HEALTH ASSURE

PROSPECTUS

Overview

Health Assure policy provides customised health insurance coverage to the group members based on the group's requirements. The policy helps to cushion the financial liability faced by group members due to unforeseen medical exigencies.

Key Features & Benefits:

- In-patient Treatment
- Pre and Post hospitalisation Medical Expenses
- Day Care Treatment
- Domiciliary Hospitalisation
- Emergency Ambulance
- Donor Expenses
- AYUSH Treatment

There are several other optional covers like Air Ambulance, Daily Cash Benefit, Convalescence, etc. along with a rider which can be included in the policy.

WHAT WE WILL PAY (COVERS AVAILABLE UNDER THE POLICY)

The Covers available under this Policy are described below. The Policy Schedule/ Certificate of Insurance will specify which of the following Covers are applicable and in force for the Insured Person. Benefits will be payable subject to the terms, conditions and exclusions and subject to Sum Insured/ Sub-limits/ Deductible/ Franchise/ Co-payment, if any and applicability specified in respect of that Cover in the Policy Schedule/ Certificate of Insurance.

I. Base Covers

1. In-patient Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalisation during the Policy Period following an Illness or Injury for a minimum and continuous period of 24 hours that occurs during the Policy Period provided that:

(a) The Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;

(b) The Medical Expenses incurred are Reasonable and Customary for one or more of the following:

i. Room Rent and other boarding charges;
ii. ICU Charges;
iii. Operation theatre expenses;
iv. Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
v. Qualified Nurses' charges;
vi. Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;

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vii. Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
viii. Anaesthesia, blood, oxygen and blood transfusion charges;
ix. Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.
x. Inpatient physiotherapy charges

2. Pre-hospitalisation Medical Expenses

We will reimburse the Insured Person's Pre-hospitalisation Medical Expenses incurred during a period up to the number of days as specified in the Policy Schedule/Certificate of Insurance prior to hospitalisation/day care treatment for Illness or Injury which occurs during the Policy period provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy
(b) The date of admission for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Illness/Injury subject to Any One Illness as defined

3. Post-hospitalisation Medical Expenses

We will reimburse the Insured Person's Post-hospitalisation Medical Expenses incurred during a period up to the number of days as specified in the Policy Schedule/Certificate of Insurance following an Illness or Injury which occurs during the Policy Period provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy
(b) The date of discharge for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Illness/Injury subject to Any One Illness as defined

4. Day Care Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

(a) The Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
(b) The Medical Expenses incurred are Reasonable and Customary;
(c) We will only cover the Medical Expenses for those Day Care Treatments which are listed in Annexure II of this Policy. The complete list of Day Care Treatments covered is also available on Our website [www.zurichkotak.com];
(d) We will not cover any OPD Treatment under this Benefit.

5. Domiciliary Hospitalisation

We will indemnify the Medical Expenses incurred on the Insured Person's Domiciliary Hospitalisation during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

(a) We will cover medical expenses of an Insured person for treatment of a disease, illness or injury taken at home which would otherwise have required hospitalisation or since the

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Insured person's condition did not allow a hospital transfer or a hospital bed was unavailable.

(b) The domiciliary hospitalisation is Medically Necessary and follows the written advice of a Medical Practitioner
(c) The Medical Expenses incurred are Reasonable and Customary Charges;
(d) The Insured Person's Domiciliary Hospitalisation extends for at least 3 consecutive days in which case We will pay Medical Expenses under this Extension from the first day of Domiciliary Hospitalisation;
(e) The payment under this benefit is within the Basic Sum Insured
(f) We shall not indemnify any Medical Expenses incurred for the treatment of any of the following Illnesses/conditions:
    i. Asthma;
    ii. Bronchitis;
    iii. Chronic Nephritis and Chronic Nephritic Syndrome;
    iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
    v. Diabetes Mellitus and Insipidus;
    vi. Epilepsy;
    vii. Hypertension;
    viii. Influenza, cough and cold;
    ix. Psychiatric or psychosomatic disorders as mentioned below:
        (a) 2021 ICD-10-CM Diagnosis Code F32: Major depressive disorder, single episode
        (b) 2021 ICD-10-CM Diagnosis Code F41: Other anxiety disorders
        (c) ICD-10-CM Diagnosis Code F34: Persistent mood [affective] disorders
        (d) ICD-10-CM Diagnosis Code F31: Bipolar disorder
        (e) ICD-10-CM Diagnosis Code F20: Schizophrenia
        (f) ICD-10-CM Diagnosis Code F50 :Eating disorders
        (g) ICD-10-CM Diagnosis Code F84 :Autistic disorder
        (h) ICD-10-CM Diagnosis Code F79 :Unspecified intellectual disabilities
        (i) ICD-10-CM Diagnosis Code F90 : Attention-deficit hyperactivity disorders
        (j) ICD-10-CM Diagnosis Code F42 : Obsessive-compulsive disorder
    x. Pyrexia of unknown origin for less than 10 days;
    xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
    xii. Arthritis, Gout and Rheumatism.

6. Emergency Ambulance

We will indemnify the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule/ Certificate of Insurance towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital for treatment of an Illness or Injury following an Emergency provided that:

(a) The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
(b) We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available / adequate treatment facilities at the existing Hospital.
(c) The limit under Ambulance cover is applicable for each claim admitted under the policy.

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The payment under this benefit is within the Basic Sum Insured, subject to the limits specified, if any.

7. Donor Expenses

We will indemnify the In-patient Hospitalisation Medical Expenses towards the donor for harvesting the organ up to the limits of the Sum Insured (subject to availability of Basic Sum Insured), provided that:

(a) The organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules;
(b) The organ donated is for the use of the Insured Person who has been asked to undergo an organ transplant on Medical Advise;
(c) We have accepted a Claim for In-patient Treatment under the Policy in respect of the Insured Person;
(d) In case of Individual sum insured basis, this payout will be available on Individual basis and In case of floater sum insured basis, the payout will be available on floater basis.

The payment under this benefit is within the Basic Sum Insured.

We will not cover expenses towards the donor in respect of:

i. Any Pre-Hospitalisation Medical Expenses or Post-Hospitalisation Medical Expenses;
ii. Costs directly or indirectly associated to the acquisition of the organ;
iii. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

8. AYUSH Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's AYUSH Treatment (subject to availability of Basic Sum Insured), provided that:

(a) The AYUSH Treatment is administered by a AYUSH Medical Practitioner;
(b) The Insured Person is admitted to AYUSH Hospital / AYUSH Day Care Centre for the AYUSH Treatment to be administered.

The payment under this benefit is within the Basic Sum Insured.

II. Optional Covers

1. Air Ambulance

We will indemnify the amount up to the limit specified in the Policy Schedule/ Certificate of Insurance for the reasonable expenses incurred by You for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest hospital provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy and the air ambulance service relates to the same Illness / medical condition
(b) The necessity of the use of the Air Ambulance is certified by the treating Medical Practitioner;

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Further,

(a) We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available/adequate treatment facilities at the existing Hospital.
(b) Return transportation to Your home by air ambulance is excluded
(c) In case of Individual policy, this payout will available on individual basis and in case of Floater Policy the payout will be available on floater basis.

The payment under this benefit is over and above the Basic Sum Insured subject to the limits specified, if any.

2. Hospital Daily Cash Benefit

We will pay the Daily Cash Amount specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation during the Policy Period provided that:

(a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
(b) Deductible as specified in the Policy Schedule/ Certificate of Insurance is applicable to this Benefit
(c) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured/ Floater Sum Insured)

We shall not be liable to make payment for more than the maximum number of days per policy year specified in the Policy Schedule/Certificate of Insurance for this Cover.

The payment under this benefit is over and above the Basic Sum Insured subject to the limits specified, if any.

In case the Policy covers, ICU Daily Cash Benefit also, the deductible will be applied cumulatively on the entire duration of the stay in the hospital

3. ICU Daily Cash Benefit

We will pay the Daily Cash Amount specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation in an ICU during the Policy Period provided that:

(a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
(b) Deductible as specified in the Policy Schedule/ Certificate of Insurance is applicable to this Benefit
(c) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured/ Floater Sum Insured).

We shall not be liable to make payment for more than the maximum number of days per policy year specified in the Policy Schedule/ Certificate of Insurance for this Cover.

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The payment under this benefit is over and above the Basic Sum Insured subject to the limits specified, if any.

In case the Policy covers, Hospital Daily Cash Benefit also, the deductible will be applied cumulatively on the entire duration of stay in the hospital

4. Convalescence Benefit

We will pay the amount specified in the Policy Schedule/Certificate of Insurance for this Benefit if the Insured Person is admitted in Hospital for a minimum period as specified in the Policy Schedule/ Certificate of Insurance provided that:

(a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
(b) We shall not be liable to make payment under this cover in respect of an Insured Person more than once during the Policy Year.
(c) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured / Floater Sum Insured).

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

5. Cover for Non-Medical Expenses

We will reimburse the expenses incurred towards generally excluded items such as non-medical items like toiletries, cosmetics, personal comfort or convenience items, certain elements of room charges, administrative or non-medical charges, and external durable devices provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment in respect of the same Hospitalisation;

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any.

The list of items to be covered will be as per items mentioned in Annexure III

Permanent Exclusion 5(gg) of the Policy Wordings stands deleted to the extent of this Cover only

6. Maternity Benefit

We will indemnify the Medical Expenses incurred up to the Maternity Benefit Sum Insured specified in the Policy Schedule/ Certificate of Insurance for the delivery of the Insured Person's child (including caesarean section) during Hospitalisation or the Medically Necessary and lawful medical termination of pregnancy during the Policy Period provided that:

(a) We will pay Medical Expenses in respect of the delivery of the Insured Person and/or any Surgical Procedures required to be carried out on the Insured Person as a direct result of the delivery
(b) A 9 month waiting period shall apply
(c) Medical Expenses incurred in connection with the medical termination of pregnancy within the first 12 weeks from conception are not covered unless certified to be necessary by the

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attending Medical Practitioner in order to maintain the life or relieve immediate pain or distress to the Insured Person

(d) Pre- & Post-hospitalisation expenses are not covered under this benefit.

(e) Ectopic pregnancy shall not be covered under this Extension, but any Claims will be considered under In-patient Treatment

Permanent Exclusion 5(o) of the Policy Wordings stands deleted to the extent of this Benefit only.

7. New Born Baby Cover

We will indemnify the Medical Expenses incurred on the Hospitalisation of the Insured Person's New Born Baby during the Policy Period within the Basic Sum Insured/ Maternity Sum Insured, subject to limits specified, if any (in case Maternity cover is opted for) mentioned in the Policy Schedule/ Certificate of Insurance provided that:

(a) The mother is covered as an Insured Person under the Policy and is hospitalised as an In-patient for delivery

(b) Medical Expenses incurred on the New Born Baby during and post birth up to 90 days from the date of delivery and is within the Basic Sum Insured or the Maternity Sum Insured, subject to limits specified, if any

(c) Any pre and post hospitalisation expenses for the new born shall not be covered under this benefit.

We will cover the New Born Baby beyond 90 days on payment of requisite Premium for the New Born Baby into the Policy by way of an endorsement or at the next Renewal, whichever is earlier.

8. Pre and Post Natal Care

We will reimburse the Pre-natal and post-natal Medical expenses as mentioned below:

(a) Pre- and post-natal Hospitalisation Expenses on any treatment availed from the date of conception till the date of discharge from the Hospital after delivery as an In-patient in a hospital and within the Maternity Sum Insured, subject to limits specified, if any.

(a) Pre- and post-natal (OPD) Medical Expenses (including expenses incurred on antenatal check-ups, doctor’s consultations for monitoring of the pregnancy and any complications arising therefrom) incurred on an out-patient basis upto the limits mentioned in the Policy Schedule/ Certificate of Insurance

(b) The Pre and Post Natal Care Cover is available only if the Maternity Cover is opted for in the Policy

Permanent Exclusion 5(hh) of the Policy Wordings stands deleted to the extent of this Benefit only

9. Cumulative Bonus

We will increase the Sum Insured by a specified percentage subject to the maximum limit specified in the Policy Schedule at the end of the Policy Year if the Policy is renewed with Us provided that:

(b) Cumulative Bonus under a Family Floater Policy will be available only to those Insured Persons who were Insured Persons in the immediately completed Policy Year;

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Further,
(a) If the Sum Insured is increased at the time of Renewal, then the Cumulative Bonus will be calculated on the Sum Insured of the immediately completed Policy Year;
(b) If the Sum Insured is reduced at the time of Renewal, then the applicable Cumulative Bonus will be applicable on the renewed policy Sum Insured.
(c) Cumulative Bonus will be carried forward to the next Policy Year, provided the Insured Person renews the Policy before the expiry of the Grace Period.
(d) If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.
(e) If the Insured Persons in the expiring Policy are covered on an individual basis and there is an accumulated Cumulative Bonus for each Insured Person under the expiring Policy, and such expiring Policy has been Renewed with Us on a floater basis then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the lowest among all the Insured Persons.
(f) If the Insured Persons in the expiring Policy are covered on a floater basis and such Insured Persons renew their expiring Policy with Us into two or more floater/individual policies then the Cumulative Bonus of the expiring Policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.
(g) Any earned Cumulative Bonus shall not be available for claims under Maternity Benefit, New Born Baby Cover and Pre and Post Natal Care.
(h) The Cumulative Bonus is provisional and is subject to revision if a Claim is made after the acceptance of renewal premium in respect of the expiring Policy Year.

10. Wellness Program
By way of this Benefit the insured can avail any or all of the below mentioned services upto the limits/ frequency specified in the Policy Schedule/Certificate of Insurance through the Network Provider or Vendor tie-up subject to applicable regulations:

(a) Health Risk Assessment (HRA)
Health Risk Assessment questionnaire is used as a tool for evaluation of Health and quality of life. It helps you to understand your lifestyle and its impact on your health status. The HRA will be an online assessment provided by Us through Vendor tie-ups to the Insured Person.

(b) Health Check-up and Report evaluation
We will arrange for a diagnostic/ preventative Health Check-Up at any of our Network Provider based on the list of tests mentioned in the Policy Schedule/ Certificate of Insurance and provide report evaluation/ counselling for the test reports

(c) Online customer profile
Based on the HRA taken and the other Check-ups, if any, undertaken by the Insured Person, We will maintain an online customer profile through Vendor tie-ups which can be accessed by the customer to review his Health status.

(d) Medical Centre Management

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We will provide with or arrange for the maintenance of a Medical room equipped with a doctor at the designated work site chosen by You through the Network Provider.

(e) Diet & Nutrition Plans
We will arrange for dieticians/ nutritionist through our Vendor tie-ups to provide for counselling to the Insured Person

(f) Online Doctor Chat/ E-consultations
We will provide with or arrange for an online platform through our Network Provider for providing with Doctor Chat and e-consultations to the Insured Person

(g) Doctor Directory
We will provide with or arrange for an online platform to the Insured Person through our Vendor tie-ups for providing access to Doctor Directory containing information on General Practitioners, specialists and super specialists

(h) Doctor Appointment
We will provide with or arrange for an online platform to the Insured Person through Vendor tie-ups for fixing up Doctor Appointments for the Insured Persons

(i) Health Camps - on campus
We will arrange for Health Camps for fitness assessments and overall health profiling at the designated work sites chosen by You through our Network Providers/ Vendor tie-ups

(j) Expert Sessions - on campus
We will arrange for Expert Chat sessions/ workshops with doctors, dieticians, nutritionists, psychologists at the designated work sites chosen by You to the Insured Person through Network Providers/ Vendor tie-ups

(k) Second E-Opinions:
We will provide second opinion in the electronic form to the Insured Person through our Vendor tie-up

(l) Discounted offerings - on health and wellness services
We will facilitate the Insured Person for various offerings on health and wellness services like Diagnostic Centres, Pharmacy, Consultations, Gymnasiums, Yoga, etc.) through the Network Providers/ Vendor tie-ups

(m) Disease Management Programs: Eg. Diabetes, Healthy Heart, Stress Management etc.
We will help the Insured Person track his health through our Vendor tie-ups who will guide in maintaining/ improving your health condition.

(n) Lifestyle/Wellness Management Programs: Eg Maternity, Quit Smoking
We will help the Insured person track his overall lifestyle and fitness well -being through our Vendor tie-ups who will provide guidance in undergoing there programmes

(o) Personalized Health Records

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We will provide with or arrange for an online platform to the Insured Person through our Vendor tie-ups for maintaining the Health records for the Insured Persons

(p) Health & Wellness Reminder Services
We will provide with or arrange for an online platform/ mobile application to the Insured Person for providing Health and Wellness Reminders like Vaccination alerts, Pill reminders, etc.

(q) Health Concierge Desk/ Health Assistance Services (Opinions - Doctor on call/home, Ambulance services, Health tools)
You can contact Us to avail the following services:
1. Emergency assistance information such as nearest ambulance, blood bank, hospital, etc.
2. Referral for medical service provider, home nursing, etc.

(r) Home Health
We will provide with or arrange through Vendor tie-ups, Home Health services like physiotherapy, nursing care, trained attendants, medical equipment, etc. for the Insured Person

(s) Emergency Medical Evacuation/ Air Ambulance services
We will arrange through an Assistance provider for transportation of the Insured person beyond 150 kms from the place of residence/ injury/ accident or emergency situation

Accumulation of Reward Points

We will provide incentives to reward the Insured Person(s) for taking care of his her health/fitness through regular preventative and wellness habits. You can earn reward points for the activities mentioned below. The activities may attract additional charges (decided at Our discretion) to be directly payable by You. The activities undertaken by You will be rewarded by Us in the form of reward points as per the terms and conditions mentioned below. You can redeem these reward points in accordance with the redemption terms and conditions.

- **List of Wellness Activities:**

(a) Health Risk Assessment (HRA)
Health Risk Assessment questionnaire is used as a tool for evaluation of health and quality of life. It helps you to understand your lifestyle and its impact on your health status. The HRA will be an online assessment provided by Us through vendor tie-ups. This can be undertaken only once per Insured Person in a Policy Year.

You can earn 250 reward points on completion of HRA per Insured Person, in case of Individual Policy and maximum up to 500 reward points per family in case of Floater Policy in a Policy Year.

Insured Person(s) only above 18 years of Age will be eligible to undergo HRA.

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However, this shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.

We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made thereby.

(b) Health Check-Up

The Company provides for health check-up as per (b) Health Check-up and Report evaluation under the Wellness Program. You will be provided reward points for undergoing the Health Check-Up. We will facilitate in booking the appointment and arrange for the check-up through any of our Network Providers.

You can earn 500 reward points for undergoing Health Check-Up per Insured Person in case of Individual Policy and a maximum of 1,500 reward points per family in case of Floater Policy in a Policy Year. If the result of all the medical test parameters are within normal limit/ range, additional 500 reward points per Insured Person in case of Individual Policy and a maximum of 1,500 reward points per family in case of Floater Policy will be awarded in a Policy Year.

However, this shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner. The Insured person is free to choose whether or not to undergo the test and if done whether or not to act on it.

We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

(c) Preventive Check-Up

You can also earn reward points by undergoing certain other diagnostic and preventive health check-up at any diagnostic centre at Your own expenses. You shall have to submit medical reports of these tests to Us.

List of the Tests eligible under this are mentioned below:

Name of the Test	Applicability
Heart related screening tests (2D echo/ TMT/ ECG)	Individual above the age of 45 years
HbA1c / Complete lipid profile	Any age
PAP Smear/ Mammogram/ CA-125	Females above the age of 40 years
Prostate Specific Antigen (PSA)	Males above the age of 45 years
Vitamin Profile test (D3, B12 and TSH)	Any age
USG whole abdomen	Any age
Kidney Function test	Any age
Renal function test	Any age
Cardiac biomarker test	Any age
Body Fat Analysis	Any age

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You can earn 250 reward points for undergoing preventive check-up per test per Insured Person in case of Individual Policy and a maximum of 1,500 reward points per family in case of Floater Policy in a Policy Year. If the result of the medical test parameters mentioned above are within normal limits/ range, additional 250 reward points per test per Insured Person in case of Individual Policy and a maximum of 1,500 reward points per family in case of Floater Policy will be awarded in a Policy Year. One test will be considered only once for reward points during a Policy Year.

However, this shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner. The Insured person is free to choose whether or not to undergo the test and if done whether or not to act on it.
We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

(d) Fitness Initiatives
We will reward You for the following fitness & health related activities as given below which are undertaken after Policy Start Date.

Fitness Activities	**Reward Points**
Participation in Professional sporting events like Marathon/ Swimathon/Triathlon, etc.	500 points per event and 1000 points per Policy Year
Gym/ Yoga membership for 1 year	1000 per Policy Year
Sports Activity membership (Swimming/ Tennis/ Badminton/ for 1 year	1000 per Policy Year
Share your Fitness story	250 per Policy Year
Winning Health Quiz/ Contests organized by Us	250 per event and 500 points per Policy Year

- **Terms for Reward Point Accumulation:**

You can earn maximum 5,000 reward points per Insured Person in case of Individual Policy and a maximum of 10,000 reward points per family in case of Floater Policy in a Policy Year. You should notify and submit relevant documents, bills etc. for various wellness activities within sixty (60) days of undertaking such activity.

- **Redemption of Reward Points:**

Each Reward Point will be equivalent to 0.25 Rupees.

You can redeem these Reward points (after conversion to the equivalent rupee amount) against any of the following options:
(a) i) Outpatient consultations or treatments
ii) Pharmaceuticals
iii) Heath check-ups/ diagnostics
(b) Vouchers to obtain health supplements

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(c) Vouchers for membership in yoga centers, gymnasiums, sports club, fitness centers for participating in fitness activities
(d) In-patient Treatment and Day Care Treatment claims, provided that the Sum Insured and Cumulative Bonus (if applicable) are exhausted during the Policy Year.
(e) Payment of Co-payment, if applicable
(f) Non-medical expenses listed under Annexure III

Terms for Redemption:

- Reward points not redeemed in the given Policy Year can be carried forward for a maximum up to 3 months from the date of expiry of the Policy Year in which they are earned irrespective of whether the policy is renewed with Us or not.
- Reward Points shall automatically lapse upon cancellation of the Policy. However, any unclaimed and accrued Points (from Previous Policy Year/ month) shall be available for redemption up to 3 months from the date of cancellation of the Policy unless the policy has been cancelled by Us on grounds of misrepresentation, fraud, nondisclosure or non-cooperation of the Insured.
- Redemption of the rewards points can be done twice during a Policy Year.
- Redemption of rewards points does not entail any cash benefit to be provided to You.
- Reward points will be applicable on individual basis irrespective of type of policy (Individual/ Floater) subject to a maximum points as mentioned in the Policy Schedule/ Certificate of Insurance

Terms and Conditions for Wellness Program:

- Any information provided by you shall be kept confidential
- For services which are provided through empanelled medical experts/ centres/ service providers, we are only acting as a facilitator, hence we would not be liable for any incremental cost of the services
- All medical services are being provided by empanelled medical experts/ centres/ service providers who are empanelled after full due diligence. Nonetheless, Insured Person may consult their personal doctor before availing the medical services. The decisions to utilise the services will be solely be at the Insured Person's discretion.
- We/Company/Us or its group entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges and expenses which an Insured Person/ You may claim to have suffered or sustained or incurred by way of or on account of Wellness services utilised.
- We/Company/Us will keep You updated on the various Wellness services applicable to You through either Wellness portal, app, email, or sms.

11. Floater Cover

We will cover the members of the Policyholder as per Relationships defined for the Group members on a Family Floater Sum Insured basis. Where the Policy is obtained on floater basis covering the family members, the Sum Insured will be available to the Insured and all and any one of the Insured Persons for one or more claims during the Policy period.

12. Corporate Buffer

We will provide for a Corporate Buffer as per limits specified in the Policy Schedule/Certificate of Insurance during the Policy period provided that:

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(a) Insured Persons can avail benefit from this buffer whenever they exhaust their respective Sum Insured limit as specified in the Policy Schedule/ Certificate of Insurance
(b) Coverage under this Benefit can be opted for listed conditions as chosen by You based on the group requirements and mentioned in the Policy Schedule/ Certificate of Insurance

13. Room Rent Capping with proportionate deduction
We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital.

If the Insured Person incurs Room Rent that is higher than the eligible Room Rent as per the limits specified under this Benefit then We will be liable to pay only a rateable proportion of the Associated Medical Expenses incurred in the proportion of the difference between the eligible Room Rent and the Room Rent actually incurred, provided that Reasonable and Customary costs incurred on medicines/pharmacy, medical consumables, medical implants and diagnostic costs will be reimbursed based on the actual amounts incurred.

Proportionate deductions will not be applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category. Further, proportionate deductions will not be applied in respect of ICU Charges.

14. Room Rent Capping without proportionate deduction
We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital.

If the Insured Person incurs Room Rent that is higher than the eligible Room Rent as per the limits specified under this Benefit then We will be liable to pay only the eligible Room Rent as mentioned in the Policy Schedule/ Certificate of Insurance. Proportionate deductions will not be applied in case of the Associated Medical Expenses.

Proportionate deductions will not be applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category. Further, proportionate deductions will not be applied in respect of ICU Charges.

15. Deductible
We will indemnify the Medical Expenses incurred in Excess of the Deductible for the listed Benefits in respect of the Insured person as per limit specified in the Policy Schedule/ Certificate of Insurance. The Deductible limit will apply to an Insured person for each Policy year on each payable claim in the Policy year as specified in the Policy Schedule/ Certificate of Insurance.

16. Co-payment
We will offer a co-payment option upto the limit as specified in the Policy Schedule/ Certificate of Insurance. If the Co-payment is in force, We will pay only the defined limit of the admissible claim amount and the balance will be borne by the Insured Person.

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17. Disease-wise sublimit

We will apply sub-limits as specified in the Policy Schedule/ Certificate of Insurance to the treatment/ surgery as specified in the Policy Schedule/ Certificate of Insurance. Our liability is such case will be only upto the sub-limit amount specified in the Policy Schedule/ Certificate of Insurance

III. Exclusions

1. Pre-Existing Diseases (Code – Excl01)

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

2. 30 Days Waiting Period (Code – Excl03)

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

3. Specified disease/ procedure waiting period (Code – Excl02)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months (or as mentioned in the Policy Schedule/ Certificate of Insurance) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

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e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f) List of specific diseases/procedures

(a) Cataract;
(b) Benign Prostatic Hypertrophy;
(c) Myomectomy, Hysterectomy unless because of malignancy;
(d) All types of Hernia, Hydrocele;
(e) Fissures and/or Fistula in anus, haemorrhoids/piles;
(f) Arthritis, gout, rheumatism and spinal disorders;
(g) Joint replacements unless due to Accident;
(h) Sinusitis and related disorders;
(i) Stones in the urinary and biliary systems;
(j) Dilatation and curettage, Endometriosis;
(k) All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant;
(l) Dialysis required for chronic renal failure;
(m) Tonsillitis, adenoids and sinuses;
(n) Gastric and duodenal erosions and ulcers;
(o) Deviated nasal septum;
(p) Varicose Veins/ Varicose Ulcers.

4. Maternity Benefit Waiting Period

(a) Expenses related to the treatment arising from or traceable to pregnancy, childbirth including caesarean section shall be excluded until the expiry of 9 months (or as mentioned in the Policy Schedule/ Certificate of Insurance) of continuous coverage after the date of inception of the first policy with insurer.
(b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
(c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

5. Permanent Exclusions

a. Investigation & Evaluation(Code- Excl04)
a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

b. Rest Cure, rehabilitation and respite care (Code – Excl05)
a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

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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 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 medical 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 or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

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

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

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. Sterility and Infertility (Code- Excl17)
Expenses related to sterility and infertility. This includes:

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

o. Maternity (Code- Excl18)

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

p. Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;

q. 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;

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r. Expenses incurred on all dental treatment unless necessitated due to an Accident;

s. Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;

t. Any acupressure, acupuncture, magnetic and such other therapies;

u. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;

v. Vaccination or inoculation of any kind, unless it is post animal bite;

w. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise);

x. Treatment relating to Congenital external Anomalies;

y. any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition

z. Costs 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;

aa. Any treatment taken outside India;

bb. Any 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;

cc. Non- allopathic treatment; unless covered under 'AYUSH treatment'

dd. Any consequential or indirect loss arising out of or related to Hospitalization;

ee. 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;

ff. 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;

gg. All non-medical expenses listed in Annexure III (List I) of the Policy.

hh. Any OPD treatment will not be covered

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ii. Medical supplies including elastic stockings, diabetic test strips, and similar products.

jj. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.

kk. Treatment such as External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy will not be covered unless it forms a part of in-patient treatment in case of hospitalisation or part of discharge advice upto the Post hospitalisation period as specified in the policy Schedule/ Certificate of Insurance.

ll. Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions

IV. Claim administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule/ Certificate of Insurance) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be Condition Precedent to admission of Our liability under this Policy:

(a) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;

(b) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the facts surrounding the Claim. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person;

(c) We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such Claim;

(d) If the Insured Person suffers a relapse within 45 days of the date of discharge from Hospital for a Claim that has been made, then such relapse shall be deemed to be part of the same Claim and all limits for Any One Illness under this Policy shall be applied as if they were part of a single claim.

1. CLAIMS PROCEDURE

On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to Our liability under the Policy the following procedure shall be complied with:

(a) For Cashless Facility

Cashless Facility will be available at a Network Provider of the Company. The complete list of Providers is available on Our website (The list is updated as and when there is any change

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in the Network Provider) or can be obtained from Our call centre. In order to avail of Cashless Facility, the following procedure shall be followed:

– **Pre-authorization for Planned Hospitalization:**

At least 48 hours prior to a planned Hospitalization, We or Our TPA shall be contacted to request pre authorization for availing the Cashless Facility for that planned Hospitalisation. Each such request must be accompanied by all the following details:

i. The Health Card We have issued to the Insured Person;
ii. The Policy Number;
iii. Name of the Policyholder;
iv. Name and address of Insured Person in respect of whom the request is being made;
v. Nature of the Illness/Injury and the treatment/surgery required;
vi. Name and address of the attending Medical Practitioner;
vii. Hospital where treatment/surgery is proposed to be taken;
viii. Proposed date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We /Our TPA will request additional information or documentation in respect of that request.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

Turn Around Time (TAT) for issue of Pre-Authorization within 1 hours from receipt of complete documents for initial and within 3 hours from receipt of complete documents for final approval at the time of discharge.

In Case of Claim Contact Us at:

24x7 Toll Free number: 1800 266 4545 or may write an e- mail at care@zurichkotak.com
In the event of claims, please send the relevant documents to:
Family Health Plan (TPA) Ltd,
Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad, 500 034.

– **Pre-authorization for Emergency Care:**

If the Insured Person has been admitted into Hospital for Emergency Care, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that Emergency Care within 24 hours of commencement of Hospitalisation. Each such request must be accompanied by all the following details:

i. The Health Card We have issued to the Insured Person;
ii. The Policy Number;
iii. Name of the Policyholder;

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iv. Name and address of Insured Person in respect of whom the request is being made;
v. Nature of the Illness/Injury and the treatment/surgery required;
vi. Name and address of the attending Medical Practitioner;
vii. Hospital where treatment/surgery is being taken;
viii. Date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We/ Our TPA will request additional information or documentation in respect of that request with the provider.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection. In circumstances where We/Our TPA refuse the request for pre-authorisation as there is insufficient Base Annual Sum Insured there is insufficient information to determine the admissibility of the request for pre-authorisation, a claim for reimbursement may be submitted to Us in accordance with the procedure set out below and We will consider the Claim in accordance with the policy terms, conditions and exclusions.

We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities in Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers on Our website or by calling Our call centre.

(b) For Reimbursement Claims

We shall be given written notice of the Claim for reimbursement along with the following details at least within 30 days of the Insured Person's discharge from Hospital:

i. The Policy Number
ii. Name of the Policyholder;
iii. Name and address of the Insured Person in respect of whom the request is being made;
iv. Nature of Illness or Injury and the treatment/surgery taken;
v. Name and address of the attending Medical Practitioner;
vi. Hospital where treatment/surgery was taken;
vii. Date of Admission and date of discharge;
viii. Any other information that may be relevant to the Illness/ Injury/ Hospitalization.

If the Claim is not notified to Us within 30 days of the Insured Person's discharge from Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Turn Around Time (TAT) for settlement of Reimbursement is within 15 days from the date of receipt of claim along with claim form (and necessary documents).

2. CLAIM DOCUMENTS

We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's discharge from Hospital. For Claims under which the use of Cashless Facility has been approved, We will be provided with these

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documents by the Network Provider immediately following the Insured Person's discharge from Hospital:

(a) Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
(b) Original Pre – authorization request
(c) Copy of Pre – authorization approval letter
(d) Copy of the photo identity document of the Insured Person;
(e) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
(f) Original bills from chemists supported by proper prescription;
(g) Original investigation test reports (including CT/MR/USG/ECG, as applicable) and payment receipts;
(h) Indoor case papers (if available);
(i) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
(j) Hospital discharge summary;
(k) FIR (if done) or MLC (if conducted) for Accident cases ;
(l) Post mortem report (if applicable and conducted);
(m) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

3. CLAIMS FOR PRE-HOSPITALISATION MEDICAL EXPENSES AND POST-HOSPITALISATION MEDICAL EXPENSES

(a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital along with the following information and documentation:
   i. Duly Completed Claim Form
   ii. Investigation Payment Receipt
   iii. Original Investigation Report
   iv. Original Pharmacy Bills
   v. Original Pharmacy Prescription
   vi. Copy of Discharge Summary
   vii. Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

(b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan. You need to send Medical Expenses being incurred along with the following information and documentation:
   i. Duly Completed Claim Form
   ii. Investigation Payment Receipt
   iii. Original Investigation Report
   iv. Original Pharmacy Bills
   v. Original Pharmacy Prescription
   vi. Copy of Discharge Summary
   vii. Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

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(c) If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

- General Terms and Clauses

1. Disclosure of Information

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. Claim Settlement (Provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of claim along with claim form (and necessary documents).

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

(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)

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. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as

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the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. 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.

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7. Cancellation

i. The Policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall -

- For 1 year Policy-
  Refund proportionate premium for unexpired policy period subject to no claim(s) were made during the policy period.

- For Multi Year Policy -
  - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
  - For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

Additional Deductions: Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

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

8. Portability

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

9. 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 atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person ispresently 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.

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10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of atleast 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience.

11. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Moratorium Period

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

13. Premium Payment in Instalments:

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

i. race Period of 15 days (where premium is paid on monthly instalments) and 30 days (where premium paid in quarterly / half yearly/ annual instalments) would be given to pay the instalment premium due for the policy.
ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also

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iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

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

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

15. Free Look Period

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

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

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

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

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16. Redressal of Grievance

In case of any grievance the insured person may contact the company through
Website: www.zurichkotak.com Toll free: 18002664545
E-mail: care@zurichkotak.com
Courier:
Zurich Kotak General Insurance Company (India) Limited, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India.

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 grievanceofficer@zurichkotak.com

For updated details of grievance officer, kindly refer the link:
https://www.zurichkotak.com/customer-support/grievance-redressal-process

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@zurichkotak.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The details of the Insurance Ombudsman is available at:
https://www.zurichkotak.com/customer-support/grievance-redressal-process
The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/ombudsman

The details of the Insurance Ombudsman is available at Annexure I

Grievance may also be lodged through the Bima Bharosa Portal –
https://bimabharosa.irdai.gov.in

17. 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.

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1. Eligibility

Minimum Entry Age	1 day
Maximum Entry Age	No Limit

Self, lawfully wedded spouse/ Partner (including same sex partners), son (biological/ adopted), daughter (biological/ adopted), mother (biological/ foster), father (biological/ foster), brother (biological/ step) sister (biological/ step, mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law.
For the purpose of this Policy, Partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.

2. Material Change

Material information to be disclosed to Us includes every matter that You are aware of or could reasonably be expected to know that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk and the terms of acceptance of the risk.

3. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our personnel and not specifically informed to Us by You shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

4. Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule/ Certificate of Insurance of the Policy shall be deemed to form part of the Policy and shall be read together as one document.

5. 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. All Claims shall be payable in India and shall be in Indian Rupees only.

6. 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 Indian law 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.

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7. Role of Group Administrator/ Policyholder

(a) The Policy holder should provide the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.

(b) In case of employer-employee policies, the employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.

(c) In case of such policies, claims of the individual employees may be processed through the employer

(d) In case of non-employer-employee policies, We shall generally issue the Certificate of Insurance. However, We may provide the facility to the Group Administrator to issue the Certificate of Insurance to the members subject to applicable regulations.

(e) In case of such policies, the Group Administrator may facilitate the claims process for the members however the payment will be made by Us only to the beneficiary which is the Insured Person

8. Renewal of Policy

Renewal notice for policies issued on Auto Renewal Basis:

- The Insurance Company shall automatically renew the Policy annually for the period it has been issued for. However on expiry of the Policy after completing its entire auto renewal period the Insurance Company shall not deduct any renewal premium nor give notice that such 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 the Insured Person that may result to enhance the risk of the Insurance Company under the guarantee hereby given.
- No renewal receipt shall be valid unless it is on the printed form of the Insurance Company and signed by an authorised official of the Insurance Company. Any change in the risk will be intimated to the Insurance Company by the Insured Person. Nothing herein or otherwise shall affect the Company's right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.
- The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Insurance Company on or before the date of expiry of the Policy and in no case later than Grace Period of at least 30 days or as informed by Insurer from time to time.

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9. Auto Debit / ECS (Electronic Clearing System) Payment Facility:

You may opt for the Auto Debit/ECS payment facility for your premium payments under this Policy subject to such facility being specifically availed by the Master Policyholder for all its group members/beneficiaries under the Policy. This facility can be opted by you for automatic premium payment under this Policy by submitting a duly signed Auto Debit/ECS mandate form in physical or electronic form. It may be noted that:

a. The premium amount under the Policy may be subject to change on renewal which would be in accordance with the terms and conditions of the Policy
b. The Policy shall get cancelled in the event of failure of Auto Debit/ECS transaction towards payment of premium under the Policy and/or non-receipt of premium within the Grace Period under the Policy
c. The renewal premium amount under the Policy shall be communicated to you in advance i.e. minimum 45 days before the renewal date
d. You have the right to withdraw the Auto Debit/ECS mandate by giving Us at least 15 days' notice before the due date of next premium due under the Policy

The Auto Debit/ECS payment facility shall be governed by the guidelines issued by the Reserve Bank of India (and as may be amended from time to time)

10. Special Provision for Insured Person who are Senior citizen

The premium charged for health Insurance products offered to Senior citizens shall be fair, justified, transparent and duly disclosed upfront. The insured shall be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loadings shall be obtained before issuance of policy.

11. Communications & Notices

Any communication, 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 per Our records in respect of this Policy.
In Our case, at Our address specified in the Policy Schedule/ Certificate of Insurance.
No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

12. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified in the Policy Schedule/ Certificate of Insurance, during normal business hours or contact Our call centre.

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13. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured.

14. Assignment Clause

An assignment of this policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the assignor and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made. Such assignment shall be operative as against the Company effective from the date the Company receives a written notice of the assignment/request and endorses the same on the Policy.

The Company may, accept the assignment, or decline to act upon any endorsement, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy. However, by recording the assignment the Company does not express any opinion upon the validity nor accepts any responsibility on the assignment.

15. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate in the case of any Insured Person’s demise during the policy period/year:
Termination of cover takes place on account of death of the insured person and pro-rata refund of premium of deceased insured person is processed for the unexpired policy period, provided no claim has been made. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

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16. Sanction Exclusion Clause

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

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Prime
UIN: ZUKHLGA25064V012425

1. BENEFITS UNDER THE POLICY

Benefit under this Section are subject to the terms, conditions and exclusions of this Add-ons and Base Plan and the availability of the Sum Insured.

A. Unlimited Reset Benefit

On availing this optional cover, we shall provide a reset (reinstatement) of the Sum Insured if it is completely exhausted or insufficient to cover a claim. This benefit may be utilized unlimited times during the Policy Year, subject to the limits (up to the opted and specified percentage of the Base Sum Insured) and in accordance with the variations and applicability specified in the Policy Schedule or Certificate of Insurance.

For the purposes of this benefit:

- *Variation* refers to whether the claim will be paid for related illnesses or not.
- *Applicability* refers to the claim from which the unlimited reset will be triggered within the Policy's life/year, as specified in the Policy Schedule or Certificate of Insurance.
  A claim will be admissible under this Benefit only if the claim is admissible under 'In-patient Hospitalization/Treatment' or 'Day Care Treatment/Day Care Treatment + or 'Domiciliary Hospitalization' or 'Donor Expenses or AYUSH Treatment' in the Base policy or in specified and opted Add-ons.

(a) The Unlimited Reset of Sum Insured shall not be considered while calculating the accumulated amount of Cumulative bonus/ loyalty bonus.
(b) The Reset Sum Insured can be utilized in respect of any illness (related / unrelated) and its complications as mentioned in certificate of Insurance except for claim under "Any one Illness" condition.
(c) No Cumulative Bonus/ Inflation Protect Sum Insured (if Any) /Loyalty Bonus (if any) will apply on the Reset Sum Insured;
(d) The Reset Sum Insured will apply to all Insured Persons on the same basis as the Base Sum Insured i.e. individual sum insured in case of Individual Policy and floater sum insured in case of Floater Policy;
(e) Any Reset Sum Insured which is not utilized in a Policy Year shall not be carried forward to any subsequent Policy Year.

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Benefit Illustration for Unlimited Reset Benefit

1st Claim							
Policy Year	**Claim No**	**Policy Type**	**Claim Amount**	**Base Sum Insured**	**Unlimited Reset**	**Admissible Claim Amount**	**Paid Through**
1	1st Claim	Floater	2,500,000	1,000,000	1,000,000	2,000,000	Base SI + Unlimited Reset
1	2nd Claim	Floater	1,000,000	NIL	1,000,000	1,000,000	Unlimited Reset (Full)
1	3rd Claim	Floater	500,000	NIL	500,000	500,000	Unlimited Reset (Partial)
1	4rd Claim	Floater	500,000	NIL	500,000	500,000	Unlimited Reset (Partial)
1	5th Claim	Floater	1,000,000	NIL	1,000,000	1,000,000	Unlimited Reset (Full)

Benefit Illustration for Unlimited Reset Benefit

2nd Claim - Policy Year							
Policy Year	**Claim No**	**Policy Type**	**Claim Amount**	**Base Sum Insured**	**Unlimited Reset**	**Admissible Claim Amount**	**Paid Through**
1	1st Claim	Floater	1500000	1,000,000	NA	1,000,000	Base SI
1	2nd Claim	Floater	1000000	NIL	1,000,000	1,000,000	Unlimited Reset (Full)
1	3rd Claim	Floater	500,000	NIL	500,000	500,000	Unlimited Reset (Partial)
1	4rd Claim	Floater	500,000	NIL	500,000	500,000	Unlimited Reset (Partial)
1	5th Claim	Floater	1,000,000	NIL	1,000,000	1,000,000	Unlimited Reset (Full)
2	1st Claim	Floater	1,500,000	1000000	NA	1,000,000	Base SI
2	2nd Claim	Floater	1,000,000	Nil	1,000,000	1,000,000	Unlimited Reset (Full)

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Benefit Illustration for Unlimited Reset Benefit

2nd Claim - Policy Life							
Policy Year	Claim No	Policy Type	Claim Amount	Base Sum Insured	Unlimited Reset	Admissible Claim Amount	Paid Through
1	No Claim	Floater	NA	1,000,000	NA	NA	NA
2	1st Claim	Floater	2,000,000	1,000,000	NA	1,000,000	Base SI
2	2nd Claim	Floater	1,000,000	NIL	1,000,000	1,000,000	Unlimited Reset (Full)
2	3rd Claim	Floater	500,000	NIL	500,000	500,000	Unlimited Reset (Partial)
3	1st Claim	Floater	2,500,000	1,000,000	1,000,000	2,000,000	Base SI + Unlimited Reset (Full)

B. Loyalty Bonus

On availing this optional cover, We will increase the Sum Insured by a specified percentage subject to the maximum limit at the end of the Policy Year in accordance with variations specified in the Policy Schedule or Certificate of Insurance and provided the Policy is renewed with Us.

Further,

If the Sum Insured is increased at the time of Renewal, then the Bonus will be calculated on the Sum Insured of the immediately completed Policy Year.

If the Sum Insured is reduced at the time of Renewal, then the applicable Bonus will be applicable on the renewed policy Sum Insured.

Bonus will be carried forward to the next Policy Year, provided the Insured Person renews the Policy before the expiry of the Grace Period.

If the Policy Period is more than one year, then any Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

If the Insured Persons in the expiring Policy are covered on an individual basis and there is an accumulated Bonus for each Insured Person under the expiring Policy, and such expiring Policy

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has been Renewed with Us on a floater basis then the Bonus to be carried forward for credit in such Renewed Policy shall be the lowest among all the Insured Persons.

If the Insured Persons in the expiring Policy are covered on a floater basis and such Insured Persons renew their expiring Policy with Us into two or more floater/individual policies then the Bonus of the expiring Policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.

Any earned Bonus shall not be available for claims under Maternity Benefit/ Maternity Cover & its complications, New-Born Baby Cover and Pre and Post Natal Care.

This cover cannot be opted if Cumulative Bonus or similar benefit is opted in the Base policy.

C. Inflation Protect

On availing this optional cover, We will protect the Sum Insured against rising inflation by linking the Sum Insured in the Base Plan with a specified percentage or Consumer Price Index (CPI) as specified in the Policy Schedule or Certificate of Insurance.

The Sum Insured will be increased on cumulative basis at each renewal based on specified percentage or inflation rate in previous\ year as specified in the Policy Schedule or Certificate of Insurance.

If it's based on CPI then Inflation rate would be computed as the average CPI of the entire calendar year published by the Central Statistical Organization (CSO).Inflation Protect will be calculated on previous year policy sum insured.

At the time of renewal if the Insured person opts out of this optional cover, then the Sum insured protector accrued up until the expiring policy year will be forfeited

The percentage increase will be applicable only on Annual Sum Insured under the Policy and not on Loyalty Bonus/Cumulative Bonus or any other benefit which leads to increase in Sum Insured.

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D. Reduction in PED waiting Period

On availing this optional cover, the applicable Pre-existing disease waiting period in the base policy will be reduced to the opted waiting period as specified in the Policy Schedule or Certificate of Insurance of the Policy.

E. Well-Being Benefits

On availing this optional cover, We will provide You any or all of the below mentioned services up to the limits/frequency as specified in the Policy Schedule or Certificate of Insurance through the Network Provider or Vendor tie-up subject to applicable regulations. Any benefit cannot be opted from the below list which is already covered in the base policy:

a. Discount on renewal premium based on step count:

Discount on renewal premium will be based on the step counts as per the applicable matrix as specified in the Policy Schedule or Certificate of Insurance. This will be available to all Insured covered in the policy who are aged 18 years and above via mobile application/ health portal.

Steps accumulated in last 3 months of the Policy Period would not be considered for discount on premium for the 1st renewal. The last 3 months Step counts are NOT LOST and will be considered in the next Policy Period. All renewals, thereafter, will consider points gained in the Policy Period.

The mobile app must be downloaded within 180 days of the Policy commencement to avail this benefit. The step count completed by an eligible Insured Person would be tracked on this mobile application provided by Us.

We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

For any mid-term additions under the Base policy, the coverage under Section Eg., (Discount on renewal premium based on step count) can only be opted at subsequent renewal.

The above benefit will be applicable on Individual basis. In case of floater, average of number of Healthy days earned by all Insured Members shall be considered for calculating renewal discount. For example,' A' has attained 260 Healthy days and ' B' has attained 230 Healthy days, average of the Healthy days is 245 and accordingly the discount calculated is 20%.

Redemption against renewal premium will be available only at the time such renewal is due. Any earned rewards will lapse at the end of the grace period if the policy is not renewed with us

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b. Discounted offerings - on health and wellness services:

We will facilitate the Insured Person for various offerings on health and wellness services like Diagnostic Centers, Pharmacy, Consultations, Gymnasiums, Yoga, etc.) through the Network Providers/ Vendor tie-ups as specified in the Policy Schedule or Certificate of Insurance

c. Diet & Nutrition Plans:

We will facilitate the Insured Person for various offerings on Diet & Nutrition Plans through the Network Providers/ Vendor tie-ups as specified Policy Schedule or Certificate of Insurance

d. Wellness Coach:

We will facilitate the Insured Person for various coaching sessions for any or all from the below list, through the Network Providers/ Vendor tie-ups as specified Policy Schedule or Certificate of Insurance

i. Weight management

ii. Activity and fitness

iii. Nutrition

iv. Addiction cessation Program

v. Mental Health coach

vi. Any other wellness services

e. Tele-consultation

We will provide Tele-consultation to the Insured Person through our Vendor tie-up as specified in the Policy Schedule or Certificate of Insurance

f. Second Opinion

We will provide second opinion in the electronic or physical form to the Insured Person through our Vendor tie-up as specified in the Policy Schedule or Certificate of Insurance

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g. E-opinion (Specialist)

We will provide E-opinion in the electronic form to the Insured Person through our Vendor tie-up as specified in the Policy Schedule or Certificate of Insurance

F. Annual Health Check-up

On availing this optional cover, We will provide coverage for an Annual Health Check-up Program as prescribed in the Policy Schedule or Certificate of Insurance.

Where this Benefit is availed on a reimbursement basis, We will provide cover up to the limits as specified in the Policy Schedule or Certificate of Insurance.

Where the health check-ups are arranged by Us at Our Network Providers, We shall not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations made by the Network Provider in relation to the health check-up.

This benefit cannot be opted if already covered in the Base Policy. In case the listed tests are opted as a cover the same shall be available only on a cashless basis via Network Provider

G. Air Ambulance +

On availing this optional cover , indemnify the Reasonable and Customary Charges up to the Sum Insured of Base Policy as specified in the Policy Schedule or Certificate of Insurance for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest hospital provided that:

A claim will be admissible under this Benefit only if the claim is admissible under 'In-patient Hospitalization/Treatment' or 'Day Care Treatment/Day Care Procedures+' in the Base policy or in specified and opted Add-ons.

The necessity of the use of the Air Ambulance is certified by the treating Medical Practitioner.

In case of Individual policy, this payout will be available on individual basis and in case of Floater Policy the payout will be available on floater basis.

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Air ambulance providing the services, should be duly licensed to operate as such by a competent government authority.

The payment under this benefit is within the Basic Sum Insured. This benefit cannot be opted if already covered in the Base Policy.

H. Emergency Ambulance +

On availing this optional cover, We shall indemnify the Reasonable and Customary Charges incurred up to the Sum Insured of the Base Policy as specified in the Policy Schedule/ Certificate of Insurance towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital for treatment of an Illness or Injury following an Emergency provided that:

The necessity of the use of the Ambulance is certified by the treating Medical Practitioner.

We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital, or the Insured Person is required to be moved to a better Hospital facility due to lack of available / adequate treatment facilities at the existing Hospital.

The limit under Ambulance cover is applicable for per policy year. The payment under this benefit is within the Basic Sum Insured.

I. Maternity Cover & its complications

On availing this optional cover, We shall indemnify the Medical expenses incurred up to the Maternity Sum Insured during the Policy Period subject to the opted sub-sections [Normal Delivery of a child in a hospital (including but not limited to vacuum birthing, water birthing, hypno-birthing, midwife birthing), Caesarean section, Pre and Post natal expenses, Stem Cell preservation, infertility treatment, and/or maternity complications] and waiting period specific against this benefit in the Policy Schedule/ Certificate of Insurance, in respect of a female Insured Person

This benefit cannot be opted if already covered in the Base Policy.

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This Benefit will be available subject to up to a maximum number of deliveries/ terminations as specified in the Policy Schedule or Certificate of Insurance, however not exceeding 2 deliveries (including twins), or 2 medically required and lawful terminations of pregnancies, or 1 delivery (including twins) and 1 medically required and lawful termination of pregnancy during the lifetime of the female Insured Person.

J. New-Born Baby Cover +

On availing this optional cover, We shall indemnify the Medical Expenses incurred towards In-patient Hospitalization of the New- Born Baby during the Policy Period up to the limits as specified in the Policy Schedule or Certificate of Insurance.

The coverage will be available in respect of a New-Born Baby for 90 days from date of delivery and will be covered under Maternity cover Sum Insured as Specified in the Policy Schedule/ Certificate of Insurance.

This benefit cannot be opted if already covered in the Base Policy.

K. Daily Cash for Accompanying an Insured Child

On availing this optional cover, We will pay the Daily cash amount specified in the Policy Schedule or Certificate of Insurance for each and every completed day of Insured Person's hospitalization during the Policy period provided:

a. We have accepted a Claim for In-Patient Hospitalization/Treatment under the Base Policy.
b. The Insured Person hospitalized is a child aged 18 years or below and as specified in the Policy Schedule or Certificate of Insurance.
c. We shall not be liable to make payment for more than the maximum number of days per Policy Year specified in the Policy Schedule or Certificate of Insurance for this Benefit
d. Deductible as specified in the Policy Schedule or Certificate of Insurance is applicable to this Benefit
e. This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured/ Floater Sum Insured)
f. The payment under this benefit is over and above the Basic Sum Insured subject to the limits specified, if any.
g. In case the Base Policy covers Hospital Daily Cash Benefit and/or ICU Daily Cash Benefit also, the deductible will be applied cumulatively on the entire duration of the stay in the hospital.

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L. Compassionate Visit

On availing this optional cover, We shall indemnify the costs of a return journey undertaken by air/ rail/ road (to and fro) up to the limit, in case Hospitalization of the Insured Person extends beyond number of consecutive days as specified in the Policy Schedule or Certificate of Insurance under this Benefit for one of the Insured Person's Immediate Relative to travel from the place of the Immediate Relative's residence to the Hospital where the Insured Person is hospitalized, provided that:

a. We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy

In case of Individual policy, this payout will be available on individual basis and in case of Floater Policy the payout will be available on floater basis.

For the purpose of this Benefit, the term "Immediate Relative" would mean the Insured Person's spouse, children or parents

The payment under this benefit is over and above the Base Sum Insured. This benefit cannot be opted if already covered in the Base Policy.

M. Double Cover

On availing this optional cover, We will provide an additional 100% of Base Sum Insured as Double Cover, which can be utilized for claims incurred under the Base Policy, for the particular Policy Year, provided that:

(a) The benefit shall be available only if the Company has accepted a Claim for In-patient Hospitalization/Treatment or Day Care Treatment or Day Care Treatment + under this Policy as specified in the Policy Schedule or Certificate of Insurance.
(b) The benefit shall be available only after full exhaustion of Base Sum Insured, Cumulative Bonus (if any), Loyalty Bonus (if any) under the Policy.
(c) The Company's overall liability for all claims, in aggregate, within a Policy Year under this benefit shall be limited to 100% of the Base Sum Insured
(d) While calculating Cumulative Bonus, Loyalty Bonus, Double Cover shall not be considered.
(e) Any unutilized Double Cover Sum Insured, in whole or in part shall not be carried forward to subsequent Policy Years.
(f) The Double Cover will be available on individual basis for individual policies and on floater basis for floater policies.

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N. Cash Bag

On availing this optional cover, You will receive an amount equal to the a percentage specified in the Policy Schedule or Certificate of Insurance of the premium to be paid on the 1st renewal, with a specified percentage on each renewal starting from the 2nd renewal onwards for each claim-free year.

This amount can be used for

a. Payment of deductibles in this Policy (if any)
b. Payment of co-payment in this Policy (if any)
c. Non-payable items (If any)
d. Payment of OPD expenses (if any)

Amount available under this Benefit will be over and above the Base Sum Insured.

We will consider a claim, if a claim is paid under the Basic covers of Base policy / Day care Treatment + (if any).

O. Chronic Care

On availing this Optional Cover, We shall indemnify the Medical Expenses incurred related to an admissible Hospitalization of the Insured Person under Base policy section of In-Patient Hospitalization/Treatment due to the chronic condition(s) listed below from Day 31st of coverage start date.

The chronic conditions listed below are covered under the foregoing Benefit, subject to the terms and conditions set out above. For ease of understanding, the broad definitions of such chronic conditions are also set out below:

Asthma is a Chronic condition that affects the airways (bronchi) of the lungs, causing them to constrict (become narrow) when exposed to certain triggers which results in the symptoms of wheezing, coughing, tight chest and shortness of breath.

Hypertension is the term used to describe a persistent elevated blood pressure, commonly referred to as high blood pressure, and if this chronic disease is not treated appropriately, is a major risk factor for heart disease, stroke, kidney disease and even eye diseases.

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Hyperlipidemia is a chronic disease that refers to an elevated level of lipids (fats), including cholesterol and triglycerides, in the blood and if not treated appropriately, it is a major risk factor for increased risks of heart disease, heart attacks, strokes and other incidents of disease.

Diabetes mellitus is a chronic, progressive disease in which impaired insulin production leads to high blood glucose (sugar) levels, and without good self-management and proper treatment, the increased glucose (sugar) in the blood affects and damages eve- organ in the body, which causes serious health consequences.

Chronic Obstructive Pulmonary Disease (COPD) which includes chronic bronchitis and emphysema, is a long-term lung disease that causes progressive permanent damage to Lung leading to airway related symptoms.

Obesity means abnormal or excessive fat accumulation that presents risk to the health (Body Mass Index i.e. BMI is less than or equal to 39.99).

Coronary Artery Disease with PTCA done prior to 1 year:

a. Coronary artery disease is the buildup of lipid-rich plaque in the arteries that supply oxygen-rich blood to the heart. Plaque causes a narrowing or blockage that could result in a heart attack.
b. PTCA (Coronary Angioplasty) is defined as percutaneous corona- intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major corona- arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a corona- angiogram (CAG).
c. Corona- arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery
d. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded from the scope of this definition.

P. Durable Medical Equipment Cover

On availing this optional Cover, We shall reimburse the expenses towards the cost of buying or renting any of "Durable Medical Equipment" as listed below, up to the overall limit specified in the Policy Schedule or Certificate of Insurance, provided the same is prescribed to the Insured Person by the treating Medical Practitioner, during or after an admissible Hospitalization for a Medically Necessary treatment in the Base Policy.

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Conditions:

a. The expenses incurred must be related to an admissible Hospitalization of the Insured Person in Base Policy

b. The need for Durable Medical Equipment is prescribed by an authorized Medical Practitioner during Hospitalization or within 30 days post discharge of the Insured Person from the Hospital.

c. Any purchase / renting of the Durable Medical Equipment should be done within 30 days of such recommendation.

d. Any Exclusion under the Base Policy with respect to any of the listed Durable Medical Equipment shall not be applicable for this Cover.

e. Any claim made under this cover will reduce the Sum Insured of the Base Policy.

f. List of Durable equipment covered:
   i. Ventilator
   ii. Wheelchair
   iii. Prosthetic device
   iv. Suction Machine
   v. Commode Chairs
   vi. Infusion pump
   vii. Continuous Passive motion devices in case of Knee Replacement
   viii. Oxygen concentrator
   ix. Any other durable medical equipment apart from the list mentioned above and certified by Medical Practitioner

For the purpose of this cover, a Prosthetic device means an externally applied device used to replace wholly or partly an absent or deficient body part (limited to arm or leg or auditory system).

Q. Value Added Services

On availing this optional Cover, We will provide You any or all of the below mentioned services as specified in the Policy Schedule/Certificate of Insurance through the Network Provider or Vendor tie-up subject to applicable regulations:

a. Healthy Pregnancy Program
b. Health Assistance Service

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R. Day Care Treatment +

On availing this optional Cover, We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

a. The Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
b. The Medical Expenses incurred are Reasonable and Customary;
c. We will only cover the Medical Expenses for all Day Care Treatments which are not listed in the Base policy as coverage.
d. We will not cover any OPD Treatment under this Benefit.

S. Personal Accident Cover

The Sum Insured and/or the sub-limit for each Benefit under this Section is specified against that Benefit in the Policy Schedule or the Certificate of Insurance. Payment of the Benefit will be subject to the availability of the Sum Insured/applicable sub-limit for that Benefit.

If the Policy Schedule or Certificate of Insurance specifies that the Combined Sum Insured is in force for the Insured Person, then Our maximum, total and cumulative liability for all claims arising under the Benefits specified in the Policy Schedule or Certificate of Insurance under this cover will be limited to the amount of the Combined Sum Insured stated in the Policy Schedule/Certificate of Insurance. Combined Sum Insured will be available only where a combination of Sections S.a., S.b. and S.c. have been opted under the Policy as specified in the Policy Schedule or Certificate of Insurance

a. Accidental Death

If the Insured Person suffers an Injury due to an Accident that results in the death of the Insured Person, We will pay 100% of the Sum Insured as specified in the Policy Schedule/Certificate of Insurance provided that:

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

If an Insured Person disappears during the Policy Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death) provided that such disappearance is certified in writing by the local police authorities, We will pay the amount specified under the Policy Schedule or Certificate of Insurance to the Nominee.

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b. Permanent Total Disablement (PTD)

If the Insured Person suffers an Injury due to an Accident that results in the permanent total disablement of the Insured Person of the nature as specified below, We will pay 100% of the Sum Insured as specified in the Policy Schedule or Certificate of Insurance.

a. 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.
b. Physical Separation/ Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of Use of one eye and Loss of Use of one hand or one foot.
c. If such Injury shall as a direct consequence thereof, permanently, and totally, disable the Insured Person from engaging in any employment or occupation of any description whatsoever.

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

c. Permanent Partial Disablement (PPD)

If the Insured Person suffers an Injury due to an Accident that that results in the permanent partial disablement of the Insured Person of the nature as specified in the table below, then We will pay the percentage of the Sum Insured as specified in the table below.

SR	Loss Covered	Percentage of Sum Insured
1	Loss of Use/ Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes – all	20%
	Great both phalanges	5%
	Great – one phalanx	2%
	Other than great if more than one toe lost	1%

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2	Loss of Use of both ears	50%
3	Loss of Use of one ear	20%
4	Loss of four fingers and thumb of one hand	40%
5	Loss of four fingers	35%
6	Loss of thumb	
	- both phalanges	25%
	- one phalanx	10%
7	Loss of Index finger -	
	three phalanges	10%
	two phalanges	8%
	one phalanx	4%
8	Loss of middle finger –	
	three phalanges	6%
	two phalanges	4%
	one phalanx	2%
9	Loss of ring finger -	
	three phalanges	5%
	two phalanges	4%
	one phalanx	2%
10	Loss of little finger –	
	three phalanges	4%
	two phalanges	3%
	one phalanx	2%
11	Loss of metacarpus -	
	first or second (additional)	3%
	third, fourth or fifth (additional)	2%
12	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

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

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

d. Temporary Total Disablement (TTD)

If the Insured Person suffers an Injury due to an Accident that disables the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the weekly amount as specified in the Policy Schedule or Certificate of Insurance for the duration that the temporary total disablement continues provided that:

a. We shall not be liable to make payment for more than the number of weeks as specified in the Policy Schedule or Certificate of Insurance in respect of any one Injury calculated from the date of commencement of the temporary total disablement as certified by the treating Medical Practitioner.
b. This Benefit shall not be paid for the first three days from the date of commencement of temporary total disablement.
c. This Benefit is payable provided that the minimum absence from work must be for 7 consecutive days, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable.
d. This Benefit will be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We will make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at end of such period.

2. Permanent Exclusions

• This Rider Cover shall follow exclusions as mentioned in the Base Policy.

3. Claims Procedure

under this Rider Cover shall be the same as the Base Policy.

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4. General Terms and Clauses

under this Rider Cover shall be the same as the Base Policy.

Annexure 1

Benefit Table

S.No.	Benefits	Limits & Variations	Sum Insured Extent
1	**Unlimited Reset Benefit**	**Limits** i. Max up to 100% of Sum Insured in one single claim ii. Max up to 200% of Sum Insured in one single claim **Variations** i. For Unrelated claims only ii. For Unrelated claims and related claims both **Applicability** i. From 2nd claim and onwards of Policy Life ii. From 2nd claim and onwards of Policy Year iii. From 1st claim and onwards of Policy Life	Over and above
2	**Loyalty Bonus**	1. Increases by Minimum - 10%, Maximum - 100% of Base Sum Insured 2. Covered up to - 1X to 10X of Base Sum Insured 3. Variation: i. Accrued bonus doesn't decrease in case of a claim ii. Bonus accrues irrespective of claim on each renewal	Over and above
3	**Inflation Protect**	Increase in Sum Insured on cumulative basis at each renewal by i. 5% to 50% of Base Sum Insured ii. Rate of inflation in the previous year	Over and above
4	**Reduction in PED waiting period**	From 36 months to: i. 30 Days ii. 60 Days iii. 90 Days	NA

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5	**Well-being Benefits**	Any combination of the below can be chosen: 1. Discount on renewal premium based on step count; available to the Insured aged 18 years and above via mobile application/ health portal 2. Discounted offerings - on health and wellness services 3. Diet & Nutrition Plans 4. Wellness Coach: i. Weight management ii. Activity and fitness iii. Nutrition iv. Addiction cessation Program v. Mental Health coach vi. Any other welness services 5. Tele-consultation 6. Second Opinion 7. E-opinion	NA
6	**Annual Health Check-up**	i. Any Medical Tests Min: 250 to Max: 50,000 ii. List of Medical Tests Coverage: i. Coverage for all members in the Policy ii. Coverage for members above 18 years	Over and above
7	**Air Ambulance +**	Up to Sum Insured	Within Sum Insured
8	**Emergency Ambulance+**	Up to Sum Insured	Within Sum Insured
9	**Maternity Cover & its complications**	1. Maternity Sum Insured (Any or all can be chosen): Normal Delivery - Min: 5000 to Max: 5,00,000 Cesarean Section - Min: 5000 to Max: 5,00,000 Pre and Post Natal - Min: 5000 to Max: 5,00,000 Stem cell Preservation - Min: 5000 to Max: 5,00,000 Infertility Treatment - Min: 5000 to Max: 5,00,000 Maternity Complications - Min: 5000 to Max: 5,00,000 2. Waiting periods options as below: i. Coverage from Day 1 ii. Coverage after 9 months	Both

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		iii. Coverage after 1 Year iv. Coverage after 2 Years	
10	**New Born Baby Cover +**	Min: 5000 to Max: 5,00,000	Within Maternity Sum Insured Over and Above Sum Insured Within Sum Insured
11	**Daily Cash for Accompanying an Insured Child**	Min: 5000 to Max: 1,00,000 No of days of Hospitalization: 1 day to 30 days Deductible options (if opted): 1 to 10 days	Over and above
12	**Compassionate Visit**	Min: 5000 to Max: 1,00,000 No of days of Hospitalization (deductible): Day 1 to 10 days	Over and above
13	**Double cover**	Additional 100% of Base Sum Insured as Double Cover a. In case of an admissible claim under In-patient Hospitalisation or Day Care Treatment or Day Care Treatment + b. In case of an accidental admissible claim under In-patient Hospitalisation or Day Care Treatment or Day Care Treatment +	Over and above
14	**Cash Bag**	For each claim free year get an amount equal to X% (Min - 5% to Max - 20%) of premium on 1st Renewal and Y% (Min - 5% to Max - 20%) thereafter on each renewal from 2nd renewal and onwards. Accumulate this amount and use for OPD, deductibles, co-payment, non-payable items.	Over and above

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15	**Chronic Care**	Cover from Day 31 for one or more listed conditions if declared as PED, irrespective of applicable PED waiting period: 1. Asthma 2. Hypertension 3. Hyperlipidemia 4. Diabetes 5. Chronic Obstructive Pulmonary Disease (COPD) 6. Obesity (High Body Mass Index) 7. Coronary Artery Disease (PTCA done prior to 1 year)	NA
16	**Durable Medical Equipment Cover**	Minimum Sum Insured 5,000 Maximum Sum Insured 100000 Sum Insured Up to 1 L --INR 5000 1.5 L to 4.5 L -- INR 10000 5L to 7.5 L -- INR 50000 10 L & Above -- INR 100000	Within Sum Insured
17	**Value Added Services**	**Healthy Pregnancy Program**: Customised, online and telephonic general tips and suggestions to expectant parents on antenatal support, labour preparation and post-partum support	NA
		Health Assistance Service: Health Assistance is a dedicated medical care service that assists you in all your health-related queries for identifying Specialist/Hospital/fixing an appointment with Doctors/Nutritionist /facilitating 2nd opinion and others.	NA
18	**Day Care Treatment +**	All Day care procedures covered	Within Sum Insured
Personal Accident Cover (AD+PTD+PPD can have combined SI or separate SI)			
18	**Accidental Death**	Minimum 5,000 Maximum 10,00,00,000	Over and above
19	**Permanent Total Disablement (PTD)**	Minimum 5,000 Maximum 10,00,00,000	Over and above

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20	**Permanent Partial Disablement (PPD)**	Minimum 5,000 Maximum 10,00,00,000	Over and above
20	**Temporary Total Disablement (TTD)**	1%/ 2%/ 3%/ 4%/ 5% of Opted Sum Insured per week payable for a maximum of 52 weeks or 104 weeks as opted	Over and above
TTD can be opted along with either AD, PTD, PPD			

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