

## Prime Policy Wordings

### Preamble

We will provide insurance cover to the Insured Person(s) under this rider up to Sum Insured or limits mentioned in the Policy Schedule/Certificate of Insurance. This rider is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this rider and Policy on which this rider is attached. The term Insured Person(s) in this document refers to the individual group members who will be treated as Insured Person(s) to whom Certificate of Insurance is issued/to be issued and the term Proposer / Policy Holder in this document refers to Person/ Organization who has signed the proposal form and in whose name the Group Policy is issued.

Rider can be endorsed along with the Base Plan only and cannot be bought in isolation or as a separate product.

All claims must be made in accordance with the procedure set out in Base Plan and subject to any sub-limits for the Benefit as specified in the Policy Schedule or Certificate of Insurance.

The Policy Schedule or the Certificate of Insurance will specify which of the following Covers are in force and available for the Insured Persons under the Policy.

Rider can only be bought during the inception of base policy or renewal of base policy. Mid-term addition of rider in the base policy is not allowed.

Period of Insurance of the Rider shall be same as Base Policy.

### 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.

## **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 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.

### **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

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

- 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.

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.

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.
- h.

#### **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.

#### **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 31<sup>st</sup> 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.

**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.

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

#### **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.

**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%                        |
| 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 |
|----|---|--|

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.

#### 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     | <b>Unlimited Reset Benefit</b>         | <p><b>Limits</b></p> <p>i. Max up to 100% of Sum Insured in one single claim</p> <p>ii. Max up to 200% of Sum Insured in one single claim</p> <p><b>Variations</b></p> <p>i. For Unrelated claims only</p> <p>ii. For Unrelated claims and related claims both</p> <p><b>Applicability</b></p> <p>i. From 2nd claim and onwards of Policy Life</p> <p>ii. From 2nd claim and onwards of Policy Year</p> <p>iii. From 1st claim and onwards of Policy Life</p> | Over and above     |
| 2     | <b>Loyalty Bonus</b>                   | <p>1. Increases by Minimum - 10%, Maximum - 100% of Base Sum Insured</p> <p>2. Covered up to - 1X to 10X of Base Sum Insured</p> <p>3. Variation:</p> <p>i. Accrued bonus doesn't decrease in case of a claim</p> <p>ii. Bonus accrues irrespective of claim on each renewal</p>  | Over and above     |
| 3     | <b>Inflation Protect</b>               | <p>Increase in Sum Insured on cumulative basis at each renewal by</p> <p>i. 5% to 50% of Base Sum Insured</p> <p>ii. Rate of inflation in the previous year</p>   | Over and above     |
| 4     | <b>Reduction in PED waiting period</b> | <p>From 36 months to:</p> <p>i. 30 Days</p> <p>ii. 60 Days</p> <p>iii. 90 Days</p>  | NA                 |

|    |   |  |  |
|----|---|--|--|
| 5  | <b>Well-being Benefits</b>                          | <p>Any combination of the below can be chosen:</p> <ol style="list-style-type: none"> <li>1. Discount on renewal premium based on step count; available to the Insured aged 18 years and above via mobile application/ health portal</li> <li>2. Discounted offerings - on health and wellness services</li> <li>3. Diet &amp; Nutrition Plans</li> <li>4. Wellness Coach:               <ol style="list-style-type: none"> <li>i. Weight management</li> <li>ii. Activity and fitness</li> <li>iii. Nutrition</li> <li>iv. Addiction cessation Program</li> <li>v. Mental Health coach</li> <li>vi. Any other wellness services</li> </ol> </li> <li>5. Tele-consultation</li> <li>6. Second Opinion</li> <li>7. E-opinion</li> </ol>   | NA   |
| 6  | <b>Annual Health Check-up</b>                       | <ol style="list-style-type: none"> <li>i. Any Medical Tests<br/>Min: 250 to Max: 50,000</li> <li>ii. List of Medical Tests<br/>Coverage:               <ol style="list-style-type: none"> <li>i. Coverage for all members in the Policy</li> <li>ii. Coverage for members above 18 years</li> </ol> </li> </ol>  | Over and above   |
| 7  | <b>Air Ambulance +</b>                              | Up to Sum Insured  | Within Sum Insured   |
| 8  | <b>Emergency Ambulance+</b>                         | Up to Sum Insured  | Within Sum Insured   |
| 9  | <b>Maternity Cover &amp; its complications</b>      | <ol style="list-style-type: none"> <li>1. Maternity Sum Insured (Any or all can be chosen):<br/>               Normal Delivery - Min: 5000 to Max: 5,00,000<br/>               Cesarean Section - Min: 5000 to Max: 5,00,000<br/>               Pre and Post Natal - Min: 5000 to Max: 5,00,000<br/>               Stem cell Preservation - Min: 5000 to Max: 5,00,000<br/>               Infertility Treatment - Min: 5000 to Max: 5,00,000<br/>               Maternity Complications - Min: 5000 to Max: 5,00,000</li> <li>2. Waiting periods options as below:               <ol style="list-style-type: none"> <li>i. Coverage from Day 1</li> <li>ii. Coverage after 9 months</li> <li>iii. Coverage after 1 Year</li> <li>iv. Coverage after 2 Years</li> </ol> </li> </ol> | Both   |
| 10 | <b>New Born Baby Cover +</b>                        | Min: 5000 to Max: 5,00,000   | Within Maternity Sum Insured<br>Over and Above Sum Insured<br>Within Sum Insured |
| 11 | <b>Daily Cash for Accompanying an Insured Child</b> | Min: 5000 to Max: 1,00,000<br>No of days of Hospitalization: 1 day to 30 days<br>Deductible options (if opted): 1 to 10 days   | Over and above   |

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| 12   | <b>Compassionate Visit</b>               | Min: 5000 to Max: 1,00,000<br>No of days of Hospitalization (deductible): Day 1 to 10 days   | Over and above     |
| 13   | <b>Double cover</b>                      | Additional 100% of Base Sum Insured as Double Cover<br>a. In case of an admissible claim under In-patient Hospitalisation or Day Care Treatment or Day Care Treatment +<br>b. In case of an accidental admissible claim under In-patient Hospitalisation or Day Care Treatment or Day Care Treatment +                                       | Over and above     |
| 14   | <b>Cash Bag</b>                          | 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     |
| 15   | <b>Chronic Care</b>                      | Cover from Day 31 for one or more listed conditions if declared as PED, irrespective of applicable PED waiting period:<br>1. Asthma<br>2. Hypertension<br>3. Hyperlipidemia<br>4. Diabetes<br>5. Chronic Obstructive Pulmonary Disease (COPD)<br>6. Obesity (High Body Mass Index)<br>7. Coronary Artery Disease (PTCA done prior to 1 year) | NA                 |
| 16   | <b>Durable Medical Equipment Cover</b>   | Minimum Sum Insured 5,000<br>Maximum Sum Insured 100000<br>Sum Insured<br>Up to 1 L --INR 5000<br>1.5 L to 4.5 L -- INR 10000<br>5L to 7.5 L -- INR 50000<br>10 L & Above -- INR 100000  | Within Sum Insured |
| 17   | <b>Value Added Services</b>              | <b>Healthy Pregnancy Program:</b><br>Customised, online and telephonic general tips and suggestions to expectant parents on antenatal support, labour preparation and post-partum support  | NA                 |
|  |  | <b>Health Assistance Service:</b><br>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   | <b>Day Care Treatment +</b>              | All Day care procedures covered  | Within Sum Insured |
| <b>Personal Accident Cover ( AD+PTD+PPD can have combined SI or separate SI)</b> |  |  |                    |
| 18   | <b>Accidental Death</b>                  | Minimum 5,000 Maximum 10,00,00,000   | Over and above     |
| 19   | <b>Permanent Total Disablement (PTD)</b> | Minimum 5,000 Maximum 10,00,00,000   | Over and above     |

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| 20   | <b>Permanent Partial Disablement (PPD)</b> | Minimum 5,000 Maximum 10,00,00,000   | Over and above |
| 20   | <b>Temporary Total Disablement (TTD)</b>   | 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 |
| <b>TTD can be opted along with either AD, PTD, PPD</b> |  |  |                |