtel Office,<br/>Near New Market,<br/>Bhopal – 462 003.<br/>Tel.: 0755 - 2769201 / 2769202<br/>Fax: 0755 - 2769203<br/>Email: bimalokpal.bhopal@cioins.co.in</p> | <p>Madhya Pradesh<br/>Chattisgarh</p>   |
| <p><b>Bhubaneswar</b></p> | <p>Shri Suresh Chandra Panda<br/>Office of the Insurance Ombudsman,<br/>62, Forest park,<br/>Bhubneswar – 751 009.<br/>Tel.: 0674 - 2596461 /2596455<br/>Fax: 0674 - 2596429<br/>Email: bimalokpal.bhubaneswar@cioins.co.in</p>   | <p>Orissa</p>   |
| <p><b>Chandigarh</b></p>  | <p>Office of the Insurance Ombudsman,<br/>S.C.O. No. 101, 102 &amp; 103, 2nd Floor,<br/>Batra Building, Sector 17 – D,<br/>Chandigarh – 160 017.<br/>Tel.: 0172 - 2706196 / 2706468<br/>Fax: 0172 - 2708274<br/>Email: bimalokpal.chandigarh@cioins.co.in</p>   | <p>Punjab,<br/>Haryana(excluding Gurugram, Faridabad, Sonapat and<br/>Bahadurgarh)<br/>Himachal Pradesh, Union Territories of Jammu &amp; Kashmir,<br/>Ladakh &amp; Chandigarh.</p> |
| <p><b>Chennai</b></p>     | <p>Office of the Insurance Ombudsman,<br/>Fatima Akhtar Court, 4th Floor, 453,<br/>Anna Salai, Teynampet,<br/>CHENNAI – 600 018.<br/>Tel.: 044 - 24333668 / 24335284<br/>Fax: 044 - 24333664<br/>Email: bimalokpal.chennai@cioins.co.in</p>   | <p>Tamil Nadu,<br/>Pondicherry Town and<br/>Karaikal (which are part of Pondicherry)</p>  |



|                         |  |  |
|-------------------------|--|--|
| <p><b>Delhi</b></p>     | <p>Shri Sudhir Krishna<br/>Office of the Insurance Ombudsman,<br/>2/2 A, Universal Insurance Building,<br/>Asaf Ali Road,<br/>New Delhi – 110 002.<br/>Tel.: 011 - 23232481/23213504<br/>Email: bimalokpal.delhi@cioins.co.in</p>  | <p>Delhi &amp;<br/>Following Districts of Haryana - Gurugram, Faridabad,<br/>Sonapat &amp; Bahadurgarh</p> |
| <p><b>Guwahati</b></p>  | <p>Office of the Insurance Ombudsman,<br/>Jeevan Nivesh, 5th Floor,<br/>Nr. Panbazar over bridge, S.S. Road,<br/>Guwahati – 781001(ASSAM).<br/>Tel.: 0361 - 2632204 / 2602205<br/>Email: bimalokpal.guwahati@cioins.co.in</p>  | <p>Assam,<br/>Meghalaya,<br/>Manipur,<br/>Mizoram,<br/>Arunachal Pradesh,<br/>Nagaland and Tripura</p>     |
| <p><b>Hyderabad</b></p> | <p>Office of the Insurance Ombudsman,<br/>6-2-46, 1st floor, "Moin Court",<br/>Lane Opp. Saleem Function Palace,<br/>A. C. Guards, Lakdi-Ka-Pool,<br/>Hyderabad - 500 004.<br/>Tel.: 040 - 23312122<br/>Fax: 040 - 23376599<br/>Email: bimalokpal.hyderabad@cioins.co.in</p> | <p>Andhra Pradesh,<br/>Telangana,<br/>Yanam and<br/>part of Territory of Pondicherry</p>                   |
| <p><b>Jaipur</b></p>    | <p>Office of the Insurance Ombudsman,<br/>Jeevan Nidhi – II Bldg., Gr. Floor,<br/>Bhawani Singh Marg,<br/>Jaipur - 302 005.<br/>Tel.: 0141 – 2740363<br/>Email: bimalokpal.jaipur@cioins.co.in</p>   | <p>Rajasthan</p>   |

|                         |   |   |
|-------------------------|---|---|
| <p><b>Ernakulam</b></p> | <p>Ms Poonam Bodra<br/>Office of the Insurance Ombudsman,<br/>2nd Floor, Pulinat Bldg.,<br/>Opp. Cochin Shipyard, M. G. Road,<br/>Ernakulam - 682 015.<br/>Tel.: 0484 - 2358759 / 2359338<br/>Fax: 0484 - 2359336<br/>Email: bimalokpal.ernakulam@cioins.co.in</p>                        | <p>Kerala,<br/>Lakshadweep,<br/>Mahe-a part of Union Territory of Puducherry.</p>   |
| <p><b>Kolkata</b></p>   | <p>Shri P.K. Rath<br/>Office of the Insurance Ombudsman,<br/>Hindustan Bldg. Annexe, 4th Floor,<br/>4, C.R. Avenue,<br/>KOLKATA - 700 072.<br/>Tel.: 033 - 22124339 / 22124340<br/>Fax : 033 - 22124341<br/>Email: bimalokpal.kolkata@cioins.co.in</p>                                    | <p>West Bengal,<br/>Sikkim,<br/>Andaman &amp; Nicobar Islands</p>   |
| <p><b>Lucknow</b></p>   | <p>Shri Justice Anil Kumar Srivastava<br/>Office of the Insurance Ombudsman,<br/>6th Floor, Jeevan Bhawan, Phase-II,<br/>Nawal Kishore Road, Hazratganj,<br/>Lucknow - 226 001.<br/>Tel.: 0522 - 2231330 / 2231331<br/>Fax: 0522 - 2231310<br/>Email: bimalokpal.lucknow@cioins.co.in</p> | <p>Districts of Uttar Pradesh :<br/>Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot,<br/>Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh,<br/>Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao,<br/>Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti,<br/>Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti,<br/>Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar,<br/>Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur,<br/>Chandauli, Ballia, Sidharathnagar.</p> |

|                      |   |  |
|----------------------|---|--|
| <p><b>Mumbai</b></p> | <p>Office of the Insurance Ombudsman,<br/>3rd Floor, Jeevan Seva Annexe,<br/>S. V. Road, Santacruz (W),<br/>Mumbai - 400 054.<br/>Tel.: 69038821/23/24/25/26/27/28/28/29/30/31<br/>Fax: 022 - 26106052<br/>Email: bimalokpal.mumbai@cioins.co.in</p>                              | <p>Goa,<br/>Mumbai Metropolitan Region<br/>excluding Navi Mumbai &amp; Thane</p>   |
| <p><b>Noida</b></p>  | <p>Shri Chandra Shekhar Prasad<br/>Office of the Insurance Ombudsman,<br/>Bhagwan Sahai Palace<br/>4th Floor, Main Road,<br/>Naya Bans, Sector 15,<br/>Distt: Gautam Buddha Nagar,<br/>U.P-201301.<br/>Tel.: 0120- 2514252 / 2514253<br/>Email: bimalokpal.noida@cioins.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh:<br/>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</p> |
| <p><b>Patna</b></p>  | <p>Shri N. K. Singh<br/>Office of the Insurance Ombudsman,<br/>1st Floor, Kalpana Arcade Building,,<br/>Bazar Samiti Road,<br/>Bahadurpur,<br/>Patna 800 006.<br/>Tel.: 0612-2680952<br/>Email: bimalokpal.patna@cioins.co.in</p>   | <p>Bihar,<br/>Jharkhand</p>  |

|             |   |  |
|-------------|---|--|
| <b>Pune</b> | <p>Shri Vinay Sah<br/>Office of the Insurance Ombudsman,<br/>Jeevan Darshan Bldg., 3rd Floor,<br/>C.T.S. No.s. 195 to 198,<br/>N.C. Kelkar Road, Narayan Peth,<br/>Pune – 411 030.<br/>Tel.: 020-41312555<br/>Email: bimalokpal.pune@cioins.co.in</p> | <p>Maharashtra,<br/>Area of Navi Mumbai and Thane<br/>excluding Mumbai Metropolitan Region</p> |
|-------------|---|--|

**SECTION 6: CLAIM SERVICING:**

**I. Claim Notification - Multi Model Intimation:**

It is the endeavor of Company to give multiple options to the Insured Person/Insured Person's representative to intimate the claim to the Company. The intimation can be given in following ways:

- Toll Free call Centre of the Insurance Company(24x7) - 1800-103-2292
- Login to the website of the Insurance Company and intimate the claim – <http://www.bharti-axagi.co.in/contact-us>
- Send an email to the Company- [customersupportba@icicilombard.com](mailto:customersupportba@icicilombard.com)
- Post/courier to TPA/Company - ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032.
- Directly contact our Company office but in writing. - ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025

In all the above, the intimations are directed to a central team for prompt and immediate action.

**II. Information Details**

When the Insured Person/Insured Person's representative intimate the claim as mentioned above the following information should be given for prompt services.

- Policy number
- Name of the Policyholder/ Insured
- Name of Covered person/Insured member making the claim
- Contact details
- Nature of the Disease, Illness or Injury
- Name and address, phone number of the attending medical practitioner/hospital.
- Date of hospitalization

The Insured / Insured Person must provide notification of claim within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier.

The Notification of Claim should be ideally provided by the Insured/Insured Person. In the event Insured / Insured Person is unwell, then the Notification of Claim should be provided by Insured Person's representative.

**III. Claim Form**

On occurrence of any claim under this policy, you are requested to submit completed and duly filled claim form along with other requisite documents. Claim forms will be available with the network hospitals, TPA and Company offices and on its website.

#### IV. Claim Procedure

The Company shall be under no obligation to make any payment under this Policy unless all the premium payments are received in full and all payments have been realized.

The Company will only make payment as per the Policyholder/ Insured's direction. In case of Insured's unfortunate demise, the Company will only make payment to the Nominee (as named in the Policy Schedule/ Certificate of Insurance).

This Policy only covers medical treatment taken in India, and payments under this Policy shall only be made in Indian Rupees within India.

The Company will process the claims and make claim payments.

If there is any deficiency in the documents/ information submitted by Insured person, the Company will send the deficiency letter within 7 days of receipt of the claim documents.

On receipt of the complete set of claim documents to the Company's satisfaction,

- I. The Company will send offer of settlement, along with a settlement statement within 30 days to the insured. Payment will be made within 7 days of receipt of acceptance of such settlement offer. The period of 7 days mentioned is included in the maximum period of claim settlement (30 days) stated above. Otherwise,
- II. The Company will send a rejection letter to the insured, citing the reason(s) for rejection of claim within 30 days to the insured.

#### V. Claim Service Guarantee

Notwithstanding the above, upon the receipt of all required documents and processing of the claim, the offer of settlement will be made to the Insured in any case not later than 30 days maximum. Settlement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of settlement, failing which penal interest (in compliance with applicable regulations) at a rate of 2% higher than bank rate (prevailing as on the date of beginning of financial year in which the claim is reviewed) will be paid, The period of 7 days mentioned above is included in the maximum period of claim settlement (30 days) stated above.

#### VI. Documents

It is the Policy of the Company to seek documents in a single request. Based on documents submitted, if any further documentation is required then it will be sought promptly, at the earliest.

In cases where investigation is deemed necessary, the same will be conducted in all promptitude. Every attempt will be made to keep the process transparent.

#### VII. Repudiations

The power to repudiate claims is vested in the corporate office to ensure transparency and standardization across the country.

#### List of documents required for Claims processing:

| Section | Document Checklist   | Required                                   |
|---------|--|--|
| All     | Govt. ID Proof, Birth Certificate (For Minors)/ Pan Card(Others)   | Photocopy                                  |
| All     | Duly Filled Claim form signed with attending physician statement   | Original                                   |
| All     | For Medico Legal Cases - First Information Report from Police Dept/<br>Medico Legal Certificate  | Photocopy                                  |
| All     | Medical Reports, Investigation Reports, case history, treatment papers, discharge summary and final itemised bills from the Hospital, Other Reports (if any) | Verified & attested copy from the hospital |
| All     | Prescription from the Treating Medical Practitioner, Drug and Medicine bills from the Chemist  | Photocopy                                  |

|   |   |                                    |
|---|---|------------------------------------|
| Pre-Post Hospitalisation                            | Cash Memos from Pharmacy/Chemist, Receipts & Pathological Reports   | Original                           |
| Pre-Post Hospitalisation                            | Prescription from the attending Medical Practitioner /Surgeon demanding Pathological tests/Medicines.   | Photocopy                          |
| Transportation of Mortal Remains & Funeral Expenses | Bills & Receipts of Ambulance/Hearse, Services availed at the Crematorium/Burial Ground.  | Original                           |
| Transportation of Mortal Remains & Funeral Expenses | Death Certificate from treating Medical Practitioner or Hospital Authority  | Photocopy                          |
| External Aids & Appliances                          | Invoice of the device/equipment   | Original                           |
| External Aids & Appliances                          | Prescription from the attending Medical Practitioner /Surgeon demanding the use of device/equipment   | Photocopy                          |
| Home & Vehicle Modification                         | Jobcard & Computerised invoice of the modification made to the vehicle from a registered workshop, colour photographs of the vehicle pre & post modification. | Original                           |
| Home & Vehicle Modification                         | Invoice of the raw materials used & labour charges for the modification made to the home, colour photographs of the home pre & post modification.             | Original                           |
| Home & Vehicle Modification                         | Prescription from the attending Medical Practitioner /Surgeon demanding modification of the Vehicle/Home  | Photocopy                          |
| Home & Vehicle Modification                         | If Cost of Modification exceeds INR. 2 Lacs, Bank Statement clearly mentioning the payment made to the workshop or Contractor                                 | Verified & attested copy from Bank |

**For Reimbursement Claims :**

If original bills, receipts, prescriptions, reports and other documents are submitted to Us and Insured Person requires same for claiming amount from other organization/provider (which is otherwise not payable under our policy), then on request from the Insured Person, We will provide attested copies of the bills and other documents submitted by the Insured Person along with settlement letter.

In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, The Company shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider along with settlement letter.

**Endorsement Wordings (Optional coverage)**

**Endorsement 1. Hospital Daily Cash:**

The Company will pay daily cash allowance for each day, in case the Insured Person is hospitalised for treatment of illness/sickness/injury/specific conditions as listed in the terms and conditions below, beyond a specified number of days specified in the Policy Schedule/ Certificate of Insurance, provided that the Insured Person suffers an illness/sickness/injury/specific condition during the Policy Period that results in Insured Person's hospitalisation for each continuous and completed period of 24 hours, as an inpatient.

Our maximum liability shall be restricted to the limits and period mentioned in the Policy Schedule/ Certificate of Insurance

If the treatment is taken for listed day care procedures, the liability of the Company shall be restricted to 50% of the daily allowance payable on In-patient basis, for a single day.

| Allowance (INR.)/Day | Benefit Period (Days) | Deductible (Days) | Franchise (Days) |
|----------------------|-----------------------|-------------------|------------------|
|                      |                       |                   |                  |

**Endorsement 2. Enhanced Hospital Daily Cash (Accident):**

If an Insured Person suffers Accidental bodily Injury that requires treatment as Inpatient care, the Company agrees to pay enhanced daily allowance for each day provided that the event of accident and treatment falls within the Period of Insurance.

Our maximum liability shall be beyond specified Deductible/Franchise period and restricted to the allowance limits and benefit period mentioned below.

| Allowance (INR.)/Day | Benefit Period (Days) | Deductible (Days) | Franchise (Days) |
|----------------------|-----------------------|-------------------|------------------|
|                      |                       |                   |                  |

Day Care Procedures are specifically excluded from the scope of coverage under this endorsement.

If there are accidental injury claims under multiple sections/endorsement for a specified date, the Insured Person shall be eligible for the highest allowance payable in any one section/endorsement. The allowance payable shall not be cumulative unless specified in the respective section(s)

**Endorsement 3. Enhanced ICU Benefit:**

If an Insured Person suffers illness/sickness/Injury that requires treatment as Inpatient treatment in ICU, the Company agrees to pay enhanced daily allowance for each day provided that the first diagnosis of the disease/illness/injury and treatment falls within the Period of Insurance.

Our maximum liability shall be beyond specified Deductible/Franchise period and restricted to the allowance limits and benefit period mentioned below.

| Allowance (INR.)/Day | Benefit Period (Days) | Deductible (Days) | Franchise (Days) |
|----------------------|-----------------------|-------------------|------------------|
|                      |                       |                   |                  |

Day Care Procedures are specifically excluded from the scope of coverage under this endorsement.

If there are claims under multiple sections/endorsement for treatment in ICU for a specified date, the Insured Person shall be eligible for the highest allowance payable in any one section/endorsement. The allowance payable shall not be cumulative unless specified in the respective section(s).

The Company will pay enhanced ICU Benefit in the event of hospitalization of the insured person who has been transferred from Normal room to ICU or vice versa in any single day and the hospital bill generated for the respective day includes ICU room charges.

**Endorsement 4. Enhanced Benefit (Day Care Treatment):**

If an Insured Person suffers illness/sickness/Injury that requires treatment as Day care procedure, the Company agrees to pay enhanced fixed benefit provided that, the first diagnosis of the disease/illness/injury and treatment falls within the Period of Insurance.

Our maximum liability shall be restricted to the limits mentioned below.

| Benefit Sum Insured (INR.) | Benefit Period (Days) | Deductible (Days) | Franchise (Days) |
|----------------------------|-----------------------|-------------------|------------------|
|                            |                       |                   |                  |

If there are claims under multiple sections/endorsement for treatment as Day Care Procedure on a specified date, the Insured Person shall be eligible for the highest benefit in any one section/endorsement. The allowance payable shall not be cumulative unless specified in the respective section(s).

Hospital daily cash needs to be opted by the Insured. The endorsement cannot be opted on standalone basis.

**Endorsement 5. Parental Accommodation**

If Insured Person is aged below 12 years and suffers from any illness/sickness/Injury that requires treatment as Inpatient treatment, the Company agrees to pay daily allowance towards parental accommodation for each day provided that the first diagnosis of the disease/illness/injury and treatment falls within the Period of Insurance.

Our maximum liability shall be beyond specified Deductible/Franchise period and restricted to the allowance limits and benefit period mentioned below.

| Allowance (INR./Day) | Benefit Period (Days) | Deductible (Days) | Franchise (Days) |
|----------------------|-----------------------|-------------------|------------------|
|                      |                       |                   |                  |

Day Care Procedures are specifically excluded from the scope of coverage under this endorsement.

Allowance payable under this endorsement shall be in addition to any other allowances/benefits payable under the policy for the same insured event.

**Endorsement 6. Reduction of waiting period (Pre Existing Disease)**

On payment of additional premium, the Company agrees to reduce the waiting period of Pre Existing Disease under the policy.

The waiting period of 48 Months for Pre Existing Diseases under definitions and exclusions to the policy stands modified and / or deleted (as applicable) under this endorsement to the extent as mentioned below.

| Disease Category | Waiting Period |
|------------------|----------------|
| Pre Existing     |                |



Deductible specified in the policy document or any endorsement stands unaltered.

**Endorsement 7. Reduction of waiting period (30 Days)**

On payment of additional premium, the Company agrees to reduce the waiting period of 30 Days for Disease/Illness under the policy.

The waiting period of 30 Days for Disease/ Illness under exclusions to the policy stands deleted under this endorsement to the extent as mentioned below.

| Disease Category | Waiting Period |
|------------------|----------------|
| 30 Days          |                |

Deductible specified in the policy document or any endorsement stands unaltered.

**Endorsement 8. Reduction of waiting period (2 Years)**

On payment of additional premium, the Company agrees to reduce the waiting period of 2 Years for Specific Disease/Illness/Procedure/Surgery under the policy.

The waiting period of 2 Years for Specific Disease/Illness/Procedure/Surgery under exclusions to the policy stands modified/deleted (as applicable) under this endorsement to the extent as mentioned below.

| Disease Category | Waiting Period |
|------------------|----------------|
| 2 Years          |                |

Deductible mentioned specified in the Policy Schedule/ Certificate of Insurance or any endorsement stands unaltered

**Endorsement 9. Convalescence Benefit**

On payment of additional premium, the Company agrees to pay additional lump sum benefit in the event an insured person stays continuously in hospital beyond specified no. of days as mentioned below.

| Benefit Sum Insured (INR) | Deductible (Days) |
|---------------------------|-------------------|
|                           |                   |

This benefit can be claimed maximum no. of times as specified in the Policy Schedule/ Certificate of Insurance.

Exclusion related to Convalescence stands deleted in this context.

**Endorsement 10. Pre-Post Hospitalization Expenses**

On payment of additional premium, the Company agrees to reimburse the actual expenses incurred by the Insured Person towards Pre- Post Hospitalization Expenses. The liability of the Company shall be restricted upto Sum Insured and period as mentioned below.

| Sum Insured | Pre- Hospitalization (Days) | Post- Hospitalization (Days) |
|-------------|-----------------------------|------------------------------|
|             |                             |                              |

**Endorsement 11. Transportation of Mortal Remains & Funeral Expenses**

In the unfortunate event of death of Insured Person, the Company agrees to reimburse the cost of transportation of the dead body from the Hospital to the place of residence.

Further the Company shall also reimburse all cost incurred to conduct his/her last rites upto the limits specified.

| Transportation of Mortal Remains & Funeral Expenses | Sum Insured (INR) |
|---|-------------------|
|   |                   |

**Endorsement 12. Home and Vehicle modification:**

The company agrees to reimburse cost of modification done on home and vehicle following an accidental bodily injury. Such modification should be medically necessary for easy movement of the insured to exhibit the routine daily activities.

| Home and Vehicle modification | Sum Insured (INR) |
|-------------------------------|-------------------|
|                               |                   |

This benefit is payable only if the modifications are compliant with the applicable laws.

If cost of modification under any of Home/Vehicle exceeds INR. 2 Lacs, the payment to the workshop/contractor should be made through payment modes other than cash.

Cost of Modification of Home including raw material and labour work shall not exceed INR. 200 per square feet for Metro and INR. 150 per square feet for Non Metros.

Purchase of new vehicle or home is not covered.

**Endorsement 13. Ambulance Cost:**

The Company agrees to reimburse expenses upto the limit specified and incurred on a surface transport ambulance offered by registered healthcare or ambulance service provider used to transfer the Insured Person to the nearest hospital requiring emergency care or if advised by medical practitioner.

| Ambulance Cost | Sum Insured (INR) |
|----------------|-------------------|
|                |                   |

**Endorsement 14. External Aids & Appliances**

The company agrees to cover medically necessary expenses prescribed by the treating medical practitioner related to any external aids like artificial limbs, crutches or any other external appliance and/or device following a surgery resulting in hospitalization due to accidental bodily injury.

Exclusion related to external appliances stands deleted in this context.

| External Aids & Appliances | Sum Insured (INR) |
|----------------------------|-------------------|
|                            |                   |

**Endorsement 15. Reduced Allowance (Minor & Senior Citizens):**

This endorsement restricts allowances payable under the policy for Insured Person Aged below 18 or Above 60 Years.  
The Claim amount payable towards the allowance sections shall be reduced to [XX]% of daily allowance applicable to the specified Section.

Hospital daily cash needs to be opted by the Insured. The endorsement cannot be opted on standalone basis.

The Reduction in allowances shall apply on the following Sections (as applicable) if opted for by the Insured: Hospital Daily Cash, Enhanced Hospital Daily Cash (Accident), Enhanced ICU Benefit, Enhanced Benefit (Day Care Procedure).

| Reduced % of Daily allowance | Benefit Period (Days) | Deductible (Days) | Franchise (Days) |
|------------------------------|-----------------------|-------------------|------------------|
|                              |                       |                   |                  |

**Endorsement 16. Waiver /Revision of Age Restriction:**

The Minimum and Maximum entry age under the policy stands revised as mentioned in the table below.

| Entry Age | Days/Years                 |
|-----------|----------------------------|
| Minimum   | [XX] Days/ Day One         |
| Maximum   | [YY] Years/ No Restriction |

**Endorsement 17. Joint Accidental Hospitalization:**

The company agrees to pay Daily Cash Benefit individually in case of floater policy to each insured of a same family hospitalized in a single accident.

| Allowance (INR./Day/Person) | Benefit Period (Days) | Deductible (Days) | Franchise (Days) |
|-----------------------------|-----------------------|-------------------|------------------|
|                             |                       |                   |                  |

This benefit can be claimed maximum no. of times as specified in the Policy Schedule/ Certificate of Insurance.

This benefit shall be effected only if **Family Floater Sum Insured endorsement is opted.**

This benefit can be opted only if the Policyholder has not opted for Enhanced Hospital Daily Cash (Accident) endorsement.

**Endorsement 18. Family Floater Sum Insured :**

The policy covers the Primary Insured and his Dependents under a family floater Sum Insured. The definition of “**Sum Insured**” shall stand replaced with “**Family Floater Sum Insured**” as mentioned below

“**Family Floater Sum Insured**” represents the Company’s maximum liability for any and all claims made by any one Insured and/or all Insured Person(s) together during the Policy Period.

The Limits of allowances payable on per day basis shall remain unaltered. However this limit will be applicable on per Family basis and shall not apply individually to each member in an event of joint hospitalization, unless specified and endorsed under the policy upon payment of additional premium.

**Endorsement 19. Named Illness/Sickness/Accident**

The endorsement restricts the coverage under the policy to only named Illness/Sickness/Accident as specified in the Policy Schedule/ Certificate of Insurance.

Deductible/Franchisee and all other terms and conditions under the policy shall remain unaltered.

|  |
|--|
| Named Ailments   |
| Typhoid/Malaria/Dengue Fever/Tuberculosis/ Kidney Stones/Meningitis/Accident |

**Endorsement 20.      Maternity Extension**

The coverage under the policy is extended to include maternity under the Policy. The exclusions mentioned below stands deleted :-

- R. Maternity: Code Excl18
  - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Deductible/Franchisee and all other terms and conditions under the policy shall remain unaltered.

However, there shall be a initial waiting period of 9 Months for covering Maternity unless otherwise specified to cover from first day of the policy. The 9 Months waiting period is not applicable at the time of renewal without any break.

|   |
|---|
| Maternity Extension                               |
| 9 Months waiting Period – Applicable / Waived off |