Customer Information Sheet

(LEGAL DISCLAIMER) NOTE: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the product brochure and policy wording. In case of any conflict between the Customer Information Sheet and the policy wording, the terms and Conditions mentioned in the policy wording shall prevail.

S. NO.	TITLE	DESCRIPTION	REFER TO POLICY WORDINGS
1.	Product Name	**Health Smart Plus**	
2.	What is covered under the policy	(a) **In-patient Treatment –** Covers hospital expenses for admission longer than 24 hours (b) **Pre & Post Hospitalisation –** Medical Expenses incurred due to illness up to 30 days period immediately before and 60 days immediately after an Insured Person's admission to a hospital (c) **Day Care Procedure –** Medical expenses for day care procedures where such procedures are undertaken by an Insured Person as an In-patient in a hospital for continuous period of less than 24 hours (d) **Domestic Road Emergency Ambulance -** Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest hospital. Maximum amount payable is ₹ 1500 per event of emergency Hospitalisation. (e) **Hospital Daily Cash Allowance** of ₹ 3,000 per day for hospital stay of minimum 3 days or more up to a maximum of 10 days (f) **Convalescence Benefit** of ₹ 10,000 provided once for each Policy year during policy period, in case of hospitalization of 10 days or more (g) **Maternity Benefit –** Medical expenses for the delivery of a child, where Insured Person and spouse, both are covered, after a waiting period of 3 years, subject to the following sub-limits: Normal Delivery ₹ 25,000 / Cesarean delivery ₹ 50,000 / Pre-Post Natal ₹ 2,000 each (h) **New Born Baby Cover –** New Born Baby will be covered under this policy for a maximum period of up to 91 days from date of birth, if a Maternity Benefit claim has been accepted, subject to the limit of ₹ 100,000 (i) **Outpatient Treatment Cover –** Medical expenses incurred as an Out-patient. Out-patient will mean the insured patient who is not hospitalized for more than 24 consecutive hours but who visits a Hospital, clinic, or associated facility for diagnosis or treatment. (j) **Wellness & Preventive Healthcare –** Expense incurred on routine health check-ups and for other wellness and fitness activities undertaken by Insured person Total sum insured available under Outpatient Treatment Cover + Wellness & Preventive Healthcare is ₹ 20,000 on floater basis (k) **Medical Evacuation Cover –** Expenses incurred up to ₹ 50,000 per member on necessary transportation to the nearest Hospital for treatment in a life-threatening emergency condition, as certified by the Medical Practitioner.	Part II of the schedule Clause 2. Scope of the Cover Extension HC 7 - Domestic Road Emergency Ambulance Cover Extension HC 2 - Hospital Daily Cash Extension HC 3 - Convalescence Benefit Extension HC 33 - Maternity Benefit Extension HC 13 - New Born Baby Cover Extension HC 22 - (B) Outpatient Treatment Cover Extension HC 23 - (B) Wellness & Preventive Healthcare Extension HC 8 - Medical Evacuation Cover
3.	Optional Add On Covers	(a) **Nursing at Home –** Medical expenses incurred, up to ₹ 3,000 per day per member up to a maximum of 15 days post Hospitalisation for the medical services of a Qualified Nurse at Your residence (b) **Compassionate Visit –** Expenses incurred up to ₹ 20,000 per member by Insured "immediate relative" while travelling to place of hospitalisation from the place of origin/ residence and back in the event of Insured persons Hospitalisation exceeding 5 days (c) **Critical Illness -** Critical Illness cover up to 50% of sum insured for specified critical Illnesses/ medical procedures like Cancer, Coronary Artery By-pass Graft Surgery, Myocardial Infarction (Heart Attack), End Stage Renal Failure, Major Organ Transplant, Stroke, Paralysis, Heart Valve Replacement Surgery and Kidney Failure, subject to a maximum of 2 adults. (d) **Donor Expenses -** Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Insured persons, subject to a limit of ₹ 50,000 per member, subject to a maximum of 2 adults.	Extension HC 14 - Air Travel for Family Member (Compassionate Visit) Extension HC 5 - Nursing at Home / Patient Care Extension HC 9 - Donor Expenses Extension HC 10 - Critical Illness Cover Extension HC 11 - Personal Accident cover

		(e) **Personal Accident -** Personal Accident Cover up to sum insured where upon the unfortunate event of Accidental death or permanent total disablement resulting from an Accident, subject to a maximum of 2adults.	
4.	Value Added Services	• Free health check-up coupon to insured for every Policy Year, subject to a maximum of 2 coupons per year for floater policies. • Online Chat with Medical Practitioners • Specialist e-Consultation with One Follow-up session • Diet & Nutrition e-consultation • Physiotherapy, Speech & Audiologist Consultation • Vaccination Care • Discount Vouchers	Extension HC 32 - Value-Added Services
5.	What are the major Exclusions in the Policy	**Note:** Following is an indicative list of the policy exclusions. Please refer to the policy clauses for the complete list • Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies • Non-allopathic medicine, Unproven experimental treatment • Any expenses arising out of Domiciliary Treatment • Treatment taken outside the country • Cosmetic surgery • Sterility, venereal disease or any sexually transmitted • Dental treatment unless due to accident • Any case directly or indirectly related to criminal acts • Refractive error correction, hearing impairment correction • Substance abuse, self-inflicted injuries, STDs and HIV / AIDS • Hazardous sports, war, civil war or breach of law	Part II of the schedule Clause 3.3 Permanent Exclusions Extension HC 22 - (B) Outpatient Treatment Cover
6.	Waiting Period	(a) **Initial waiting period:** 30 days for all illnesses (except Hospitalisation due to injury) (b) **Specific waiting periods:** First 24 months, for specific illness and treatment. (Please refer to the policy clauses for the full listing) (c) **Pre-existing diseases:** Covered after 24 months of continuous coverage (d) 36 months waiting period for maternity benefit	Part II of the schedule Clause3.1 Clause3.2 Clause3.3
7.	Payout Basis	• Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover • Cashless Facility available at over 4000+ network hospitals	Part II of the schedule 4. Claim Administration
8.	Sub Limit	Cataract, where sub-limit of ₹ 20,000/- is applicable per eye	Part II of the schedule Clause3.2
9.	Renewal Condition	(a) **Maximum Renewal age -** There will be life-long renewable without any age restriction for the cover (b) **Grace Period -** The renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than 15 days (Grace Period) from the expiry of the Policy (c) **Floater Benefit -** The floater benefit under this policy is available up to lifetime (d) **Inclusion/Exclusion of insured -** This policy allows inclusion / exclusion of an insured only at the time of renewal of the policy (e) **Loading in case of claims -** The renewal premium is calculated as per the age of the senior most insured member covered under the policy. This premium may be loaded in case of a claim under the policy.	Part III of the schedule 18. Renewal notice
10.	Renewal Benefits	Cumulative Bonus (Additional Sum Insured) – An Additional Sum Insured of 10% of Annual Sum Insured provided on each renewal for every claim-free year up to a maximum of 50%. In case of a claim under the policy, the accumulated Additional Sum Insured will be reduced by 20% of the Annual Sum Insured in the following year	Part II of the schedule 2. Scope of the Cover
11.	Cancellation	(a) We may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts or non cooperation of Insured/Policy Holder by sending 15 days written notice by registered post to Your last known address, and then We shall refund a pro-rata premium for the unexpired Policy Period. (b) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period.	Part III of the schedule 13. Cancellation/ Termination

Policy Wording

PREAMBLE : ICICI Lombard General Insurance Company Limited ("the Company"), having received a proposal and the premium from the proposer named in the Schedule referred to herein below, and the said Proposal, Declaration and Annexure thereto together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the schedule with all its parts, and further, subject to the terms and conditions contained in this policy, as set out in the schedule with all its parts, that in proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the schedule to the title Policy, the Sum Insured/appropriate benefit will be paid by the Company.

PART II OF THE POLICY

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Extensions/Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident means an unexpected, unforeseen and undesirable event caused by external, violent and visible means.

Admission means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.

Annual Sum Insured means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy

Claim means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

Deductible is a cost sharing requirement that provides that We will not be liable for specified rupee amount of covered Medical Expenses, as specifically mentioned in the Policy Schedule, which has to be borne by You for each and every Claim during the Policy Period, before it becomes payable by Us under the Policy. This is to clarify that a deductible does not reduce the sum insured.

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

Hospital means any medical institution in India, established for in-patient care and day care treatment of Illness and/or Injury and which either.

a) has been registered as a Hospital or nursing home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner;

b) and complies with minimum criteria as under:-

   i) It should have at least 15 inpatient beds, in those towns having a population of less than 5,00,000 and 10 inpatient beds in all other places; and

   ii) It has a fully equipped operation theatre of its own, where surgical operations are carried out; and

   iii) It has Qualified Nurse(s) in attendance 24 hours a day; and

   iv) It has qualified Medical Practitioner(s) who is in attendance 24 hours a day and

   v) It maintains daily medical records for each of its patients; and

c) by the nature of medical treatment, is an institution which fulfils all such requirements as are necessary ordinarily or customarily for such medical treatment and such medical treatment is performed by a registered and qualified Medical Practitioner.

   For the purpose of this definition, the term "Hospital" shall not include an establishment, which is a place of rest or recreation, a place for the aged, a place for drug-addicts or alcoholics, a hotel or any other like place.

Hospitalisation means Admission in a Hospital upon the written advice of a Medical Practitioner, for a minimum period of 24 consecutive hours. However, Hospitalisation shall also include Admission in a Hospital in case of specified Day Care Procedures/ Treatment, where such Admission is for a period of less than 24 consecutive hours.

Illness means sickness or disease, for which medical treatment by a Medical Practitioner is required, but does not include any mental disease or sickness.

Injury means any physical bodily harm sustained because of an. Accident, occurring during the Policy Period, for which medical treatment by a Medical Practitioner is required, but does not include any Illness.

Insured/Insured Person(s) means the individual(s) whose name(s) is/are specifically appearing as such in the Policy Schedule and is/are hereinafter referred as "You"/"Your"/ "Yours"/ "Yourself"

Lifetime Sum Insured means and denotes the maximum amount of cover available to You, over the Period of Insurance, as stated in the Policy Schedule or any revisions thereof based on Claims settled under each Policy Year of the Policy Period under this Policy.

Maximum Limit of Indemnity is an amount as stated in the Policy Schedule, which denotes the following:

- Where Lifetime Sum Insured is applicable: It denotes the lower of the Annual Sum Insured (including Additional Sum Insured, where applicable and as specified in the Policy Schedule)) or the Lifetime Sum Insured during each Policy Year of the Policy Period
- Where Lifetime Sum Insured is not applicable: It denotes the Annual Sum Insured (including Additional Sum Insured, where applicable and as specified in the Policy Schedule) during each Policy Year of the Policy Period

Medical Expenses means the necessary, reasonable and customary charges incurred by You for the medical treatment of Illness and/or Injury and includes the following:

- Room, boarding and nursing expenses as charged by the Hospital where You availed medical treatment
- Intensive Care Unit (ICU) charges
- Fees charged by Surgeon, anaesthetist, consultants, Medical Practitioner, specialist
- Anaesthesia, blood, oxygen, operation theatre charges, surgical consumables, medicines and drugs, diagnostic tests/materials and X-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, joint replacement.

Medical Practitioner means a person who holds a degree of a recognised medical institute and is registered or licensed by recognised medical council of respective state and acting within the scope of the license or registration granted to him/her. The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family. "Immediate Family would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s).

Out-patient means the Insured who is not hospitalized for more than 24 consecutive hours but who visits a Hospital, clinic, or associated facility for diagnosis or treatment. However any Insured undergoing any specified "Day care surgeries/ Treatment" will not be considered as an Out-patient.

Network Hospitals means the Hospitals, day care centres or other providers which have been empanelled by Us or Our appointed TPA to provide services like cashless access to the Insured Person, for the provision of medical treatment. The list of the Network Hospitals is available with Us/ TPA and is subject to amendment from time to time

Period of Insurance means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by You from Us and then, running concurrent to Your current Policy subject to the Your continuous renewal of such Policy with Us.

Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.

Policy Holder means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).

Policy Period means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.

Policy Year means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule

Pre-existing Condition/ Disease means any condition, ailment or Injury or Illness or related condition(s) for which You had developed signs or symptoms, and / or were diagnosed and / or received medical advice / treatment, 48 months prior to the Period of Insurance Start Date.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and who is employed in a Hospital on recommendation of the attending Medical Practitioner.

Reasonable & Customary charge Means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges of the comparable providers in the geographical area for identical or similar services, taking into account the nature of Illness/injury involved.

Third Party Administrator (TPA) means any person or entity that is licensed by the Insurance Regulatory and Development Authority of India as a TPA and is engaged for a fee or remuneration by Us for the provision of health services under this Policy.

You/Your/ Yours/ Yourself means the person(s) that We insure and is/are specifically named as Insured / Insured Person(s) in the Policy Schedule.

We/ Our/ Ours/ Us means the ICICI Lombard General Insurance Company Limited

2. WHAT WE WILL PAY (SCOPE OF COVER)

(A) In-patient Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy Period, You require Hospitalisation for any Illness or Injury on the written advice of a Medical Practitioner, then We

will indemnify the Medical Expenses so incurred by You.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

(B) Day Care Procedures/Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy Period, You require Hospitalisation as an inpatient for less than 24 hours in a Hospital (but not in the outpatient department of a Hospital)on the written advice of a Medical Practitioner, then We will pay You for the Medical Expenses incurred for undergoing such Day Care Procedure/Treatment or surgery, (as is mentioned in the list of Day Care Procedures/ Treatments annexed to this Policy and also available on our website www.icicilombard.com).

However, Our total liability under this cover for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

(C) Pre-Hospitalisation and Post-Hospitalisation Expenses

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed hereon that, We will compensate You for the relevant Medical Expenses incurred by You in relation to:

- Pre-hospitalization Medical Expenses incurred by You for a 30-day period immediately prior to Your Hospitalisation; and
- Post-hospitalization Medical Expenses incurred by You for a 60-day period immediately post Hospitalisation, provided that Your Hospitalisation falls within the Policy Period and We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy.

  However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

Cumulative Bonus under the Policy - It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, at the time of renewal of this Policy, We will provide an additional sum insured (hereinafter referred to as "Additional Sum Insured") as follows provided that there is no Claim under this Policy during the Policy Period except as an Out-patient:

Tenure	Additional Sum Insured as a percentage of Annual Sum insured
For all Insured Persons	
For each completed and continuous Policy Year subject to a maximum of 50%	10%
For Insured Person of age less than 35 years as on date of inception of first Policy with Us	
On completion of 6th Year	10%
On completion of 10 continuous Policy Years	10%
On completion of 15 continuous Policy Years	10%
On completion of 20 continuous Policy Years	10%

However, in the event of a Claim under the Policy during any subsequent Policy Period, the accrued Additional Sum Insured will be reduced by 20% of the Annual Sum Insured at the time of renewal of this Policy. This extension is also subject to the following.

1 For the purpose of providing Additional Sum Insured on completion of 10, 15 and 20 continuous Policy Years maximum limit of 50% Annual Sum Insured shall not be applied. The Additional Sum Insured will be provided only for the basic hospitalization cover and not for the extensions under the Policy.

2 In relation to a Floater Benefit cover, the Additional Sum Insured so accrued during the Claim-free Policy Period(s) will also be on floater basis and will only be available to those Insured Person(s) who were insured in such Claim-free Policy Period(s) and continue to be insured in the subsequent Policy Period(s).

3. WHAT WE WILL NOT PAY (EXCLUSIONS UNDER THE POLICY)

We will not be liable for any Deductible amount, if applicable and as specifically defined in the Policy Schedule under the Policy

We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

1 Any Pre-Existing condition(s) until 24 months of Your continuous coverage has elapsed, since Period of Insurance Start Date.

If the Policy is renewed for an enhanced Annual Sum Insured, then the benefit in respect of the Pre-existing Condition(s) shall be restricted to the Maximum Limit of Indemnity that is lowest under the Period of Insurance

Any Illness contracted within 30 days of Period of Insurance Start Date, except those incurred as a result of Injury.

2 Any Medical Expenses incurred by You on treatment of following Illnesses within the first two (2) consecutive years of Period of Insurance Start Date:

- Cataract*
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy unless because of malignancy
- All types of Hernia, Hydrocele
- Fissures &/or Fistula in anus, hemorrhoids/piles
- Arthritis, gout, rheumatism and spinal disorders
- Joint replacements unless due to accident
- Sinusitis and related disorders
- Stones in the urinary and billiary systems
- Dilatation and curettage , Endometriosis
- All types of Skin and internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant
- Dialysis required for chronic renal failure
- Surgery on tonsils, adenoids and sinuses
- Gastric and Duodenal erosions & ulcers
- Deviated Nasal Septum
- Varicose Veins/ Varicose Ulcers

* After two years from the Period of Insurance Start Date, Our maximum liability arising out of any Claim for a cataract treatment shall not exceed Rs. 20,000 per eye, during each Policy Year of the Policy Period

In case the above Illnesses are Pre-existing condition(s) at the commencement of this Policy, then these Illnesses shall be covered after 24 months of continuous coverage has elapsed, since Period of Insurance Start Date.

3 Permanent Exclusions

Unless covered by way of an appropriate Extension/ Endorsement, We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

i) Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions

ii) Cost of routine medical, eye and ear examinations, preventive health check-up, cost of spectacles, laser surgery for correction of refractory errors, contact lenses or hearing aids, dentures and artificial teeth

iii) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively Expenses incurred on all dental treatment unless necessitated due to an Accident

iv) Personal comfort, cosmetics, convenience and hygiene related items and services

v) Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies

vi) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.

vii) Vaccination or inoculation of any kind, unless it is post animal bite

viii) Sterility, venereal disease or any sexually transmitted disease

ix) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, misuse or abuse of intoxicating drugs or alcohol

x) Any expense incurred on treatment of mental Illness, stress, psychiatric or psychological disorders

xi) Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness

xii) Any treatment/surgery for change of sex or treatment/surgery / complications/Illness arising as a consequence thereof

xiii) Any expense incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section) and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, this exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner.

xiv) Treatment relating to birth defects and all congenital Illnesses or defects or anomalies

xv) All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind

xvi) Charges incurred at Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalisation

xvii) Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner

xviii) Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity (including morbid obesity), any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition and rest cure

xix) Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose

xx) Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury

xxi) Any case directly or indirectly related to criminal acts

xxii) Any expenses arising out of Domiciliary Treatment

xxiii) Treatment taken outside the country

xxiv) Treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council

xxv) Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by You with criminal intent

xxvi) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery

xxvii) Non- allopathic treatment

xxviii) Any travel or transportation expenses including ambulance charges

xxix) Any consequential or indirect loss or expenses arising out of or related to Hospitalisation

xxx) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority

xxxi) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel

4. *CLAIM ADMINISTRATION*

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by each of You shall be conditions precedent to admission of Our liability.

Further, upon the discovery or happening of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admission of Our liability, You shall undertake the following:

4.1 CLAIMS PROCEDURE

A) For Cashless Settlement

Cashless treatment is only available at a Network Hospital (List of Network Hospitals is available at our website). In order to avail of cashless treatment, the following procedure must be followed by You:

Pre-authorization

Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must contact Us or Our TPA accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the Medical Practitioner/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorisation at least 48 hours before a planned Hospitalisation and in case of an emergency situation, within 24 hours of Hospitalisation. To avail of Cashless Hospitalisation facility, you are required to produce the health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalisation facility is sought by You and We will confirm Your request in writing.

B) For Reimbursement Settlement

i) You shall give notice to Us or Our TPA by calling the toll free number as specified in the Policy provided to You and also in writing at Our address with particulars as below:

- Policy number;
- Your Name;
- Your relationship with the Policyholder;
- Nature of Illness or Injury;
- Name and address of the attending Medical Practitioner and the Hospital;
- Any other information that may be relevant to the Illness/ Injury/ Hospitalisation

The above information needs to be provided to Us or Our TPA immediately and in any event within 10 days of Hospitalisation, failing which We will have the right to treat the Claim as inadmissible, as We may deem fit at Our sole discretion.

ii) You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

iii) You or someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalization expenses, within 30 days from the completion of post-hospitalization period) deliver to Us the documentation (written details of the quantum of any Claim along with all original supporting documentation) as more particularly listed in CLAIM DOCUMENTS section

However, in both the above cases i.e. 4.1 (A) & (B), You must take reasonable steps or measure to minimise the quantum of any Claim that may be covered under the Policy

If so requested by Us or Our TPA, You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our TPA considers reasonable and necessary. The cost of such examination will be borne by Us.

4.2 CLAIM DOCUMENTS

You shall be required to furnish the following documents for or in support of a Claim:

a) Duly completed Claim form signed by You and the Medical Practitioner

b) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner

c) Original bills from chemists supported by proper prescription.

d) Original investigation test reports and payment receipts.

e) Indoor case papers

f) Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.

g) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it

5. SPECIAL CONDITIONS APPLICABLE TO THE POLICY

It is hereby declared and agreed that:

a) Any notice or declaration for Your attention shall be deemed served if sent by Us to the Policy Holder at his/her latest known address

b) Any payment due to You under this Policy shall be paid to the Policy Holder by Us. We shall not be responsible for any liability arising out of the Policy Holder's delay or default in making payment to You. However, We also reserve Our right to pay the Claim directly to You or to the Hospital or to someone on Your behalf. The receipt by the Policy Holder /You or Hospital or someone claiming on Your behalf shall be considered as a complete discharge of Our liability against any Claim under the Policy.

c) We shall have no liability under this Policy, once the Maximum Limit of Indemnity, as stated in the Policy Schedule, is exhausted by You.

d) For any payment to be made by US under any Claim arising under this Policy, We shall make the payment in India and in Indian rupees only.

PART III OF THE POLICY

General Terms and Conditions

1 Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You or any one acting on Your behalf to obtain any benefit under this Policy.

2 Reasonable Care

You shall take all reasonable steps to safeguard Your interests against any Injury or Illness that may give rise to the Claim.

3 Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

4 Material change

You shall notify Us in writing of any material change in the risk in relation to the declarations made in the proposal form or medical examination report at each renewal and We may, adjust the scope of cover and / or premium, if necessary, accordingly.

5 Records to be maintained

You shall keep an accurate record containing all relevant medical records and shall allow Us to inspect such records. You shall exercise all necessary co-operation in obtaining the medical records from the Hospital, and furnish them, as We may require in relation to the Claim within reasonable time limit and within the time limit specified in the Policy.

6 No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our officials shall not be the notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

7 Notice of charge etc.

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to You or Your legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to Us.

8 Overriding effect of Part II of the Policy

The terms and conditions contained herein and in Part II of the Policy shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in

case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Policy, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part II of the Policy and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

9 Your duties on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy You shall:

i) Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Policy.

ii) Assist and not hinder or prevent Us or any of Our representative from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If You do not comply with the provisions of this Clause or other obligations cast upon You under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at Our option.

10 Subrogation

You and any claimant under this Policy shall at no cost or expense to Us do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any Claim or loss under this Policy whether such acts and things shall be or become necessary or required by Us or otherwise before or after Your indemnification by Us. However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable.

11 Contribution

If at the time when any Claim arises under this Policy there is any other insurance which covers (or would but for the existence of this Policy), the same Claim (in whole or in part), then We shall not be liable to pay or contribute more than Our rateable proportion of any Claim.

However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable

12 Fraudulent Claims

If any Claim 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 You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a Claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

13 Cancellation/ termination

a) We may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts or non cooperation of Insured/Policy Holder by sending 15 days written notice by registered post to Your last known address, and then We shall refund a pro-rata premium for the unexpired Policy Period.

b) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below, provided no claim has been payable on Your behalf under the Policy:

Cancellation Period					
Policy Period	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 month to 1 year	During 2nd Year
1 year	75%	50%	25%	0%	NA
2 year	75%	65%	50%	25%	0%

14 Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy Schedule. The cause of action can arise anywhere in the world in case of Personal Accident Cover (Extension HC 11), if available under the Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

15 Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with the Laws of India and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

16 Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the

Company has disputed or not accepted liability under or in respect of this Policy.

17 Free Look Period

You would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review its terms and conditions. Where the Policy Holder disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges.

18 Renewal notice

a) We shall not ordinarily deny the renewals on grounds other than moral hazard, misrepresentation or fraud. We shall not be bound to give notice that the renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to You that may result to enhance Our risk under the guarantee hereby given. Any change in the risk will be intimated by You to Us. Nothing herein or otherwise shall affect Our right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise

b) The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than Grace Period of 15 days from the expiry of the Policy.

Loading in case of Claims - In case of a Claim under the policy, the renewal premium may be loaded by up to 200% depending on nature of claims. Above loading shall also be applicable on all subsequent renewals.

19 Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:
In Your case, at Your last known address.
In Our case:
ICICI Lombard General Insurance Company Limited
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400025

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

20 Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified, during normal business hours.

21 Grievances

In case You are aggrieved in any way, the Insured should do the following:

1) Call the Company at toll free number: 1800 2666 or email us at insuranceonline@icicilombard.com

2) If You are not satisfied with the resolution then You may successively write to the manager- service quality, corporate manager- service quality, national manager-operations & finally director-services and business development at the following address:

CICI Lombard General Insurance Company Limited
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400025

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below:

Ombudsman Offices

Delhi, Rajasthan	2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1st Floor, Moin Court, Lane Opp.Saleem Function Palace A.C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2nd Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerla, Karnataka	2nd Flr., CC 27/ 2603, PulinatBuilding, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001
Madhya Pradesh	1st Floor, 117, Zone II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, J & K, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, website of the company www.icicilombard.com or from any of the offices of the Company.

Extensions/ Endorsements applicable under the Plan

Mandatory Extensions/Endorsements under the Plan

Extension HC 1 - (A) Floater Benefit

Floater Benefit means that the aggregate Maximum Limit of Indemnity, as specified in the Policy Schedule, is available to You or Your Immediate Family members, as covered under this Policy at the Policy Period Start Date, for any and all Claims made in aggregate during each Policy Year of the Policy Period.

It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You or Your Immediate Family members, for any and all Claims subject to the Maximum Limit of Indemnity, made in aggregate by You or Your Immediate Family members under the Floater Benefit, provided such Claim is admissible under the Policy.

For the purpose of this extension the term "Immediate Family" will include Your spouse, dependent children, brothers, sisters, and dependent parents, whose name(s) are specifically appearing as Insured Person(s) in the Policy Schedule.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 1 – (B) Floater Benefit as an Out-patient

Floater Benefit means that the aggregate Annual Sum Insured, as specified against the Extension in the Policy Schedule, is available to You or Your Immediate Family members, covered under this Policy at the Policy Period Start Date, for any and all Claims made in aggregate under such Extension during each Policy Year of the Policy Period.

It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You or Your Immediate Family members, for any and all Claims made in aggregate by You or Your Immediate Family members as an Out-patient, subject to the Annual Sum Insured as specified against the Extension, provided such Claim is admissible under the Policy.

For the purpose of this extension the term "Immediate Family" will include Your spouse, dependent children, brothers, sisters, and dependent parents, whose name(s) are specifically appearing as Insured Person(s) in the Policy Schedule.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 2 - Hospital Daily Cash

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, We will pay You a daily cash amount, as stated against this Extension in the Policy Schedule, for each and every completed day of Hospitalisation up to a maximum of 10 consecutive days, if such Hospitalisation is at least for a minimum of 3 consecutive days and it falls within the Policy Period. The Claim under this extension will be payable only if We have admitted Our liability under "In-patient Treatment" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 3 - Convalescence Benefit

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You an amount of Rs. 10,000 if You are Hospitalized for a minimum period of 10 consecutive days, due to any Injury or Illness as covered under the Policy. This benefit is payable only once to an Insured Person during each Policy Year of the Policy Period.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 7 - Domestic Road Emergency Ambulance Cover

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, We will reimburse You up to a maximum of Rs. 1500/- per Hospitalisation, for the reasonable expenses incurred by You on availing ambulance services offered by a Hospital or by an ambulance service provider for Your necessary transportation to the nearest Hospital in case of a life threatening emergency condition, provided however that, a Claim under this extension shall be payable by Us only when:

Such life threatening emergency condition is certified by the Medical Practitioner, and

We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 13 - New Born Baby Cover

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, the coverage under the Policy is extended to reimburse the Medical Expenses incurred by You on Hospitalisation of a "New born Baby" during the Policy Period subject to the Annual Sum Insured for this Extension as stated in the Policy Schedule.

This Extension will cover Medical Expenses incurred on the "New born Baby" during Hospitalisation (for a minimum period of consecutive 24 hours) for a maximum period up to 91 days from the date of birth of the baby

"New born Baby" means the baby born to You during the Policy Period, aged between 1 day and 90 days.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 22 - (B) Outpatient Treatment Cover

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the

contrary in the Policy, We will reimburse You for the Medical Expenses incurred by You as an Out-patient subject to Annual Sum Insured as mentioned against this Extension under this Policy.

For the purpose of this extension, Out-patient will mean the insured patient who is not hospitalized for more than 24 consecutive hours but who visits a Hospital, clinic, or associated facility for diagnosis or treatment.

Exclusion applicable to Extension HC 22 (B):

We shall not be liable to make any payment under this Extension in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

a. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)
b. Use, misuse or abuse of intoxicating drugs or alcohol
c. Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness
d. Any treatment/surgery for change of sex or treatment/surgery/ complications/Illness arising as a consequence thereof
e. Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury
f. Any case directly or indirectly related to criminal acts
g. Treatment taken outside the country
h. Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by an Insured with any malafide or criminal intent
i. Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority
j. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.

Claim Documents for Extension HC 22(B)

You will be required to furnish the following documents in original for or in support of a Claim:

- Duly completed Claim form
- Bills / invoices raised in Your name
- Test reports and payment receipts
- Any other document as required by Us

Payment of Claims

The reimbursement of claims under this extension shall be done only once during each Policy Year of the Policy Period.

The reimbursement of claim under this extension shall be done only after the first 90 days from Policy period Start Date.. No Claim will be admissible under this extension, 30 days after the expiry of Policy Period.

Subject otherwise to the terms and conditions of the Policy.

Extension HC 23 - (B) Wellness & Preventive Healthcare

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will reimburse you the expenses incurred subject to Annual Sum Insured as mentioned against this Extension under this Policy for

1. Routine physical & preventive examinations
2. Vaccinations
3. Education, consultation and training programs in the following domains:
   - **Health** including nutrition tips, diet information, heart health tips, diabetes prevention, cancer / HIV awareness, physicals and screenings
   - **Wellness** including exercise guidelines, workplace stretching and warm-ups, low-back pain, cumulative trauma disorders, smoking cessation, drug and alcohol education
   - **Safety** including ergonomics, cumulative trauma and back care, respiratory, hearing, blood-borne pathogens, CPR/first aid, heat stress and hazard identification
4. Fitness programs including gymnasium, yoga, spa therapy and massage centers
5. Pandemic preparedness in terms of providing necessary drugs and equipment to protect the insured

Payment of Claims

The reimbursement of claims under this extension shall be done only once during each Policy Year of the Policy Period.

We will not receive any Claims prior to completion of 90 days of the commencement of the Policy (unless otherwise specified in the Policy Schedule). No Claim will be admissible under this extension, 30 days after the expiry of Period of Insurance.

Claim Documents

You will be required to furnish the following documents in original for or in support of a Claim:

- Duly completed Claim form
- Bills / invoices raised in Your name
- Test reports and payment receipts
- Any other document as required by Us

Subject otherwise to the terms, conditions and exclusions of the Policy.

Extension HC 33 - Maternity Benefit

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary contained in the Policy and subject always to the Annual Sum Insured as mentioned against this Extension in the Policy Schedule, We will reimburse You for Medical Expenses incurred for delivery, including a caesarian section, during Hospitalisation or lawful medical termination of pregnancy during the Policy Period.

The cover shall be limited to 2 deliveries/ terminations during the Period of Insurance. Pre-natal and postnatal expenses shall be covered up to the amount as stated in the Policy Schedule. Provided always that;

a) The cover under this extension shall be available after 36 months of continuous coverage have elapsed since the inception of the first Policy with Us.

b) Pre- and Post-Hospitalisation expenses under 2 (C) will not be covered under this extension

c) This benefit is available only under a family floater Policy

d) This benefit is available for You or Your spouse provided You and Your spouse, both are covered under the same family floater Policy

e) We will not cover ectopic pregnancy under this benefit (the same shall be covered under (2A)-In-patient Treatment)

Subject otherwise to the terms, conditions and exclusions under the Policy.

Extension HC 5 - Nursing at Home / Patient Care

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, WE will pay You for the expenses incurred by You, up to Rs. 3,000 for each day up to a maximum of 15 days post Hospitalisation for the medical services of a Qualified Nurse at Your residence, provided that the engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner and relate directly to any Illness or Injury, covered under the Policy. The payment under this extension is subject to admissibility of Your Hospitalisation Claim under the Policy.

For the purpose of this extension, the term "Qualified Nurse" means a person who holds a certificate issued by a recognised nursing council and who is employed in a Hospital on recommendation of the attending Medical Practitioner.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 14 - Air Travel for Family Member (Compassionate Visit)

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, in event of Your Hospitalisation, which in the opinion of the Medical Practitioner attending on You, extends beyond a period of 5 consecutive days or such period specified in the Policy Schedule, We will indemnify the cost of the economy class air ticket incurred by Your Immediate Relative from and to the place of origin of such relative or the place of residence of the relative.

Our liability under this benefit, however, in respect of any one event or all events of Hospitalisation during the Policy Period shall not in aggregate exceed the Annual Sum Insured as specified against this Extension in the Policy Schedule.

For the purpose of this extension, the term "Immediate Relative" would mean the Insured's Spouse, Children & Parents.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 8 - Transportation Cover (Medical Evacuation Cover)

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, We will reimburse You for Your reasonable & necessary transportation to the nearest Hospital in case of life threatening emergency condition for treatment of an Illness or Injury which is admissible and payable under the Policy, subject to certification by the Medical Practitioner of such life threatening emergency condition. This extension can be availed only once during the Period of Insurance.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 32 - Value-Added Services

Notwithstanding anything to the contrary in the Policy, We at your request will arrange for You or will facilitate You in availing any of the following additional services from the service provider, subject to a limit as specified in the Policy Schedule, on issuance or upon renewal of the Policy for a continuous period from Period of Insurance Start Date, as specified in the Policy Schedule, including but not limited to:-

1) One Free health check-up coupon to insured for every Policy Year, subject to a maximum of 2 coupons per year for floater policies.
2) Specialist e-Consultation with One Follow-up session
3) Diet & Nutrition e-consultation
4) Physiotherapy, Speech & Audiologist Consultation
5) Vaccination Care
6) Online Chat with Medical Practitioners
7) Discount Vouchers

While deciding to obtain such value-added service, You expressly note and agree that it is entirely for You to decide whether to obtain these services and also to decide the use (if any) to which these services is to be put for

Optional Extensions/Endorsements under the Plan

Extension HC 9 - Donor Expenses

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will indemnify You up to an amount not exceeding Rs. 50,000 for the Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Your use and We have admitted Your Hospitalisation Claim under the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

Extension HC 10 - Critical Illness Cover

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You the sum insured as stated against this Extension in the Policy Schedule, in case You are diagnosed as suffering from one or more of the Critical Illnesses for the first time in your life, during the Policy Period.

However, We will not make any payment if You are first diagnosed as suffering from a Critical Illness within 90 days of the Period of Insurance Start Date. This benefit can be availed by You only once during Your lifetime. No Claim under this Extension shall be admissible in case any of the Critical Illnesses is a consequence of or arises out of any Pre-Existing Condition(s)/Disease.

"Critical Illness" for the purpose of this Policy includes the following:

1) Cancer

A disease manifested by the presence of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer also includes leukemia and malignant disease of the lymphatic system such as Hodgkin's but excludes:

All tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1,CIN-2 and CIN-3

All tumors of the prostate unless histologically classified as having a Gleason Score greater than 6 or having progressed to at least clinical TNM classificationT2N0M0

Kaposi's Sarcoma or any other malignant tumor in the presence of any Human Immuno-deficiency virus infection.

Any skin cancer other than invasive malignant melanoma (starting with Clark Level III)

T1 N0 M0 (under the TNM classification System) papillary carcinoma of the thyroid less than 1 cm in diameter

Chronic Lymphocytic leukemia less than RAI stage 3

Micro carcinoma of the bladder

2) Coronary Artery By Pass Graft Surgery

Actual undergoing of an open chest coronary artery bypass surgery to cure the narrowing or blockage of one or more coronary arteries with bypass grafts provided it is recommended by a cardiologist and supported with coronary angiographic evidence and realization of surgery has to be confirmed by a Specialist medical practitioner. The term Coronary Artery Bypass Graft for the purpose of the Policy excludes 1) Angioplasty/balloon angioplasty and/or any other intra-arterial procedures 2) Any key hole or laser relief.

3) Myocardial Infarction (Heart Attack)

The first occurrence of an acute myocardial infarction leading to the death of a portion of the heart muscle (Myocardium) as a result of inadequate blood supply to the relevant area.

The diagnosis for the same must be evidenced by all of the following:

An episode of typical chest pain.

The occurrence of a new acute infarction changes (ST-T elevation) on the electrocardiograph and progressing to develop the pathological Q waves

Elevation of Cardiac Troponin (T or I) or an elevation in specific enzymes and other specific biochemical markers

The term Myocardial Infarction for the purpose of the Policy excludes non-STEMI with elevation of troponin I or T.,other acute coronary syndromes including but not limited to angina or chest pain

4) Kidney Failure [end stage renal failure]

End stage renal disease presented as a chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) renal transplantation is required. Diagnosis has to be confirmed by a Specialist medical practitioner.

5) Major Organ Transplant

The actual undergoing of a transplant of

- Human bone marrow using haematopoietic stem cells preceded by a total bone marrow ablation, or
- One of the human organs such as heart, lungs, liver, pancreas or kidneys, as a result of irreversible end stage failure of the respective organs
- Provided that requirement of such a transplant is confirmed by a specialist Medical Practitioner.
- The term Major Organ Transplant for the purpose of the Policy excludes other stem cell transplants and transplants of part of an organ and where only Islets of Langerhans are transplanted.\

6) Stroke

The first occurrence of any cerebrovascular incident producing neurological sequel lasting more than 24 hours and including infarction of brain tissue, thrombosis in an intra-cranial vessel, and/or haemorrhage and/or embolisation from an extra cranial source. Diagnosis has to b confirmed by a Specialist medical practitioner and

The following must evidence the diagnosis for the same:

Finding on Magnetic Resonance Imaging, Computerised Tomography or any other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage and/or embolism and/or thrombosis.

Neurological deficit for atleast 3 months

Transient Ischaemic Attacks and/or brain damage due to an Accident, infection, vasculitis or an inflammatory disease, vascular disease affecting only the eye or optic nerve or vestibular functions are excluded.

7) Paralysis

Complete and permanent loss of function of two or more limbs as a result of Injury or Illness of the brain or spinal cord. Permanent loss of function of two or more limbs shall be deemed to have occurred if:

Such condition has persisted for at least 3 months from the date it was first suffered in spite of the Insured properly implementing all medical advice to cure the same, and

A Medical Practitioner of a central or a state government Hospital confirms complete, irreversible and permanent loss caused as a result of Injury or Illness of the brain or spinal cord.

Paralysis resulting directly or indirectly or as a consequence of any self- inflicted injury is excluded from this definition.

8) Heart Valve Replacement Surgery

Actual undergoing of medically necessary open-heart surgery to replace or repair one or more heart valve as a consequence of defect 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. The term Heart Valve Replacement for the purpose of the Policy excludes catheter based techniques including but not limited to balloon valvotomy / balloon valvuloplasty.

9) End Stage Liver Disease

End stage liver disease resulting in cirrhosis and which is evidenced by all of the following symptoms/criteria:

a) Permanent jaundice
b) ascites
c) encephalopathy
d) portal hypertension

Liver disease caused due to alcohol or drugs misuse is excluded from this definition.

Note: In the event of a Claim arising out of any of the Critical Illness or medical procedures as covered under this Extension, You should intimate Us within thirty (30) days from the date of first diagnosis of such Illness or from the date of surgical procedure or from date of occurrence of the medial event as the case may be (irrespective of Your coverage under any other health insurance policy).

Further, You should arrange for submission of the Claim Documents* as stated in the Policy including the confirmation from the Medical Practitioner that the Critical Illness or medical procedure or medical event for which a Claim has been lodged under this Extension, does not relate to any Pre-Existing Condition/Disease(s) or any Illness or Injury which existed within the first 3 months of the Period of Insurance Start Date.

*In case You are covered under any health policy of other insurance company and become entitled to a Claim under such policy, then for this Extension, You may submit to Us the copies of such Claim Documents provided they are duly certified by such insurance company or any hospital where You are getting treated, as applicable

The cover under this extension shall terminate in the event of Your Claim becoming admissible hereunder. In consequence thereof no benefit shall be payable to You under this extension of the policy thereafter.

Extension HC 11 - Personal Accident cover

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You or Your Nominee / legal heir, as the case may be, the sum insured as specified against this Extension in the Policy Schedule, on occurrence of any Insured Event, as specifically described hereunder, arising due to an Injury sustained by You during the Policy Period:

- Insured Event - Accidental Death

  We will pay Your Nominee / legal heir, as the case may be, the sum insured as specified against this Extension in the Policy Schedule, on the unfortunate event of Your death, provided such death results solely and directly from an Injury sustained within a period of twelve months from the date of Accident resulting in such Injury.

  Provided that the date of occurrence of the Accident falls within the Policy Period.

- Insured Event - Permanent Total Disablement (PTD) resulting from Accident

  We will pay You the sum insured as specified against this Extension in the Policy Schedule on the occurrence of any of the following losses, provide such losses are total, permanent and irrecoverable resulting solely and directly from an Injury sustained within a period of twelve months from the date of Accident resulting in such Injury:

  (i) Loss of use of both eyes, or physical separation/ loss of use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such loss of use of one eye and such physical separation/ loss of use of one entire hand or one entire foot

  (ii) Physical separation/ loss of use of two hands or two feet, or one hand and one foot, or of Loss of Use of one eye and loss of use of one hand or one foot

  If such Injury results in permanently and totally, disabling the Insured Person from engaging in any employment or occupation of any description whatsoever

  Provided that the date of occurrence of the Accident falls within the Policy Period.

Notwithstanding anything, We shall not be liable to pay You under this Extension for:

(i) Compensation under more than one of the categories as specified in the Insured Event, during the Policy Period

(ii) Payment of compensation in respect of Death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness unless such Illness arose directly as a consequence of an Accident

(iii) Compensation in respect of a death or disablement resulting from, whilst:

a. engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world, or engaging in any kind of adventure sports for personal gratification

b. participating in winter sports, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any professional sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained

c. working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard

d. serving in any branch of the military or armed forces of any country during war or warlike operations

(iv) Compensation in respect of death or disablement

a. arising or resulting from You committing any breach of law with a malafide or criminal intent

b. directly or indirectly caused by venereal disease or insanity or mental, nervous or emotional disorder

c. resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof

The cover under this Extension shall be available only once during Your lifetime.

Claims documents: You or Your Nominee/ legal heir, as the case may be, shall be required to furnish the following for or in support of a Claim:

(i) In case of Death

a Policy Copy

b Claim form duly filled & signed by Nominee

c Post Mortem Report (certified copies) - as applicable and wherever conducted

d F.I.R. or Death report or Inquest Panchnama (in original or certified copies)-

e Spot Panchnama (certified copies)- if applicable

f Death certificate (in original or certified copy)

g Any other document as may be required by Us.

(ii) In case of PTD

a Policy Copy

b Claim form duly filled & signed by You

c Disability certificate –by an authorized Medical Practitioner of the district/ units concerned, stating percentage of disablement

d F.I.R. and Panchnama wherever applicable (original or certified copies)

e Medical report

f Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner

g Original bills from chemists supported by proper prescription

h Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability and payment receipts

i Photo of Insured Person showing the disability

j Any other document as may be required by the Us

If You are covered under any health and accident insurance policy of other insurance company and become entitled to Claim under such policy, then You can submit to Us the copies of the above–listed documents / medical records, provided they are duly certified by such insurance company or any hospital where You are getting treated, as applicable.

Note: The cover under this extension shall terminate in the event of Your Claim becoming admissible hereunder. In consequence thereof no benefit shall be payable under this extension of the policy thereafter

Subject otherwise to the terms, conditions and exclusions of the Policy