POLICY WORDINGS
Poorna Suraksha – Group

Preamble

This Policy is issued to You based on Your Proposal and declarations together/followed by, with any other documents to Us and Your payment of the premium on behalf of all the persons to be insured. This Policy records the contract between Us and You and/or any Insured Person and sets out the terms of insurance and the obligations of each party.

Now this contract witnesses to the definitions terms, conditions and exclusions contained herein, or endorsed or otherwise expressed hereon and sets out as stated in Schedule of this policy/contract to the said Insured Person/s claiming payment or upon the happening of an event upon which one or more benefits become payable under the sum insured as stated in the Schedule will be paid by the Company.

Only those persons between ages 6 months to 65 years and who are named as Insured in the Schedule will be able to avail the benefits under the Policy, subject to the terms, conditions and exclusions of the Policy.

A. DEFINITIONS:

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

I. Standard Definitions

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. [1]**AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
3. [2]**AYUSH Hospital:** 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.
4. [3]**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

[1] Inserted definition of AYUSH treatment
[2] Inserted definition of AYUSH Hospital
[3] Inserted definition of AYUSH Day Care Centre

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.

5. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
6. **Congenital Anomaly: Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
   a. **Internal Congenital Anomaly**- Congenital Anomaly which is not in the visible and accessible parts of the body.
   b. **External Congenital Anomaly**- Congenital Anomaly which is in the visible and accessible parts of the body.
7. **Day care center** means any institution established for Day Care Treatment of Illness and / or injuries or a medical set-up within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under: -
   - has qualified nursing staff under its employment
   - has qualified medical practitioner/s in charge
   - has a fully equipped operation theatre of its own where surgical procedures are carried out
   - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel
8. **Day Care Treatment** refers to medical treatment, and/or Surgical Procedure which is:
   i. undertaken under General or Local Anesthesia in a Hospital/Day care centre in less than 24 hrs because of technological advancement, and
   ii. which would have otherwise required a Hospitalisation of more than 24 hours

   Treatment normally taken on an out-patient basis is not included in the scope of this definition.
9. **Deductible** is a cost-sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the sum insured.
10. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and Surgery excluding any form of cosmetic surgery/implants
11. **Disclosure to information norm**: 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 by the policyholder.
12. **Grace period** means the specified period of time immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
    Provided the insurer shall offer coverage during the grace period, if the premium is paid in installments during policy period.
13. **Hospital**: A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments

specified under the Schedule of Section 56(1) and 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;

14. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
15. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
    a. **Acute condition** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
    b. **Chronic condition** 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 Your rehabilitation or for You to be specially trained to cope with it
        iv. it continues indefinitely
        v. it comes back or is likely to come back.
16. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
17. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
18. **Maternity expense** shall include –
    a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation)
    b. expenses towards lawful medical termination of pregnancy during the Policy period
19. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
20. **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 Family members.
21. **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.
22. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of Communication.
23. **Pre-Existing Disease** means any condition, ailment or injury or disease
    a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement, or

b) For which medical advice or treatment was recommended by, or received from, a Physician within months Prior to the effective date of the policy issued by the insurer or its reinstatement

24. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined 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.
25. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined 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.
26. **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.
27. **Room rent** means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
28. **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 center by a medical practitioner.
29. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India

II. Specific Definitions

30. **Accidental Death** means death due to Accident.
31. **Adventure sports** are activities having high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, skydiving, parachuting, scuba diving, riding or driving in races or rallies, mountain climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, aviation activities, ballooning, hand gliding, diving or under-water activity, river rafting, canoeing involving rapid waters, polo, yachting or boating
32. **Age** means the completed years as at the commencement date of the policy
33. **Associated 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. In case of copayment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:
    a) Cost of pharmacy and consumables;
    b) Cost of implants and medical devices
    c) Cost of diagnostics
34. **Bank Rate means** Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
35. **Beneficiary** in case of Death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving spouse or immediate blood relative of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.

36. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
37. **Critical Illness** means an Illness, sickness or a disease or a corrective measure as specified in Section B.4. of this Policy.
38. **Critical Illness Benefit** means the amount specified in the Schedule, which is the maximum amount for which the Company may be liable to make payment for the Critical Illnesses covered under this Policy.
39. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
40. **Family** means and includes Primary Insured, Primary Insured's Spouse, Dependent child/ children (up to the age of 25 years) and Dependent parents
41. **Fingers or Toes**, whether in the singular or plural, means the digits of a hand or foot.
42. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
43. **Hazardous Activities** mean recreational or occupational activities which pose high risk of injury.
44. **Injury/ Bodily 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
45. **Insured** means the person(s) named as insured in the Schedule who are covered under this Policy, for whom the Insurance is proposed and the appropriate premium has been received.
46. **Limb** whether in singular or plural, means an arm at or above the wrist or a leg at or above the ankle
47. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/ Financial Institution as identified by the Loan Account Number referred to in the Schedule of this Policy
48. **Nominee** means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.
49. **Permanent Partial Disablement** means a bodily Injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the Limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the "Table of Events" set out in the Policy.
50. **Permanent Total Disablement** means disablement, as the result of a Bodily Injury, which:
    i. continues for a period of twelve (12) consecutive months, and
    ii. is confirmed as total, continuous and permanent by a Medical Practitioner after the twelve (12) consecutive months, and
    iii. entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/ her life
51. **Physical Separation** means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
52. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
53. **Policyholder** means the entity or person named as such in the Schedule.
54. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule**.**
55. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
56. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs

payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
The outstanding Loan amount would not include any arrears or interest of the borrower due to any reasons whatsoever.

57. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted
58. **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
59. **Survival Period**: In case Critical illness cover is opted, at any point of time during the term of the Policy, the benefit shall be payable only if the Insured is alive for a period of more than or equal to 28 days from the date of the first diagnosis of the Critical illness/ Undergoing for the first time of the Surgical Procedures/ for the first time of occurrence of medical events.
60. **Temporary Total Disablement** means disablement which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or Occupation and shall be payable for a maximum period of 100 weeks during such disablement from the date on which the Insured Person first became disabled.
61. **Terrorism** means activities against persons, organizations or property of any nature:
    a) that involve the following or preparation for the following:
        i. use or threat of force or violence; or
        ii. commission or threat of a dangerous act; or
        iii. commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
    b) when one or both of the following applies:
        i. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
        ii. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
62. **Waiting Period**: At no point of time during the term of the Policy, the benefit shall be payable for the claim which occurs or where the signs and/ or the symptoms of Illness/ condition for the claim has occurred within specified number of days of first Policy issue Date. Waiting Period is not applicable for the subsequent continuous renewals.
63. **We, Our, Us, Insurer, GCICL** means Generali Central Insurance Company Limited.
64. **You, Your, yourself** means the Insured Person shown in the Schedule.

Please note: Insect and mosquito bites is not included in the scope of definition of Accident

B. SCOPE OF COVER

This Policy provides Insured Person coverage under the covers listed below. The insured has an option to select from the listed benefits. The Policy Schedule will specify the covers which are opted by the Policy Holder.

- Section I: Hospital Cash benefit,
- Section II: In patient hospitalization expenses cover,
- Section III: Personal Accident Cover
- Section IV: Critical Illness cover

- Section V: Hospital Cash Lump Sum Benefit

Section I and Section V are mutually exclusive Benefits & hence any one of these sections can be opted for and not both.

1. Section I: Hospital Cash Benefit

In the event of Injury/ Bodily Injury or Illness occurring or manifesting itself during the Policy period and causing the Insured's Hospitalisation for Inpatient care within the Policy period, the Company will pay:

1.1 Daily Hospital Cash Benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Illness, for a maximum of number of days per Policy Year, as specified in the policy schedule.

1.2 Daily ICU Cash Benefit amounting to two times the Daily Hospital Cash benefit for each continuous and completed period of 24 hours required to be spent by the You in the Intensive care unit of a hospital, during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury maximum up to the amount per Policy Year, specified in the policy schedule

a) For Family Floater cover:

i. The maximum number of days of Hospitalisation as mentioned in the Schedule would float over all members of each Family under the Policy

ii. In the event of more than one Family member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole Family would be restricted to the number of days per Policy Year, as mentioned in the Schedule (maximum number of days would float over the Family) under the Policy

b) An insured event shall be deemed to be a continuous and completed period of 24 hours as mentioned below:

a. continuous and completed period of minimum 12 hours of Day Care Treatment, or

b. continuous and completed period of minimum 24 hours of Hospitalisation (other than Day Care Treatment)

1.3 Convalescence Benefit:

This is an optional cover which can be opted on payment of additional premium for all the Insured Persons under the Policy. In case this benefit is opted, we will pay a fixed amount over and above the Hospital Cash benefit. This benefit is paid only once per Hospitalisation event per Policy Year, towards convalescence for Hospitalisation of more than 10 consecutive days.

This benefit will be available only for more than 10 days Hospital Cash benefit plans.
The amount will be payable as specified in the Policy Schedule.

1.4 Deductible:

This is an optional cover which can be opted by all the Insured Persons under the Policy. In case deductible is opted, our liability to pay each and every claim under Hospital Cash Benefit will be in excess of the number of days of Deductible applicable to that benefit (if any) as specified in the Schedule.

Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy.

A discount will be available on the Hospital Cash Benefit premium if the deductible is opted by the group.

1.5 Maternity Benefit:

This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

When Maternity Benefit is opted for in the policy, Exclusion C.1.2.o) of the policy stands deleted. The claims arising from or traceable to pregnancy, childbirth including normal/caesarean section would be payable under Hospital Cash benefit cover. Option for Maternity Benefit has to be exercised at the inception of the Policy Period and no refund is allowable in case of Insured's cancellation of this option during currency of the Policy.

Special conditions applicable to Maternity Benefit:

i. For the purpose of this benefit, continuous and completed period of 24 hours of Hospitalisation is mandatory.
ii. This benefit is admissible only for hospitalizations within India.
iii. This benefit will be applicable only for Self or Spouse in a Policy.
iv. Where both Inpatient hospitalization expenses benefit (Section II) and Hospital cash benefits (Section I) are covered. Then if maternity benefit is opted, it has to be opted mandatorily under both the sections (I) and (II).
v. A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period stands waived if additional premium is paid for the same.
vi. Claim in respect of delivery for only the first three children and/ or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having three or more living children will not be eligible for this benefit. In case the first delivery is a triplets (more than 2 children) delivery, then the second delivery will not be covered.
vii. Pre-natal and post-natal expenses including expenses for the newborn baby are not covered.
viii. No Individual (Employee or Dependent) can be covered more than once in a Policy.

2. Section II: In patient Hospitalization Expenses Benefit

In the event of Injury/ Bodily Injury or Illness occurring or manifesting itself during the Policy Period and causing the Insured's Hospitalisation for Inpatient care within the Policy Period, we shall pay the following medical expenses for medically necessary treatment, Reasonable and Customary Charges incurred for Hospitalisation, up to the amount per Policy Year as specified in the Policy Schedule.

a) Hospitalisation medical expenses for:

i. Room rent; Board & Nursing Expenses as provided by the Hospital/ Nursing Home
ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
iii. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation

b) Day Care expenses – We shall pay for expenses incurred under Day Care Treatment requiring less than 24 hours of Hospitalisation as per the list included.

c) Pre-Hospitalisation Medical Expenses – This is an optional cover which can be opted for all the Insured Persons under the Policy. We shall pay for medical expenses incurred with respect to the Insured Person for treatment immediately prior to date of admission of Insured Person into

the Hospital maximum up to the days specified in the Policy schedule. Provided that We have accepted a claim for Hospitalisation Medical Expenses under benefit B.2 a)

d) Post-Hospitalisation Medical expenses – This is an optional cover which can be opted for all the Insured Persons under the Policy. We shall pay for medical expenses incurred with respect to the Insured Person for treatment immediately after the date of discharge of Insured Person from the Hospital maximum up to the days specified in the Policy schedule. Provided that We have accepted a claim for Hospitalisation Medical Expenses under benefit B.2 a)

e) Sub limits for Modern Treatment Methods and Advancement in Technologies

This is an optional cover which can be opted for all the Insured Persons under the Policy. In case sub limit for Modern Treatment Methods and advancement in technologies is opted, our liability to pay each and every claim for below listed treatments or procedures as inpatient or day care treatment (inclusive of pre and post hospitalization), shall be restricted to 1% of the sum insured opted as specified in the Policy Schedule, per policy year.

i. Uterine Artery Embolization and HIFU
ii. Balloon Sinuplasty
iii. Deep Brain stimulation
iv. Oral chemotherapy
v. Immunotherapy- Monoclonal Antibody to be given as injection
vi. Intra vitreal injections
vii. Robotic surgeries
viii. Stereotactic radio surgeries
ix. Bronchial Thermoplasty
x. Vaporization of the prostrate (Green laser treatment or holmium laser treatment)
xi. IONM - (Intra Operative Neuro Monitoring)
xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

The Medical Expenses incurred during hospitalization (including pre and post hospitalization) due to the listed treatments or procedures shall be limited to actual expenses or up to 1% of the sum insured opted (whichever is less).

A discount will be available on the Inpatient Hospitalization Expenses Benefit premium if sub limit is opted by the group.

f) Maternity Expenses Benefit:

This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

We shall pay for Reasonable and Customary Medical expenses incurred with respect to the Insured Person's hospitalization expenses, arising from or traceable to pregnancy, childbirth including normal or caesarean section and complications of maternity (including and not limited to medical complications). The claim under maternity benefit would be payable within the In-patient Hospitalization sum insured, maximum up to the amount specified in the policy schedule.

Special conditions applicable to Maternity Expense Benefit:

i. For the purpose of this benefit, continuous and completed period of 24 hours of Hospitalisation is mandatory.
ii. This benefit is admissible only for hospitalizations within India.
iii. This benefit will be applicable only for Self or Spouse in a Policy.

iv. Where both Inpatient hospitalization expenses benefit (Section II) and Hospital cash benefits (Section I) are covered. Then if maternity benefit is opted, it has to be opted mandatorily under both the sections (I) and (II).
v. A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period stands waived if additional premium is paid for the same.
vi. Claim in respect of delivery for only first three children and/ or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having three or more living children will not be eligible for this benefit. In case the first delivery is a triplets (more than 2 children) delivery, then the second delivery will not be covered.
vii. Pre-natal and post-natal expenses including expenses for the newborn baby are not covered.
viii. No Individual (Employee or Dependent) can be covered more than once in a Policy.

Note: When Maternity Expenses Benefit is opted for in the policy, Exclusion C.1.2.o) of the policy stands deleted.

Option for Maternity Expense Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

g) Room Rent Restriction:

This is an optional cover which can be opted for all the Insured Persons under the Policy.

If the Insured Person is admitted in a Hospital room where the Room Rent incurred is higher than the eligible limit, then the Insured Person shall bear the rate able proportion of the Associated Medical Expenses including surcharge or taxes thereon (excluding pharmacy, consumables, implants , medical devices and diagnostics) as specified in the Policy Schedule in the proportion of the Room Rent actually incurred, subject to co-payment as applicable and mentioned in the policy schedule, provided that We have accepted a claim for Hospitalisation Medical Expenses under benefit B.2 a)

A discount will be available on the Inpatient Hospitalization Expenses Benefit premium if the room rent restriction is opted by the group.

Special conditions applicable to Room rent restrictions

i. Copayment on Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics) is not applicable for admission in ICU room with higher room rent limit.
ii. Copayment on Associated Medical expenses (excluding pharmacy, consumables, implants, medical devices and diagnostics) for opting a Non –ICU room with higher room rent limit is not applicable for those hospitals where differential billing based on the room category is not adopted.

h) Co-payment:

This is an optional cover which can be opted for all the Insured Persons under the Policy. In case co-payment is opted, our liability to pay each and every claim under Inpatient Hospitalization Expenses Benefit will be in excess of any Co-payment applicable to that benefit (if any) as specified in the Schedule.

Co-payment will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy.

A discount will be available on the Inpatient Hospitalization Expenses Benefit premium if the co-payment is opted by the group.

i) **Sub limits for listed diseases, treatments or procedures:**
This is an optional cover which can be opted for all the Insured Persons under the Policy. In case sub limit is opted, our liability to pay each and every claim for diseases, treatments or procedures listed in the Policy Schedule as inpatient or day care treatment (inclusive of pre and post hospitalization), shall be restricted to the percentage of the sum insured opted.

The Medical Expenses incurred during hospitalization (including pre and post hospitalization) due to the listed treatments or procedures shall be limited to actual expenses or up to the Sub limits (whichever is less).

A discount will be available on the Inpatient Hospitalization Expenses Benefit premium if sub limit is opted by the group.

Note: - In case of proposals where Sub limits for Modern Treatment Methods and Advancement in Technologies is also opted, the Medical Expenses incurred during hospitalization (inclusive of pre and post hospitalization) shall be limited to actual expenses or up to sub-limits under this section or up to the sub-limits mentioned in section II e) (Sub limits for Modern Treatment Methods and Advancement in Technologies), whichever is less. No other co-payments/ deductibles will be applicable.

3. **Section III: Personal Accident Cover:**
This is an optional cover which can be opted on payment of additional premium for all the Insured Persons under the Policy.

It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy that following an Accidental Bodily Injury to Insured Person which results in any of the events listed in the Table of Events, We will pay the Insured Person(s) such percentage stated against the event in the Table of Events of the sum insured stated in the Policy Schedule provided that the Schedule mentions that You have opted for coverage against that event and paid premium for the same.

The Personal Accident Cover includes the following benefits, of which Accidental Death and/or Permanent Total Disablement are mandatory covers, in case this cover is opted

Primary Covers

- Mandatory covers
  i. Accidental Death, and/or
  ii. Permanent Total Disablement
- Optional covers
  iii. Permanent Partial Disablement
  iv. Temporary Total Disablement
- Inbuilt covers
  v. Repatriation and Funeral expenses
  vi. Child Education Benefit

Extension Covers

i. Repatriation and Funeral expenses – Above the inbuilt cover
ii. Child Education Benefit – Above the inbuilt cover
iii. Accidental Medical Expenses
iv. Accidental Hospitalization

A. Primary Covers

i. Accidental Death

If during the Policy Year, the Insured Person(s) sustains Injury which directly and independently of all other causes results in death of the Insured Person(s) within twelve (12) months from the date of Accident, then We will pay the Sum Insured as stated in the Policy Schedule.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Accidental Death	**100%**

ii. Permanent Total Disablement

If during the Policy Year, the Insured Person(s) sustains Injury which directly results in Permanent Total Disablement within twelve (12) months from the date of Accident, then We agree to pay the percentage of the Sum Insured shown in the Table of Events below and as specified in the Policy Schedule.

It is clarified that for the purpose of this cover, Permanent Total Disablement shall entail one of the following:

i. Permanent total loss of sight of both eyes
ii. Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot
iii. Permanent total loss and physical separation of or the loss of ability to use both hands or both feet
iv. Permanent total loss and physical separation of or the loss of ability to use one hand and one foot

We will pay the percentage of the Sum Insured shown in the table below:

Event	% of Permanent Total Disablement Sum Insured
Permanent Total Disablement:	**100%**
Permanent total loss of sight of both eyes	100%
Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or foot	100%
Permanent total loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent total loss and physical separation of or the loss of ability to use one hand and one foot	100%

iii. Permanent Partial Disablement

If during the Policy Year, the Insured Person(s) sustains Injury which directly results in Permanent Partial Disablement within twelve (12) months from the date of Accident, then We agree to pay the percentage of the Sum Insured shown in the Table of Events below and as specified in the Policy Schedule. The Table of Events below sets out the events which constitute 'Permanent Partial Disablement'.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Permanent Partial Disablement:	**As Follows**
An arm at the shoulder joint	75%
An arm above the elbow joint	70%
A hand at the wrist	50%
An arm beneath the elbow joint	60%
A thumb	25%
An index Finger	10%
Any other Finger	5%
A leg above mid-thigh	75%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large Toe	5%
Any other Toe	2%
Permanent loss of sight of one eye	50%
Hearing of one ear	25%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%
Shortening of leg by at least 5%	7%

If the Permanent Partial Disablement event not listed above, then the disability percentage certified by the Government Civil Surgeon would be considered under this section.

If there is more than one Permanent Partial Disablement due to an Injury, the claim amount payable for all such losses put together should not exceed the Sum Insured as opted by the Primary Insured Person under this section

iv. Temporary Total Disablement

If during the Policy Year, the Insured Person(s) sustains Injury which directly results in Temporary Total Disablement which completely prevents the Insured Person(s) from performing each and every duty pertaining to employment or Occupation, then We will pay a weekly benefit, provided that:

i. The Temporary Total Disablement is certified by a Medical Practitioner.
ii. Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period as specified in the Policy Schedule not exceeding 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable.
iii. We will not pay any amount in excess of the Sum Insured mentioned in the Policy Schedule.
iv. We will not pay any amount in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other special compensation

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Temporary Total Disablement (weekly benefit	weekly benefit up to a maximum of 100 weeks or as mentioned in the Policy Schedule

3.1. Special Conditions Applicable to Primary Covers of Personal Accident Section

i. If a claim has already been settled for any of the sections under Personal Accident Cover, the amount payable for the subsequent claim/s shall be reduced by the amount/s already paid. Regardless of one or more claims during the Policy Period, the maximum amount payable shall be restricted to the Sum Insured of Personal Accident cover.
ii. If more than one loss results from any Accident, only the one amount, the largest, will paid.
iii. This cover shall immediately cease on payment of a claim for Accidental Death or Permanent Total Disablement of that Insured Person.

a. Inbuilt Covers

i. Repatriation and Funeral Benefit

In the event of We making payment for a claim for Accidental Death, we will also make payment towards

a. Expenses for burial or cremation and transportation of Insured Person's body to his/her city of residence
b. Insured Person's funeral expenses.

The benefit payable towards a & b together shall be limited to 1% of the Accidental Death Sum Insured subject to maximum of Rs.10,000.
(No additional premium will be charged for this cover)

ii. Child Education Support

In the event of we making payment for a claim for Accidental Death or Permanent Total Disablement, we will also make payment towards the education support of the insured person's Dependent Child, the sum equivalent to 1% of the total sum insured subject to maximum of Rs.10,000 (Rupees Ten Thousand Only).

This benefit shall be limited to the maximum as stated in the Policy Schedule, irrespective of the number of dependent children.
(No additional premium will be charged for this cover)

B. Extension Covers in Personal Accident Cover

i. Repatriation and Funeral Benefit (Above the inbuilt cover)

This is an optional cover which can be obtained on payment of additional premium under the Policy. In the event of we making payment for a claim for Accidental Death, we will also make payment towards

a. Expenses for burial or cremation and transportation of Insured Person's body to his/her city of residence
b. Insured Person's funeral expenses.

The maximum amount payable under this benefit shall be as mentioned in the Policy Schedule.
In case, this extension cover is opted, the cover under Section 3. B. i. stands deleted.

ii. Child Education Support Cover (Above the inbuilt cover)

This is an optional cover which can be obtained on payment of additional premium under the Policy. In the event of We making payment for a claim for Accidental Death or Permanent Total Disablement, we will also make payment towards the education support of the Insured Person's Dependent Child/ Children, which will be an amount equal to the Sum Insured mentioned against this benefit per month for the maximum period as stated in the Schedule.

This benefit shall be limited to the maximum as stated in the Policy Schedule, irrespective of the number of dependent children.

However, we reserve the right to pay the claim under this benefit as lump sum benefit.
In case, this extension cover is opted, the cover under Section 3. b. ii. stands deleted.

iii. Accidental Medical Expenses Cover

This is an optional cover which can be obtained on payment of additional premium under the Policy. In the event of a valid claim under this Policy for Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement, We will reimburse the Reasonable & Customary Charges, subject to Deductibles if any shown in the Policy Schedule, for medical treatment or Surgery for the Injury sustained, provided the treatment is during the Policy Year and availed in a Hospital or Day care center in India including as OPD treatment/ Day Care Treatment. The maximum amount payable shall be a percentage of the valid Personal Accident claim amount or valid percentage of the relevant sum insured whichever is less subject to maximum amount stated in the policy schedule.

iv. [4]Accidental Hospitalization Cover

This is an optional cover which can be obtained on payment of additional premium under the Policy. If the Insured Person suffers an Injury during the Policy Year that requires that Insured Person's Hospitalisation for Inpatient Care, then We will reimburse the Reasonable and Customary charges for Medical Expenses incurred for the Inpatient Care of such Insured Person in India provided that the Hospitalisation commences within the same Policy Year. Our liability to meet Medical Expenses of Hospitalisation caused by such Accident will be limited to the Sum Insured of that Policy Year. This cover is independent of any claim under the Primary Covers and Our liability would be limited up to the Sum Insured mentioned in the Schedule.

Special exclusion for this section

a) Pre-hospitalization Medical Expenses and Post-hospitalisation Medical Expenses are not covered.

3.2. Benefit Payable under Personal Accident Section

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the percentage of Sum Insured to the Insured Person/nominee/legal heir as stated in the Policy Schedule on the occurrence of an Insured Event as stated above in this Section.

4. Section IV: Critical illness Cover:

This is an optional cover which can be opted on payment of additional premium for all the Insured Persons under the Policy.

You have the option to select from a list of 42 Critical Illnesses for all the Insured Persons under the Policy. Multiple plans can be created on various combinations of number and selection of Critical illnesses from the list. The effective plan in force shall be specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this Section and the consideration of the Company's liability under it, the entire sum insured under this cover is payable upon survival of 28 days from the first diagnosis/ actual undergoing of the surgical procedures that are mentioned below provided whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include following Critical Illnesses:

a) Cancer of specified severity
b) Kidney failure requiring regular dialysis

[4] Special exclusion b) AYUSH not covered is deleted.

c) Multiple Sclerosis with persisting symptoms
d) Benign Brain Tumor
e) Parkinson's Disease
f) Alzheimer's Disease
g) Major Organ/ Bone Marrow Transplant
h) Open Heart Replacement or Repair of Heart Valves
i) Open Chest CABG (Coronary Artery Bypass Graft)
j) Surgery of Aorta
k) Stroke resulting in permanent symptoms
l) Permanent Paralysis of limbs
m) Myocardial Infarction (First Heart Attack of specified severity)
n) Coma of Specified Severity
o) Third Degree Burns
p) Deafness
q) Loss of Speech
r) Blindness
s) End Stage Liver Failure
t) Primary (idiopathic) Pulmonary Hypertension
u) Pneumonectomy
v) End Stage Lung Failure
w) Systemic Lupus Erythematosus
x) Progressive Supranuclear Palsy
y) Motor Neuron Disease with Permanent Symptoms
z) Aplastic Anaemia
aa) Progressive Scleroderma
bb) Pulmonary Artery Graft Surgery
cc) Multiple System Atrophy
dd) Apallic Syndrome
ee) Good Pasture's Syndrome
ff) Creutzfeldt-Jakob Disease (CJD)
gg) Muscular Dystrophy
hh) Fulminant Hepatitis
ii) Encephalitis
jj) Elephantiasis
kk) Phaeochromocytoma
ll) Chron's Disease
mm) Bacterial Meningitis
nn) Aplastic Anaemia
oo) Severe Rheumatoid Arthritis
pp) Sever Ulcerative Collitis

a) Cancer of Specified Severity

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

The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3.
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

b) Kidney failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

c) Multiple Sclerosis with persisting symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and.
ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

d) Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

e) Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease before age 60 years, must be supported by the clinical confirmation of a Neurologist.

The diagnosis must be supported by all of the following conditions:

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

Activities of daily living:

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

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

f) End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

g) Alzheimer's Disease

Alzheimer's disease is a progressive degenerative Illness of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis of the disease must be before age 60 years, must be supported by the clinical confirmation of a Neurologist, evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain) and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

- non-organic diseases such as neurosis and psychiatric Illnesses.
- alcohol related brain damage; and
- any other type of irreversible organic disorder/dementia not associated with Alzheimer's Diseasee.

h) Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using hematopoietic stem cells
  The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of Langerhans are transplanted.

i) Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s)

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

j) Open Chest CABG (Coronary Artery Bypass Graft)

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting (CABG) done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures.

k) Surgery of Aorta

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of “Aorta” shall mean the thoracic and abdominal aorta but not its branches.

The following conditions are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Angioplasty and all other intra-arterial, catheter-based techniques, "keyhole" or laser procedures.

The diagnosis to be evidenced by any two of the following:

a) Computerized tomography (CT) scan
b) Magnetic Resonance Imaging (MRI) scan
c) Echocardiography (an ultrasound of the heart)
d) Angiography (Injecting X ray dye)
e) Abdominal ultrasound

l) Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient Ischemic Attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

m) Permanent Paralysis of Limbs

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

n) Myocardial Infarction (First Heart Attack of Specified Severity)

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area

The diagnosis for this will be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

i. Other acute Coronary Syndromes
ii. Any type of Angina Pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

o) Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs

This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours.
- Life support measures are necessary to sustain life.
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

p) Third Degree Burns

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

q) Deafness

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

r) Loss of Speech

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

s) Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

t) Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The Blindness is evidenced by:
i. corrected visual acuity being 3/60 or less in both eyes or;
ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

u) Pneumonectomy

The undergoing of surgery on the advice of a specialist Medical Practitioner to remove an entire lung for disease or traumatic injury suffered by the Insured Person.

The following conditions are excluded:
i. Removal of a lobe of the lungs (lobectomy)
ii. Lung resection or incision

v) End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
c) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 5mmHg$); and
d) Dyspnoea at rest

w) Systemic Lupus Erythematosus

A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specializing in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:
- Class I Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

x) Progressive Supranuclear Palsy

Confirmed by a Registered Medical practitioner who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

y) Motor Neuron Disease with Permanent Symptoms

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

z) Aplastic Anaemia

a) Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
   i. Blood product transfusion
   ii. Marrow stimulating agents
   iii. Immunosuppressive agents; or
   iv. Bone marrow transplantation.

b) The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
   i. Absolute neutrophil count of less than 500/mm³ or less
   ii. Platelets count less than 20,000/mm³ or less
   iii. Reticulocyte count of less than 20,000/mm³ or less

c) Temporary or reversible Aplastic Anaemia is excluded.

aa) Progressive Scleroderma

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

The following are excluded:
1. Localised scleroderma (linear scleroderma or morphea).
2. Eosinophilic fasciitis; and
3. CREST syndrome.

bb) Pulmonary Artery Graft Surgery

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft. The following conditions are excluded:
i. Pulmonary artery graft surgery necessitated as a result of CABG
ii. Pulmonary artery graft surgery necessitated as a result of Post trauma

cc) Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:
i. motor function with associated rigidity of movement; or
ii. The ability to coordinate muscle movement; or
iii. Bladder control and postural hypotension.

dd) Apallic Syndrome

A persistent vegetative state with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days.

ee) Good Pasture's Syndrome

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

ff) Creutzfeldt-Jakob Disease

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist) based on clinical assessment, EEG and imaging. There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

gg) Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical practitioner who is a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

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

hh) Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by a Hepatitis virus, leading precipitously to liver failure where the following criteria are met:

i. Rapid decrease in liver size associated with necrosis involving entire lobules;
ii. Rapid degeneration of liver enzymes;
iii. Deepening jaundice; and
iv. Hepatic encephalopathy

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

ii) Encephalitis

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 30 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

jj) Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Medical practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

kk) Phaeochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical practitioner who is an endocrinologist.

ll) Chron's Disease

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

i. Stricture formation causing intestinal obstruction requiring admission to hospital, and
ii. Fistula formation between loops of bowel, and
iii. At least one bowel segment resection.

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

mm) Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks.

The diagnosis must be confirmed by:

i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
ii. A consultant neurologist.

nn) Aplastic Anaemia

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

i. Blood product transfusion
ii. Marrow stimulating agents
iii. Immunosuppressive agents; or
iv. Bone marrow transplantation

A certified hematologist must make the diagnosis of severe irreversible aplastic anaemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

i. Absolute neutrophil count of less than 500/mm³
ii. Platelets count less than 20,000/mm³
iii. Reticulocyte count of less than 20,000/mm³

oo) Severe Rheumatoid Arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criteria with all of the following criteria are met:

i. There must be imaging evidence of erosions with widespread joint destruction in three or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet
ii. There must also be typical rheumatoid joint deformities
iii. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis
iv. Permanent inability to perform at least two (2) “Activities of Daily Living” o The foregoing conditions have been present for at least six (6) months
v. Elevated levels of Creactive protein (CRP), or erythrocyte sedimentation rate (ESR)

Degenerative osteoarthritis and all other forms of arthritis are excluded.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

pp) Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

i. the entire colon is affected, with severe bloody diarrhoea; and
ii. the necessary treatment is total colectomy and ileostomy; and
iii. the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

4.1 Special Conditions Applicable To Critical Illness Cover

The cover for the specific Insured Person, shall terminate in the event of claim becoming admissible and accepted by the Company for any of the listed Critical Illness under this Section.

4.2 Benefit Payable under Critical Illness Section

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured to the Insured person/nominee/legal heir as stated against Critical Illness Section under Schedule on the occurrence of an Insured Event as stated above, under this Section.

5. Section V: Hospital Cash Lump Sum Benefit:

This is an optional cover which can be opted on payment of an additional premium for all the Insured Persons under the Policy.

If an Insured Person due to illness or injury is hospitalized for in-patient care, during the Policy Period, then We will pay a fixed amount for each event of Hospitalization for in-patient care, as specified in the Policy Schedule/ Certificate of Insurance.

Each event of Hospitalization shall be considered as a single period of continuous number of days of hospitalization from the day of admission to the day of discharge. The number of events applicable to the Policy shall be specified in the Policy Schedule/ Certificate of Insurance.
Multiple plans can be created on various combinations of number of days in an event, number of events and fixed amount pay-outs. The effective plan in force shall be specified in the Policy Schedule/ Certificate of Insurance.

One day of Hospitalization shall mean hospitalization for a completed period of 24 hours.
This benefit shall be applicable on an individual basis only.

C. WAITING PERIODS AND EXCLUSIONS

1. **Waiting Periods -** Applicable to Hospital cash benefit, Hospital Cash Lump Sum Benefit and In-patient Hospitalization Expense covers

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

   The waiting periods can be waived off on payment of additional premium under the Policy.

   a) Pre-Existing Diseases - Code- Excl01

   i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
   ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   iii. If the Insured Person is continuously covered without any break as defined under the Migration norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
   iv. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

   b) Specified disease/procedure waiting period- Code- Excl02

   i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24/ 36 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.
   ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   iii. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
   iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   v. If the Insured Person is continuously covered without any break as defined under the applicable norms on Migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   vi. List of specific diseases/procedures:

   - **24 months waiting period:**

   i. Cataracts
   ii. Benign Prostatic Hypertrophy
   iii. Hernia of all types
   iv. Hydrocele
   v. Para nasal sinuses

vi. Deviated Nasal Septum
vii. Fistulae
viii. Hemorrhoids
ix. Fissure in ano
x. Dysfunctional Uterine Bleeding
xi. Fibromyoma
xii. Endometriosis
xiii. Hysterectomy
xiv. all internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumor or growth
xv. Surgery for prolapsed inter vertebral disc unless arising from Accident
xvi. Surgery of Varicose Veins, Varicose Ulcers
xvii. Any types of gastric or duodenal Ulcers
xviii. Stones in the Urinary and Biliary systems
xix. Surgery on ears/ tonsils/ adenoids
xx. Maternity expenses where self and spouse are covered.

- **36 months waiting period:**
  i. Organ transplant and Organ Donor Expenses
  ii. Joint replacement Surgery due to Degenerative condition
  iii. Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is necessitated by Accidental Bodily Injury
  iv. Maternity expenses where only self is covered.

c) 30-day waiting period- Code- Excl03

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

2. Exclusions - Applicable to Hospi cash, In-patient Hospitalization cover

A. Standard Exclusions Applicable to Hospi cash, In-patient Hospitalization cover

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

a) Investigation & Evaluation- Code- Excl04

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

b) Rest Cure, rehabilitation and respite care- Code- Excl05

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

(i) 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 medical, physical, social, emotional and spiritual needs.

c) **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

d) **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.

e) **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 medically necessity, it must be certified by the attending Medical Practitioner.

f) **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.

g) **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.

h) **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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

j) **Code- Excl13**
Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

k) **Code- Excl14**
Dietary supplements and substances which are available naturally and that can be purchased

without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedures.

l) Refractive Error: Code- Excl15
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

m) Unproven Treatments: Code- Excl16
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

n) Birth control, Sterility and Infertility: Code- Excl17
Expenses related to Birth Control, sterility and infertility. This includes:
(i) Any type of contraception, sterilization
(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
(iii) Gestational Surrogacy
(iv) Reversal of sterilization

o) Maternity: Code- Excl 18
(i) Medical Expenses treatment traceable to child birth (including complicated deliveries and caesarian sections incurred during hospitalization) except ectopic pregnancy;
(ii) Expenses towards miscarriage (unless due to an accident) and lawful termination of pregnancy during the policy period.

B. Specific Exclusions Applicable to Hospi cash, In-patient Hospitalization cover

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

p) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.
q) Vaccination/ inoculation (except as post bite treatment)
r) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital.
s) Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
t) Intentional self-Injury
u) Venereal/ Sexually Transmitted disease other than HIV/AIDS.
v) Congenital External Illness/ disease/ defect anomaly.
w) Any expenses related to donor screening, treatment, donor's pre and post Hospitalisation expenses or any other medical treatment for the donor consequent to Surgery.
x) Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments
y) Non-prescribed drugs and medical supplies
z) Hormone replacement therapy

aa) Medical Practitioner's home visit charges during pre and post Hospitalisation period, Attendant Nursing charges.
bb) Domiciliary hospitalisation/ treatment.
cc) Treatment received outside India.
dd) Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
ee) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
ff) Stem cell storage
gg) Any kind of service charge, surcharge levied by the hospital.
hh) Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
ii) Standard list of excluded items as mentioned in the Annexure I and on our website https://generalicentralinsurance.in
jj) Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
kk) [5]Costs incurred on all methods of treatment except AYUSH and Allopathic treatments.

3. Waiting Periods - Applicable to Critical Illness cover

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

a) Waiting period- and Survival period

i. Claim related to any listed Critical illness/ procedures within 90 days from the first policy commencement date shall be excluded.
ii. Claim related to any listed Critical illness/ procedures shall be payable only if the Insured has survived for a period of more than or equal to 28 days from the date of the first diagnosis of the Critical illness/ Undergoing for the first time of the Surgical Procedures/ for the first time of occurrence of medical events.

4. Exclusions applicable to Critical Illness Cover:

A. Standard exclusion:-

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

I. Investigation & Evaluation- Code- Excl04

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

II. 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.

III. 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 medically necessity, it must be certified by the attending Medical Practitioner

[5] **Modified the wording to cover AYUSH treatment into the scope of the Product**

IV. 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 scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.

V. 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.

VI. Code- Excl12

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

B. Specific exclusion :-

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

a) Any Insured Event arising on account of or in connection with any Pre-Existing Illness/ Disease related to specified Critical Illnesses
b) If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/ surgical procedure in relation to the claim of the particular insured person
c) Any external congenital Illness
d) Treatment by a family member and self- medication or any treatment that is not scientifically recognized
e) Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy
f) Any Critical Illness directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or HTLB-III) or Lymphadinopathy Associated Virus (LAV) and its variants or mutants
g) Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
h) Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane
i) [6]Reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines.
j) Diagnosis outside India; unless reaffirmed by Specialist Medical Practitioner in India and subject to presentation of all Claim documents in English.

5. Exclusions applicable to Personal Accident Cover:

A. Standard exclusion: -

We will not pay for any compensation, benefit or expenses in respect of Accidental Death, Injury or Disablement, Accidental Medical Expenses of the Insured Person as a consequence of the following:

I. 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.

[6] **Modified the wording to cover AYUSH treatment into the scope of the Product**

II. **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 medically necessity, it must be certified by the attending Medical Practitioner

III. **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 scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.

IV. **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.

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

VI. **Unproven Treatments: Code- Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

VII. **Maternity : Code Excl 18**
i. Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean section incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during policy period.

B. Specific exclusion:-
We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following.
a) Any pre-existing disability / accidental injury
b) Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
c) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials/ radiation.
d) Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy
e) Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid/ devices, the use of which has been necessitated following an accident, unless specifically insured
f) Bodily Injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism
g) Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).

h) Accident while under the influence of alcohol or drugs
i) Expenses incurred for emergency medical evacuation

D. GENERAL TERMS AND CLAUSES

A. Standard General Terms and Clauses

1. **Disclosure to information norm:**
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 by the policyholder.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

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

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

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

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

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

4. **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.

5. **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. 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.

6. **Redressal of Grievance**

In case of any grievance the insured person may contact the company through
Website: https://generalicentralinsurance.com
Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800
Email: GCIcare@generalicentral.com
Courier: Grievance Redressal Cell, Generali Central Insurance company limited.
Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

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

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at
GCIGRO@generalicentral.com or call at: 7900197777
For updated details of grievance officer, kindly refer the link
https://Generalicentralinsurance.com/customer-service/grievance-redressal

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. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - https://bimabharosa.irdai.gov.in/

B. Specific General Terms and Clauses

1. **Condition Precedent to the contract**

   i. **Entire Contract**

   The Policy and the proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, for which approval shall be evidenced by an endorsement on the Schedule.

   ii. **Due Care**

   Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You will cooperate with Us at all times.

   iii. **Migration**

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

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

For Detailed Guidelines on migration, kindly refer the link
https://generalicentralinsurance.com/portability-and-migration
Note:- The Migration guidelines are applicable only to In patient Hospitalization Expenses Benefit

iv. Payments

The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his/her nominee/ legal heirs, as the case may be or as agreed in the contract.

2. Conditions applicable during the contract

I. Insured

Only those persons named, as the Insured in the Schedule shall be covered under this Policy. The details of the Insured are as provided by You. A person may be added as an Insured during the Policy Period after his application has been accepted by Us, an additional premium has been paid and Our agreement to extend cover has been indicated by it, issuing an endorsement confirming the addition of such person as an Insured. Cover under this Policy shall be withdrawn from any Insured upon that Insured giving 14 days written notice to be received by Us.

II. Addition and Deletion of members

a) The new members can be added at periodic intervals. However the insurance coverage for every member of the policy shall not exceed the maximum policy term.
b) The Company may issue multiple group insurance policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.
c) All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

III. Cancellation

1. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

A. Premium paid in Single Instalment

a) In case the Policy Period is one year, the Company shall refund premium for the unexpired policy period as detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

b) In case the Policy Period exceeds one year, you may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made, then We shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%.

B. Premium paid in Multiple Instalments

a) In case the Policy Period is one year, with instalment premium, the cancellation shall be as follows:

Instalment Frequency	Cancellation request received	Rate of Premium refunded
Monthly	Anytime	No Refund
Quarterly	1st Quarter	12.5% of the respective quarter premium
	2nd Quarter	12.5% of the respective quarter premium
	3rd Quarter and above	No Refund
Half-Yearly	Up to 3 months	25% of the half-yearly instalment premium
	Above 3 months to 6 months	12.5% of the half-yearly instalment premium
	Above 6 months	No refund

b) In case of Policy Period more than one year, with instalment premium, the cancellation shall be as follows:

Instalment Frequency	Cancellation request received	Rate of Premium refunded
Monthly	Anytime within the Policy Period	No Refund
Quarterly	1st Quarter of 1st Policy Year	12.5% of the respective quarter premium
	2nd Quarter of 1st Policy Year	12.5% of the respective quarter premium
	3rd Quarter of 1st Policy Year and above	No Refund
Half-Yearly	Up to first 3 months of the 1st Policy Year	25% of the half-yearly instalment premium
	Above first 3 months to 6 months of the 1st Policy Year	12.5% of the half-yearly instalment premium
	Above first 6 months of the 1st Policy Year and thereafter	No refund

2. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
3. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

IV. Special Conditions applicable for Policies issued with Premium Payment on Instalment Basis

If the policy holder has opted payment of premium on an instalment basis i.e Half Yearly, Quarterly or Monthly, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

a. Duly filled and signed ACH/ ECS/ E-Mandate form shall be submitted along with the proposal form specifying the instalment premium amount and the frequency of instalment.
b. On successful registration for the mandate/ E-NACH/ any other mode approved by Government of India, the premium shall be auto debited as per the frequency opted.
c. In case of withdrawal of E-NACH/ ACH/ ECS / any other mode approved by Government of India, a written communication will be required from policyholder
d. In case there is failure in transaction in E-NACH/ ACH/ ECS mode or any other mode approved by Government of India or the instalment premiums are not received within the relaxation period, the Policy will get cancelled.
e. A fresh policy with all waiting periods would be issued.

V. Policy Period

a) The Policy can be issued for a minimum tenure of 1 year to those who are not loan borrowers of financial institutions.
b) The Policy can be issued for a maximum term of up to 5 years or up to the loan period, whichever is less, in case of credit linked policies.

VI. Arbitration Clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.
Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

VII. Territorial limit

a) For the purpose of Hospital Cash benefit, Inpatient Hospitalization and Critical Illness Covers, we cover expenses due to Accidental Bodily Injury or Illness sustained by the Insured Person during the Policy Period anywhere in India only.
b) For the purpose of Personal Accident cover, We cover expenses due to Accidental Bodily Injury sustained by the Insured Person during the Policy Period anywhere in the World (subject to the travel and other restrictions that the Indian Government may impose),
c) For all the covers We will make payment within India and in Indian Rupees only.
d) The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

VIII. Communication

a) Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.
b) All notifications and declarations for Us must be in writing and sent to the address specified in the Schedule. Agents are not authorized to receive notices and declarations on Our behalf.
c) You must notify Us of any change in address.

IX. [7] AYUSH Coverage:

Expenses incurred on hospitalization due to accident and illnesses under AYUSH system of medicine shall be covered. However, all preventive and rejuvenation treatments which are non-curative in nature shall not be covered.

[7] Clause number IX newly inserted to cover AYUSH treatments at par with Allopathic Treatments, wherever applicable, in the product to provide an option for the Insured Persons to choose treatment of their choice

3. Conditions when a claim arise

i. Compliance with Policy Provisions

Failure by **You** or the Insured Person to comply with any of the provisions in this **Policy** shall invalidate all claims hereunder.

ii. Claims Procedure applicable to Section I - Hospital Cash Benefit

If Insured meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, Insured must comply with the following:

a) Insured Person or someone claiming on Insured Person's behalf must inform Us in writing immediately, and in any event within 48 hours of hospitalisation.

b) Insured Person must immediately consult a Medical Practitioner and follow the Medical Advice and treatment that he recommends.

c) Insured Person must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.

d) Insured Person shall expeditiously provide the Company with any and all information and documentation in respect of the Hospitalisation. The claim and/ Our liability hereunder that may be requested, and You shall submit Yourself for examination by the Company's medical advisors as often as may be considered necessary by Us. The cost of such medical examination will be borne by Us.

e) Insured Person or someone claiming on Insured Person's behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with certified copies of discharge card, Hospital bill and receipt) and other information if We ask for, to investigate the claim or Our obligation to make payment for it.

f) In the event of the death of the Insured person, nominee claiming on his/ her behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.

g) Mandatory necessary documents required to process claim under Hospicash benefit are:

   i. Completely filled Poorna Suraksha Claim form (original) and signed by the claimant or a family member;
   ii. Discharge certificate/ card containing all the relevant details from Hospital (photocopy)
   iii. Final Hospital bill with receipt (photocopy)
   iv. All reports and prescriptions (photocopy)
   v. First Prescription / Consultation Letter from your Doctor (Photocopy)
   vi. Copy of Proposer/Employee Photo ID Proof & Address Proof

h) The periods for intimation or submission of any documents as stipulated under 4 3. ii. (e) and 43. ii. (f) will be waived in case of any hardships being faced by the Insured or his representative which is supported by some documentation.

i) On receipt of claim documents as mentioned above or any other relevant document as required by the company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of clam, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, we will inform the claimant about the same in writing with reason for repudiation

iii. Claims Procedure applicable to Section II - Inpatient Hospitalization Expenses Cover

If Insured meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, Insured must comply with the following:

a) Cashless treatment is only available at a Network Provider. In order to avail cashless

treatment, the following procedure must be followed by Insured Person:

i. For availing cashless at a Network Provider, We must be called at Our call centre and a request for pre-authorisation must be made by way of the written form prescribed by Us.
ii. After considering the request and obtaining any further information or documentation that We have sought, We may, if satisfied, send the Network Provider an authorisation letter. Such pre-authorization shall be issued by Us within 24 hours of receiving the complete information.
iii. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Provider identified in the pre-authorisation letter at the time of the Insured Person's admission to the Hospital.
iv. If the above procedure is followed, You will not be required to directly pay for those Medical Expenses to the Network Provider that We are liable to indemnify under this Policy. The original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorisation does not guarantee that all costs and expenses that are incurred will be covered. We reserve the right to review each claim for Medical Expenses incurred and accordingly coverage will be determined according to the terms, conditions and exclusions of this Policy. All other costs and expenses that are not covered under this Policy must be settled directly with the Network Provider and We shall have no liability in this regard.

b) If pre-authorisation as above is denied by Us or if treatment is taken in a Hospital which is Non-Network or if You do not wish to avail cashless facility, then:
i. We must be given Notification of Claim in writing immediately and in any event within 48 hours of the commencement of the Illness or Injury. You must immediately consult a Medical Practitioner and follow the advice and treatment that he/she recommends. You must take reasonable steps or measures in good faith to minimise the quantum of any claim that may be made under this Policy.
ii. You must have Yourself examined by Our medical advisors if We ask, the cost for which will be borne by Us.
iii. You or someone claiming on Your behalf must promptly and in any event within 15 days of discharge from a Hospital give Us the necessary documents, including written details of the quantum of any claim along with all original supporting documentation, including but not limited to the following, and other information We ask for, to investigate the claim for Our obligation to make payment for it:

a) Completely filled Poorna Suraksha Claim form (original) and signed by the claimant or a family member;
b) First consultation letter;
c) First prescription from the Medical Practitioner;
d) Original vouchers;
e) Original Hospital bills giving a detailed break up of all expense heads mentioned in the bill;
f) Original Money receipt duly signed with a revenue stamp;
g) Photocopy of Birth/death certificate (as applicable);
h) Original Hospital discharge card;
i) All original laboratory and diagnostic test Reports such as X-Ray, E.C.G, USG, MRI Scan, Haemogram etc;
j) If medicines have been purchased in cash and if this has not been reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner and the supporting original medicine bill from the chemist;
k) If diagnostic or radiology tests have been paid for in cash and it has not been

reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner advising the tests, the actual original test reports and original bill from the diagnostic center for the tests.

iv. In the event of Your/Insured Person's death, You/Insured Person's nominee/legal heir claiming on his/her behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.
v. If We are not given notice/ documentation within the time frames set out above, then We may accept the claim notice/ documentation if it is demonstrated to Us that the delay was for reasons beyond the control of the claimant.
vi. The periods for intimation or submission of any documents as stipulated under 43. iii. b (i), (iii) and (iv) will be waived in case of any hardships being faced by the Insured or his representative which is supported by some documentation.

iv. Claims Procedure applicable to Section III - Personal Accident cover:

(i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence.
(ii) The Insured/anyone claiming on insured behalf shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
(iii) The Insured/anyone claiming on insured behalf shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
(iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured person on the occasion of any alleged Injury when and as often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report, wherever applicable, shall be furnished to the Company within a period of 30 days.

The Company shall not be liable to pay any claims under Section III, Personal Accident cover unless the claim under the Policy is accompanied by the following documents:

- Completely filled Poorna Suraksha Claim form (original) and signed by the Insured/ claimant or a family member;
- Photocopy of Policy Schedule
- Photocopy of medical documents supporting the accidental injury and treatment taken related to the same
- Disability Certificate
  - For Physical Disabilities related with separation of limbs or complete loss of organs - Photocopy of Disability Certificate issued by Orthopedic Surgeon mentioning the type and percentage of disability
  - For Physical Disabilities NOT related with separation of limbs or complete loss of organs - Photocopy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only
  - For Non - Physical Disabilities - Photocopy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only for the related speciality (e.g. Loss of memory, sense organs, vision, hearing etc.)
- Investigation Reports, Original X - Ray films supporting the accidental injury. Post-Operative X-ray films, if any
- Photographs of the Insured Person highlighting the injury / disability
- Photocopy of FIR / MLC (if registered)/ Photocopy of Panchnama, wherever applicable
- Photocopy of Photo ID and Address Proof of Insured Member for whom Claim is lodged

- Photocopy of Photo ID, Address Proof and Recent Photograph of Proposer (if claimed amount is above INR 1 Lakh).
- Photocopy of Death Summary, Treatment Papers & Investigation Reports, in case of Death Claim
- Photocopy of Death Certificate, in case of Death Claim
- Photocopy of Post Mortem / Viscera Report, in case of Death Claim
- Photocopy of Final Police Investigation Report, in case of Death Claim
- Photographs and Newspaper reports related to the accident, in case of Death Claim
- Photocopy of Discharge Summary of Hospital mentioning the date of admission, date of discharge, presenting complaints with duration, clinical condition, detailed line of treatment, final diagnosis and past medical and surgical history with duration, wherever applicable
- Legal Heir Certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (Mandatory if Nominee name is not mentioned on policy schedule)

On receipt of claim documents as mentioned above or any other relevant document as required by the Company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation.

v. Claims Procedure applicable only for Accidental Hospitalisation section:

If Insured Person meets with any Accidental Bodily Injury that may result in a claim, then as a Condition Precedent to the Company's liability, Insured Person must comply with the following:

a. Insured Person must give Notification of Claim, in writing, immediately, and in any event within 48 hours of the aforesaid Bodily Injury. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends.

b. Insured Person must promptly and in any event within 30 days of discharge from a Hospital give the Company the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information the Company asks for to investigate the claim or the Company's obligation to make payment for it.

c. The periods for intimation or submission of any documents as stipulated under a. and b. will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

vi. Claims Procedure applicable to Section IV, Critical Illness Cover:

If Insured Person is diagnosed / underwent a surgical procedure/ a medical condition occurs as per the definition of the Critical Illness mentioned that may result in a claim, then as a Condition Precedent to Our liability, Insured Person must comply with the following:

- Insured Person or someone claiming on Insured Person's behalf must give Notification of Claim to us in writing immediately, and in any event within 90 days of the first diagnosis of the Illness, date of surgical procedure but after the Survival Period of 28 days.
- In the event of the death of the insured person post the survival period, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.
- List of mandatory documents required for processing of the Claims are: (You need to submit all documents in original and photocopy. The original documents would be returned to you post verification if requested by You)
  i) Completely filled Poorna Suraksha Claim form (original) and signed by the Insured/

claimant or a family member

ii) Photocopy (if any) Discharge certificate/ card from the Hospital
iii) Original certificate from Attending Doctor's/ Consultant's/ Specialist's/ Anesthetist's regarding the diagnosis.
iv) Photocopy of Investigation reports supporting the diagnosis.
v) Original certificate from Surgeon's stating nature of operation performed and Photopcy of Surgeon's bill and receipt
vi) Photocopy of Indoor case papers from the Hospital

- Lack of documents or medical certificates confirming the diagnosis of illness or undergoing of medical/ surgical procedure will result in forfeiture of the claim.
- On receipt of claim documents as mentioned above or any other relevant document as required by the Company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with the reason for repudiation.

vii. Settlement of Claims

a) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
b) 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 last necessary document to the date of payment of claim at a rate 2% above the bank rate.
c) However, where 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.
d) 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 last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
   a. Settled claims will be forwarded for payment
   b. Pending claims will be asked for submission of incomplete documents.
   c. Rejected claims will be informed to the Insured person in writing with reason for rejection.

viii. Claims settlement process applicable to Personal Accident Cover:

If the Insured Person meets with an Accidental Bodily Injury that may result in a claim, then:
a. The Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 15 days.
b. The Insured Person must submit to examination by Our medical advisors if We ask for this and as often as We consider this to be necessary.

ix. Basis of claims payment

a. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
b. We shall make payment in India in Indian Rupees only.
c. The Company shall only make payment under this Policy to the Insured or in the event of death or total incapacitation of the Insured to the nominee/ legal heirs or to Financial Institution in case of outstanding loan amount, as the case may be or as agreed in the

contract. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this Policy for such claim.

d. An insured event shall be deemed to be a continuous and completed period of 24 hours as mentioned below
   i. continuous and completed period of minimum 12 hours of Day Care Treatment, or
   ii. continuous and completed period of minimum 24 hours of Hospitalisation (other than Day Care Treatment)

e. For Family Floater cover:
- The maximum number of days of Hospitalisation as mentioned in the Schedule would float over all members of each Family under the Policy
- In the event of more than one Family member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole Family would be restricted to the number of days as mentioned in the Schedule (maximum number of days would float over the Family) under the Policy

4. Conditions for renewal of the contract

a) This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

b) The Policyholder shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

c) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.
Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.

The premium rates or loadings for the product would not be changed without approval from Authority. However, the performance of the product will be reviewed annually and further pricing will be done on experience basis

E. DAY CARE LIST

In addition to Day Care list **We** would also cover any other surgeries/ procedures agreed by **Us** in a **Hospital** or a **Day care centre** which require less than 24 hours **Hospitalisation** for inpatient care due to subsequent advancement in technology.

I. Cardiology Related:
1. Coronary Angiography

II. ENT Related:
2. Myringotomy With Grommet Insertion
3. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
4. Removal Of A Tympanic Drain
5. Operations On The Turbinates (nasal Concha)
6. Stapedotomy To Treat Various Lesions In Middle Ear
7. Revision Of A Stapedectomy
8. Other Operations On The Auditory Ossicles
9. Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
10. Fenestration Of The Inner Ear
11. Revision Of A Fenestration Of The Inner Ear
12. Palatoplasty
13. Transoral Incision And Drainage Of A Pharyngeal Abscess
14. Tonsillectomy Without Adenoidectomy

15. Tonsillectomy With Adenoidectomy
16. Excision And Destruction Of A Lingual Tonsil
17. Revision Of A Tympanoplasty
18. Other Microsurgical Operations On The Middle Ear
19. Incision Of The Mastoid Process And Middle Ear
20. Mastoidectomy
21. Reconstruction Of The Middle Ear
22. Other Excisions Of The Middle And Inner Ear
23. Other Operations On The Middle And Inner Ear
24. Excision And Destruction Of Diseased Tissue Of The Nose
25. Nasal Sinus Aspiration
26. Foreign Body Removal From Nose
27. Adenoidectomy
28. Stapedectomy Under GA
29. Stapedectomy Under LA
30. Tympanoplasty (type IV)
31. Turbinectomy
32. Endoscopic Stapedectomy
33. Incision And Drainage Of Perichondritis
34. Septoplasty
35. Thyroplasty Type I
36. Pseudocyst Of The Pinna - Excision
37. Incision And Drainage - Haematoma Auricle
38. Reduction Of Fracture Of Nasal Bone
39. Excision Of Angioma Septum
40. Turbinoplasty
41. Incision & Drainage Of Retro Pharyngeal Abscess
42. Uvulo Palato Pharyngo Plasty
43. Adenoidectomy With Grommet Insertion
44. Adenoidectomy Without Grommet Insertion
45. Incision & Drainage Of Para Pharyngeal Abscess

III. Gastroenterology Related:

46. Pancreatic Pseudocyst Eus & Drainage
47. RF Ablation For Barrett's Oesophagus
48. EUS + Aspiration Pancreatic Cyst
49. Small Bowel Endoscopy (therapeutic)
50. Colonoscopy, Lesion Removal
51. ERCP
52. Colonscopy Stenting Of Stricture
53. Percutaneous Endoscopic Gastrostomy
54. EUS And Pancreatic Pseudo Cyst Drainage
55. ERCP And Choledochoscopy
56. Proctosigmoidoscopy Volvulus Detorsion
57. ERCP And Sphincterotomy
58. Esophageal Stent Placement
59. ERCP + Placement Of Biliary Stents
60. Sigmoidoscopy W / Stent
61. EUS + Coeliac Node Biopsy

IV. General Surgery Related:

62. Incision Of A Pilonidal Sinus / Abscess
63. Fissure In Ano Sphincterotomy
64. Orchidopexy for undescended testis
65. Laproscopic Abdominal Exploration In Cryptorchidism
66. Surgical Treatment Of Anal Fistulas
67. Division Of The Anal Sphincter (sphincterotomy)
68. Epididymectomy
69. Incision Of The Breast Abscess
70. Operations On The Nipple
71. Excision Of Single Breast Lump
72. Incision And Excision Of Tissue In The Perianal Region
73. Surgical Treatment Of Hemorrhoids
74. Sclerotherapy
75. Wound Debridement And Cover
76. Abscess-decompression
77. Infected Sebaceous Cyst
78. Incision And Drainage Of Abscess
79. Suturing Of Lacerations
80. Scalp Suturing
81. Infected Lipoma Excision
82. Maximal Anal Dilatation
83. Piles
    i. Injection Sclerotherapy
    ii. Piles Banding
84. Liver Abscess- Catheter Drainage
85. Fissure In Ano- Fissurectomy
86. Fibroadenoma Breast Excision
87. Oesophageal Varices Sclerotherapy
88. ERCP - Pancreatic Duct Stone Removal
89. Perianal Abscess I & D
90. Perianal Hematoma Evacuation

91. UGI Scopy And Polypectomy Oesophagus
92. Breast Abscess I & D
93. Oesophagoscopy And Biopsy Of Growth Oesophagus
94. ERCP - Bile Duct Stone Removal
95. Splenic Abscesses Laparoscopic Drainage
96. UGI Scopy And Polypectomy Stomach
97. Feeding Jejunostomy
98. Varicose Veins Legs - Injection Sclerotherapy
99. Pancreatic Pseudocysts Endoscopic Drainage
100. Zadek's Nail Bed Excision
101. Rigid Oesophagoscopy For Dilation Of Benign Strictures
102. Lord's Plication
103. Jaboulay's Procedure
104. Scrotoplasty
105. Circumcision For Trauma
106. Meatoplasty
107. Intersphincteric Abscess Incision And Drainage
108. PSOAS Abscess Incision And Drainage
109. Thyroid Abscess Incision And Drainage
110. Tips Procedure For Portal Hypertension
111. Esophageal Growth Stent
112. Pair Procedure Of Hydatid Cyst Liver
113. Tru Cut Liver Biopsy
114. Laparoscopic Reduction Of Intussusception
115. Microdochectomy Breast
116. Sentinel Node Biopsy
117. Testicular Biopsy
118. Sentinel Node Biopsy Malignant Melanoma
119. TURBT
120. URS + LL

V. Gynecology Related:

121. Conization Of The Uterine Cervix
122. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
123. Incision Of Vulva
124. Salpingo-oophorectomy Via Laparotomy
125. Endoscopic Polypectomy
126. Hysteroscopic Removal Of Myoma
127. D & C
128. Hysteroscopic Resection Of Septum
129. Thermal Cauterisation Of Cervix
130. Mirena Insertion
131. Hysteroscopic Adhesiolysis
132. LEEP (Loop Electrosurgical Excision Procedure)
133. Cryocauterisation Of Cervix
134. Polypectomy Endometrium
135. Hysteroscopic Resection Of Fibroid
136. LLETZ (large loop excision of the transformation zone)
137. Conization
138. Polypectomy Cervix
139. Hysteroscopic Resection Of Endometrial Polyp
140. Vulval Wart Excision
141. Laparoscopic Paraovarian Cyst Excision
142. Uterine Artery Embolization
143. Laparoscopic Cystectomy
144. Hymenectomy (Imperforate Hymen)
145. Vaginal Wall Cyst Excision
146. Vulval Cyst Excision
147. Laparoscopic Paratubal Cyst Excision
148. Vaginal Mesh For POP
149. Laparoscopic Myomectomy
150. Repair Recto- Vagina Fistula
151. Pelvic Floor Repair (Excluding Fistula Repair)
152. Laparoscopic Oophorectomy

VI. Neurology Related:

153. Facial Nerve Glycerol Rhizotomy
154. Stereotactic Radiosurgery
155. Percutaneous Cordotomy
156. Diagnostic Cerebral Angiography
157. VP Shunt
158. Ventriculoatrial Shunt

VII. Oncology Related:

159. Radiotherapy For Cancer
160. Cancer Chemotherapy
161. IV Push Chemotherapy
162. HBI-hemibody Radiotherapy
163. Infusional Targeted Therapy
164. SRT-stereotactic ARC Therapy
165. SC Administration Of Growth Factors
166. Continuous Infusional Chemotherapy
167. Infusional Chemotherapy

168. CCRT-concurrent Chemo + RT
169. 2D Radiotherapy
170. 3D Conformal Radiotherapy
171. IGRT- Image Guided Radiotherapy
172. IMRT- Step & Shoot
173. Infusional Bisphosphonates
174. IMRT- DMLC
175. Rotational Arc Therapy
176. Tele Gamma Therapy
177. FSRT-fractionated SRT
178. VMAT-volumetric Modulated Arc Therapy
179. SBRT-stereotactic Body Radiotherapy
180. Helical Tomotherapy
181. SRS-stereotactic Radiosurgery
182. X-knife SRS
183. Gammaknife SRS
184. TBI- Total Body Radiotherapy
185. Intraluminal Brachytherapy
186. Electron Therapy
187. TSET-total Electron Skin Therapy
188. Extracorporeal Irradiation Of Blood Products
189. Telecobalt Therapy
190. Telecesium Therapy
191. External Mould Brachytherapy
192. Interstitial Brachytherapy
193. Intracavity Brachytherapy
194. 3D Brachytherapy
195. Implant Brachytherapy
196. Intravesical Brachytherapy
197. Adjuvant Radiotherapy
198. Afterloading Catheter Brachytherapy
199. Conditioning Radiothearpy For BMT
200. Nerve Biopsy
201. Muscle Biopsy
202. Epidural Steroid Injection
203. Extracorporeal Irradiation To The Homologous Bone Grafts
204. Radical Chemotherapy
205. Neoadjuvant Radiotherapy
206. LDR Brachytherapy
207. Palliative Radiotherapy
208. Radical Radiotherapy
209. Palliative Chemotherapy
210. Template Brachytherapy
211. Neoadjuvant Chemotherapy
212. Adjuvant Chemotherapy
213. Induction Chemotherapy
214. Consolidation Chemotherapy
215. Maintenance Chemotherapy
216. HDR Brachytherapy

VIII. Operations On The Salivary Glands & Salivary Ducts:

217. Incision And Lancing Of A Salivary Gland And A Salivary Duct
218. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
219. Resection Of A Salivary Gland
220. Reconstruction Of A Salivary Gland And A Salivary Duct

IX. Operations On The Skin & Subcutaneous Tissues:

221. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
222. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
223. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
224. Free Skin Transplantation, Donor Site
225. Free Skin Transplantation, Recipient Site
226. Revision Of Skin Plasty
227. Chemosurgery To The Skin.
228. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
229. Reconstruction Of Deformity/defect In Nail Bed
230. Excision Of Bursirtis
231. Tennis Elbow Release

X. Operations On The Tongue:

232. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
233. Partial Glossectomy
234. Glossectomy
235. Reconstruction Of The Tongue

XI. Ophthalmology Related

236. Surgery For Cataract
237. Incision Of Tear Glands
238. Incision Of Diseased Eyelids
239. Excision And Destruction Of Diseased Tissue Of The Eyelid

240. Operations On The Canthus And Epicanthus
241. Corrective Surgery For Entropion And Ectropion
242. Corrective Surgery For Blepharoptosis
243. Removal Of A Foreign Body From The Conjunctiva
244. Removal Of A Foreign Body From The Cornea
245. Incision Of The Cornea
246. Operations For Pterygium
247. Removal Of A Foreign Body From The Lens Of The Eye
248. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
249. Removal Of A Foreign Body From The Orbit And Eyeball
250. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
251. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
252. Diathermy/cryotherapy To Treat Retinal Tear
253. Anterior Chamber Paracentesis/ Cyclodiathermy/ Cyclocryotherapy/ Goniotomy Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
254. Enucleation Of Eye Without Implant
255. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
256. Laser Photocoagulation To Treat Ratinal Tear
257. Biopsy Of Tear Gland

XII. Orthopedics Related:

258. Incision On Bone, Septic And Aseptic
259. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
260. Suture And Other Operations On Tendons And Tendon Sheath
261. Reduction Of Dislocation Under GA
262. Arthroscopic Knee Aspiration
263. Surgery For Ligament Tear
264. Surgery For Hemoarthrosis/pyoarthrosis
265. Removal Of Fracture Pins/nails
266. Removal Of Metal Wire
267. Closed Reduction On Fracture, Luxation
268. Reduction Of Dislocation Under GA
269. Epiphyseolysis With Osteosynthesis
270. Excision Of Various Lesions In Coccyx
271. Arthroscopic Repair Of Acl Tear Knee
272. Closed Reduction Of Minor Fractures
273. Arthroscopic Repair Of PCL Tear Knee
274. Tendon Shortening
275. Arthroscopic Meniscectomy - Knee
276. Treatment Of Clavicle Dislocation
277. Haemarthrosis Knee- Lavage
278. Abscess Knee Joint Drainage
279. Carpal Tunnel Release
280. Closed Reduction Of Minor Dislocation
281. Repair Of Knee Cap Tendon
282. ORIF With K Wire Fixation- Small Bones
283. Release Of Midfoot Joint
284. ORIF With Plating- Small Long Bones
285. Implant Removal Minor
286. K Wire Removal
287. Closed Reduction And External Fixation
288. Arthrotomy Hip Joint
289. Syme's Amputation
290. Arthroplasty
291. Partial Removal Of Rib
292. Treatment Of Sesamoid Bone Fracture
293. Shoulder Arthroscopy / Surgery
294. Elbow Arthroscopy
295. Amputation Of Metacarpal Bone
296. Release Of Thumb Contracture
297. Incision Of Foot Fascia
298. Partial Removal Of Metatarsal
299. Repair / Graft Of Foot Tendon
300. Amputation Follow-up Surgery
301. Exploration Of Ankle Joint
302. Remove/graft Leg Bone Lesion
303. Repair/graft Achilles Tendon
304. Remove Of Tissue Expander
305. Biopsy Elbow Joint Lining
306. Removal Of Wrist Prosthesis
307. Biopsy Finger Joint Lining
308. Tendon Lengthening
309. Treatment Of Shoulder Dislocation
310. Lengthening Of Hand Tendon
311. Removal Of Elbow Bursa
312. Fixation Of Knee Joint
313. Treatment Of Foot Dislocation

314. Surgery Of Bunion
315. Tendon Transfer Procedure
316. Removal Of Knee Cap Bursa
317. Treatment Of Fracture Of Ulna
318. Treatment Of Scapula Fracture
319. Removal Of Tumor Of Arm/ Elbow Under RA/GA
320. Repair Of Ruptured Tendon
321. Decompress Forearm Space
322. Revision Of Neck Muscle (torticollis Release)
323. Lengthening Of Thigh Tendons
324. Treatment Fracture Of Radius & Ulna

XIII. Other Operations On The Mouth & Face:

325. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
326. Incision Of The Hard And Soft Palate
327. Excision And Destruction Of Diseased Hard And Soft Palate

XIV. Pediatric Surgery Related:

328. Excision Of Fistula-in-ano
329. Excision Juvenile Polyps Rectum
330. Vaginoplasty
331. Dilatation Of Accidental Caustic Stricture Oesophageal
332. Presacral Teratomas Excision
333. Removal Of Vesical Stone
334. Excision Sigmoid Polyp
335. Sternomastoid Tenotomy
336. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
337. Excision Of Soft Tissue Rhabdomyosarcoma
338. Mediastinal Lymph Node Biopsy
339. High Orchidectomy For Testis Tumours
340. Excision Of Cervical Teratoma
341. Rectal-myomectomy
342. Rectal Prolapse (delorme's Procedure)
343. Detorsion Of Torsion Testis

XV. Thoracic Surgery Related:

344. Thoracoscopy And Lung Biopsy
345. Excision Of Cervical Sympathetic Chain Thoracoscopic
346. Laser Ablation Of Barrett's Oesophagus
347. Pleurodesis
348. Thoracoscopy And Pleural Biopsy
349. EBUS + Biopsy
350. Thoracoscopy Ligation Thoracic Duct
351. Thoracoscopy Assisted Empyema Drainage

XVI. Urology Related:

352. Haemodialysis
353. Lithotripsy/nephrolithotomy For Renal Calculus
354. Excision Of Renal Cyst
355. Drainage Of Pyonephrosis/perinephric Abscess
356. Incision Of The Prostate
357. Transurethral Excision And Destruction Of Prostate Tissue
358. Transurethral And Percutaneous Destruction Of Prostate Tissue
359. Open Surgical Excision And Destruction Of Prostate Tissue
360. Operations On The Seminal Vesicles
361. Other Operations On The Prostate
362. Incision Of The Scrotum And Tunica Vaginalis Testis
363. Operation On A Testicular Hydrocele
364. Other Operations On The Scrotum And Tunica Vaginalis Testis
365. Incision Of The Testes
366. Excision And Destruction Of Diseased Tissue Of The Testes
367. Unilateral Orchidectomy
368. Bilateral Orchidectomy
369. Surgical Repositioning Of An Abdominal Testis
370. Reconstruction Of The Testis
371. Other Operations On The Testis
372. Excision In The Area Of The Epididymis
373. Operations On The Foreskin
374. Local Excision And Destruction Of Diseased Tissue Of The Penis
375. Other Operations On The Penis
376. Cystoscopical Removal Of Stones
377. Lithotripsy
378. Biopsy Oftemporal Artery For Various Lesions
379. External Arterio-venous Shunt
380. AV Fistula - Wrist
381. URSL With Stenting
382. URSL With Lithotripsy
383. Cystoscopic Litholapaxy

384. ESWL
385. Cystoscopy & Biopsy
386. Cystoscopy And Removal Of Polyp
387. Suprapubic Cystostomy
388. Percutaneous Nephrostomy
389. Cystoscopy And "SLING" Procedure
390. TUNA- Prostate
391. Excision Of Urethral Diverticulum
392. Excision Of Urethral Prolapse
393. Mega-ureter Reconstruction
394. Kidney Renoscopy And Biopsy
395. Ureter Endoscopy And Treatment
396. Surgery For Pelvi Ureteric Junction Obstruction
397. Anderson Hynes Operation
398. Kidney Endoscopy And Biopsy
399. Paraphimosis Surgery
400. Surgery For Stress Urinary Incontinence
401. Injury Prepuce- Circumcision
402. Frenular Tear Repair
403. Meatotomy For Meatal Stenosis
404. Surgery For Fournier's Gangrene Scrotum
405. Surgery Filarial Scrotum
406. Surgery For Watering Can Perineum
407. Repair Of Penile Torsion
408. Drainage Of Prostate Abscess
409. Orchiectomy

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours **Hospitalisation** is not mandatory.

In case of any claims contact
Claims Department
Generali central Insurance (GCIH)
Generali Central Insurance Company Limited
Qubix Business Park, Building No. Block IT – 1,
Ground Floor, Plot No. 2, Blueridge Township,
Near Rajiv Gandhi Infotech Park, Phase – 1,
Village Hinjewadi, Taluka Mulshi, Pune, Maharashtra – 411057.
Toll Free Number: 1800 103 8889
Toll Free Fax: 1800 103 9998
Email: GCIcare@generalicentral.com

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com | Email ID: gcicare@generalicentral.com| Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800 , ISO : GCH/HP/PSG/PWG/001

Annexure I

List I – Items for which coverage is not available in the Policy

Sl No.	Item
1.	BABY FOOD
2.	BABY UTILITES 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.	CONVENYANCE 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 FOOTWEAR
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.	VASOFIX SAFETY

List II – Items that are to be subsumed into room charges

Sl 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.	TOOTHPASTE
13.	TOOTHBRUSH
14.	BED PAN
15.	FACE MASK
16.	FLEXI 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.	BLANKET/WARMER 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

Sl 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 & ENDOSCOPY INSTRUMENTS
11.	MICROSCOPE COVER
12.	SURGICAL BLADES, HARMONIC SCALPEL,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 IV – Items that are to be subsumed into cost of treatment

Sl 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\SPIRIT\ 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

GRIEVANCE REDRESSAL PROCEDURE

Dear Customer,
At Generali Central Insurance, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and long-term relationship with you.
We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

What is a grievance?

"Complaint" or "Grievance" means written expression (includes communication in the form of electronic mail or voice based electronic scripts), of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

“Complainant” means a policyholder or prospect or any beneficiary of an insurance policy who has led a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us-

Helpline	Website	Email	Branch GRO	Complaint Form
Call us on **1800 220 233/ 1860 500 3333/022-67837800** Senior citizens can avail priority support by choosing the senior citizen option from the helpline menu.	**Click here to know more**	**Write to us at** **GCIcare@generalicentral.com** Senior citizens can avail priority support by writing to care.assure@generalicentral.com	**Click here** to know your nearest branch.	**Click here** to raise complaint.

Article II. By when will my grievance be resolved?

- You will receive grievance acknowledgement from us immediately for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.

Article III. How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Officer at **GCIGRO@generalicentral.com**
- You may send a physical letter to our Grievance Redressal Cell, Head Office at the below address:
  GENERALI CENTRAL INSURANCE COMPANY LIMITED (Formerly known as Future Generali India Insurance Company Limited)

  Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2, Off Eastern Express Highway Behind TCS, Thane West – 400607

GRIEVANCE REDRESSALP ROCEDURE

Article IV. What if I am not able to register my grievance?

You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.

If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority of India (IRDAI).

- Call on toll-free number: **155255**
- **Click here** to register complaint online

Article V. Is there any special provision for senior citizen to raise grievance?

We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be addressed to the senior citizen's channel **(care.assure@generalicentral.com)** as complaints for faster attention or speedy disposal of grievance, if any.

Article VI. Insurance Ombudsman:

If you are still dissatisfied with the grievance redressal, you may approach the Office of the Insurance Ombudsman located in your vicinity, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, are available on the website a **(https://www.cioins.co.in/About**) of the Insurance Ombudsman. **Click here** to access the list of insurance Ombudsman offices.

You can also lodge an online complaint through the website of the Council for Insurance Ombudsmen (CIO): **https://www.cioins.co.in/**