

HEALTH PRIME RIDER (Individual) Rider for Health Products Policy Wordings

SECTION A) PREAMBLE

Whereas the insured described in the Base Policy Schedule hereto (hereinafter called the 'Insured' or 'You') has made to Bajaj General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or 'We' or "Insurance Company") an additional proposal or an additional Proposal as mentioned in the transcript of the additional Proposal, containing certain undertakings, declarations, information/particulars and statements, which shall be the basis of this Riders insurance Contract ["Rider"] and is deemed to be incorporated herein, , and has paid the additional premium specified in the Rider as consideration for this Rider, now the Company agrees, subject always to the Base Policy and the following terms, conditions, exclusions, and limitations (other than time bound exclusions) of the Base Policy, and in excess of the amount of the Deductible, to additionally indemnify the Insured/Insured Member, as the case may be, in the manner and to the extent during the Rider Period provided hereinafter.

SECTION B) DEFINITIONS STANDARD DEFINITIONS

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

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS-

- 2. Specialist -** Specialist means a person who holds a medical post graduate or higher degree in the specific line of treatment under Allopathic medicine.
- 3. Rider-** means the Rider insurance contract as in this Rider insurance contract wordings which may be opted by Insured for him/her and or the Insured Members [in floater policy].
- 4. Rider Period:** means period mentioned in Section C- II, which shall be in consonance of the Policy Period under Base Policy.
- 5. Insured Member/s:** means the family members of Insured covered under floater Base Policy.
- 6. Service Provider/s:** means the service providers engaged/named by the Insurer for providing the risks covers mentioned in this Rider.

All other DEFINITIONS as defined in the respective opted Base Policy wordings are applicable mutatis mutandis to this Rider. The words used in this Rider but not defined herein shall bear the same definition/meaning as in the opted Base Policy.

SECTION C) OPERATIVE PARTS

What We will indemnify/pay for-

In consideration of payment of additional premium by the Insured to the Company and realization/receipt thereof by the Company, it is hereby agreed to indemnify/pay Insured or Insured Member covered under the Rider, as the case may be, in respect of an admissible claims, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Rider read with the Base Policy Schedule.

I. Who can opt for the Health Prime Rider?

Only Insured who have opted for the Company's Health Policy ("Policy" or "Base Policy") can purchase/opt for this Rider for Insured himself and/or his/her family members ["Insured Member/s"].

II. Rider Period:

1 year, 2 years, or 3 years as opted by Insured and mentioned in Policy Schedule and this Rider Period shall be as per the tenure of the Base Policy viz. if Base Policy is for 1 year then the Rider Period shall be for 1 year and if Base Policy is for 2 years then the Rider Period shall be for 2 years.

SECTION C) SCOPE OF COVER

We will render services/indemnify/pay Customary and Reasonable Medical Expenses incurred for below listed coverages during the Policy Period up to the Sum Insured/number of sessions/vouchers as specified under respective cover and as specified in the Policy Schedule or up to the limit of indemnity as specified in the Rider/ Policy Schedule:

- a. Tele Consultation Cover (Insta Consultation)
- b. Doctor Consultation Cover (In-clinic)
- c. Doctor prescribed Investigations Cover – Pathology & Radiology Cover
- d. Annual Preventive Health Check-up Cover
- e. Dental wellness - Consultation, Investigation & Procedures Cover
- f. Diet & Nutrition Consultations Cover
- g. Emotional Wellness Cover
- h. Physical Fitness Cover

Note:

During every Policy Year under Rider Period, Insured/ Insured Member will be eligible for coverages as per the Rider plan/option selected from the below table.

For Long Term Policies if the Rider is opted, the benefits given in the table below will be applicable for each Policy Year.

Options available in this Rider:

Benefits	Individual Options							
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Tele Consultation Cover (Insta Consultation)	Unlimited (General Physicians)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)
Doctor Consultation Cover (In-clinic)	-	-	1,000	2,000	3,000	15,000	7,500	30,000
Doctor prescribed Investigations Cover – Pathology & Radiology Cover	-	1,500	3,000	5,000	7,000		7,500	30,000
Annual Preventive Health Check-up Cover	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Gold)	1 Voucher (Platinum)
Dental wellness - Consultation, Investigation & Procedures Cover	-	-	-	-	-	-	5,000	30,000
Diet & Nutrition Consultations Cover	-	-	-	-	-	-	10 Sessions	30 Sessions
Emotional Wellness Cover	-	-	-	-	-	-	6 sessions	20 Sessions
Physical Fitness Cover	-	-	-	-	-	-	-	365 Sessions

Benefits	Floater Options					
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Tele Consultation Cover (Insta consultation)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)
Doctor Consultation Cover (In-clinic)	10,000	20,000	25,000	10,000	12,500	30,000
Doctor prescribed Investigations Cover – Pathology & Radiology Cover				10,000	12,500	30,000
Annual Preventive Health Check-up Cover	2 Vouchers (Silver)	2 Vouchers (Silver)	2 Vouchers (Silver)	2 Vouchers (Gold)	4 Vouchers (Gold)	4 Vouchers (Platinum)
Dental wellness - Consultation, Investigation & Procedures Cover	-	-	-	10,000	12,500	30,000
Diet & Nutrition Consultations Cover	-	-	-	15 Sessions	25 Sessions	30 Sessions
Emotional Wellness Cover	-	-	-	8 Sessions	15 Sessions	20 Sessions
Physical Fitness Cover	-	-	-	-	-	365 Sessions

A. Tele Consultation Cover (Insta Consultation)

Coverage:

If the Insured/ Insured Member is suffering from any Illness or Injury, he / she can consult Medical Practitioner/ Physician/Doctor listed on the digital platform of Insurer or concerned Service Provider's application via video, audio, or chat channel, where the Insured/ Insured Member will be able to select the speciality of Doctor and will be able to consult the Doctor available at the time of call. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and as amended from time to time. This is a cashless service.

Exclusions for “Tele Consultation Cover (Insta Consultation)”

1. Tele consultation outside the digital platform of Insurer’ or concerned Service Provider’s application/website video/audio/chat consultation, in-clinic/physical consultation is not covered under this cover of Rider.
2. Teleconsultation benefit is not transferrable to any other person/member unless such person/member is covered under the Base Policy and has opted this Rider.
3. If the Tele Consultation is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
4. Reimbursement of expenses incurred for teleconsultation benefit is excluded.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Member has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

B. Doctor Consultation Cover (In-clinic)

Coverage:

If the Insured/Insured Member/s is suffering from any Illness or injury he / she can consult Medical Practitioner/ Physician/Doctor in person from prescribed network centres of concerned Service Providers up to the limit as specified under this Rider read with Base Policy Schedule.

This is a cashless service; the cashless process is defined under the Service Delivery Process/claim process section.

If the desired Medical Practitioner/ Physician/Doctor is not available in the prescribed network, Insured/ Insured Member/s can take a prior approval of the Insurer for consulting the desired Medical Practitioner/ Physician/Doctor and claim the charges/consultation fees by way of reimbursement process as defined under claim process. The Doctor Consultation expenses would be payable up to the limit specified under this Rider.

Exclusions for “Doctor Consultation Cover (In-clinic)”:

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this cover/section.
2. If the Doctor consultation cover is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
3. Claims related to Ante Natal consultations and investigations shall not be covered. However, consultations for pregnancy related complications would be covered.
4. Dietician/nutritionist consultations/sessions will not be covered under this cover/benefit.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Member has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. Pre-Existing Diseases Waiting Period (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 specified number of months of continuous coverage after the date of inception of the first Rider plan and the Base Policy Schedule with Us.
 - b. The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.
 - c. If the Insured/ Insured Member’s 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 Rider after the expiry of the waiting period as specified in Base Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

Please refer below table for inclusions & exclusions of doctor specialities.

Speciality	Doctor Specialization	Covered/Excluded
General Physician	General Physician	Covered
	Ayurveda	Covered
	Homeopath	Covered
	Physiotherapist	Covered
	Unani	Covered
Specialist	Paediatrician	Covered
	Dentist	Covered
	Dermatologist	Covered
	Orthopaedic	Covered
	Psychologist	Excluded
	Ophthalmologist	Covered
	Gynaecologist & Obstetrician	Covered
	ENT	Covered
	Psychiatrist	Covered
	General Surgeon	Covered
	Dietitian/Nutritionist	Excluded
	Audiologist	Excluded
	Anaesthesiologist	Covered
	Radiologist	Covered
	Pathologist	Covered
	Sexologist	Covered
	Cosmetologist*	Excluded
	Cosmetic & Plastic Surgeon*	Excluded
	Electrotherapy	Excluded
	Dermatologist	Covered
	ENT Surgeon	Covered
	Speech Therapist	Excluded
Embryologist	Excluded	
Haematologist	Covered	
Preventive medicine specialist	Covered	
Super specialist	Paediatric surgeon	Covered
	Dental Surgeon	Covered
	Cardiologist	Covered
	Pulmonologist	Covered
	Diabetologist	Covered
	Oncologist	Covered
	Neurologist	Covered
	Gastroenterologist	Covered
	Nephrologist	Covered
	Urologist	Covered
	Orthodontic	Covered
	Orthopaedics & Joint Replacement	Covered
	Rheumatologist	Covered
	Endocrinologist	Covered
	Laparoscopic Surgeon	Covered
	General Surgeon	Covered
Vascular Surgeon	Covered	
Infectious disease specialist	Covered	

* Expenses for consultations with Cosmetologist or Cosmetic & Plastic Surgeon are excluded, unless 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/ Insured Member. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

C. Doctor Prescribed Investigations Cover – Pathology & Radiology Expenses

Coverage:

If the Insured/Insured Member/s is suffering from any Illness or injury he / she can avail the cashless service for investigations prescribed by a registered Medical Practitioner for pathology or radiology from prescribed network centres of the Service Provider up to the limit as specified under this Rider read with Base Policy Schedule.

If the Investigation – Pathology or radiology lab is not available in the prescribed network of the Service Provider, Insured/ Insured Member/s can take a prior-approval of the Insurer for the prescribed investigations and claim the expenses by way of reimbursement process as defined under claim process/ Service Delivery Process. The investigation expenses would be payable up to the limit specified on the policy schedule.

Lab test must be done within 30 days of the doctor prescription.

Exclusions for “Doctor Prescribed Investigations Cover – Pathology & Radiology Expenses”

1. If the Investigation cover is not availed in the respective Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
2. Claims related to Ante Natal investigations shall not be covered. However, investigations for pregnancy related complications would be covered.
3. Any preventive health tests shall not be covered under this benefit.
4. Invasive tests shall not be covered. Please refer Annexure I for the list of Invasive tests.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Member has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. Pre-Existing Diseases Waiting Period (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 specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Base Policy with Us.
 - b) The PED waiting period would be as per the Base Policy opted and as specified on the Policy Schedule.
 - c) If the Insured/ Insured Member’s 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 Rider after the expiry of the waiting period as specified in Base Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

D. Annual Preventive Health Check -up cover:

Coverage:

1. The Insured/Insured Member/s can avail the free Preventive health check-up once in every Policy Year as per the list given below in the network centres of the Service Provider.

Silver Package

Test	Component
Hemogram	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width - Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Haemoglobin(Mch), Monocytes, ESR
Liver function test	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine routine	Color, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Diabetic Profile	Fasting Blood Sugar, HbA1C
Lipid profile	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non - HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
Kidney Function Tests	Blood Urea Nitrogen (BUN), Creatinine- Serum
Thyroid	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
Bone Health	Serum Calcium

Gold Package

Test	Component
Hemogram	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width - Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Hemoglobin(Mch), Monocytes, ESR
Liver Function Test	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine routine	Colour, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Diabetic Profile	Fasting Blood Sugar, HbA1C
Lipid profile	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non - HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
Complete Kidney Function Profile	Uric Acid, Sr. Creatinine, Blood urea Nitrogen ,BUN/Creatinine ratio
Thyroid	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
Bone Health	Calcium
Vitamins	Vitamin B12 (Cyanocobalamin), Vitamin D Total-25 Hydroxy

Platinum Package

Test	Component
Hemogram	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Hemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width - Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Hemoglobin(Mch), Monocytes, ESR
Liver Function Test	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine routine	Color, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Diabetic Profile	Fasting Blood Sugar, HbA1C
Lipid profile	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non - HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
Complete Kidney Function Profile	Uric Acid, Sr. Creatinine, Blood urea Nitrogen ,BUN/Creatinine ratio
Thyroid	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
Bone Health	Calcium
Vitamins	Vitamin B12 (Cyanocobalamin), Vitamin D Total-25 Hydroxy
Iron Deficiency Profile	Total Iron Binding Capacity (TIBC), % Transferrin Saturation, Iron
Cardiac Risk Markers	Apo lipoprotein - B (Apo-B), Apo lipoprotein - A1 (Apo-A1), Apo B / Apo A1 Ratio (Apo B/A1), High Sensitivity C-Reactive Protein (Hs-Crp), Lipoprotein (A) [Lp(A)]

- The health checkup can be availed on a cashless basis in the prescribed list of hospitals or diagnostic centers.
- List of prescribed hospitals or diagnostic centers can be accessed from the Insurer's website or digital application of the Insurer/Service Provider.
- The health check-up benefit must be availed within the Policy Period only, cover cannot be extended after the expiry of the Policy Period read with Base Policy.
- The list of tests listed above cannot be changed.

Exclusions for "Annual Preventive Health Check-up Cover"

- Preventive health check-up cannot be availed outside the prescribed list of hospitals or diagnostic centers.
- Home collection facility will be available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.
- The complete list of tests as given above has to be completed in a single appointment.
- If the health check-up is not availed in the Policy Year during the Policy Period, the benefit cannot be carried forward to the subsequent Policy Year.
- Reimbursement of preventive health check-up expenses is excluded from the scope of this Rider.

6. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

E. Dental Wellness- Consultation, Investigation & Procedures Cover:

Coverage:

If the Insured/ Insured Member/s is suffering from any dental ailment, he / she can consult a Medical Practitioner with minimum qualification of BDS degree from prescribed network centres of the Service Provider, up to the limit as specified under this Rider read with Base Policy Schedule. This benefit will have below coverages and can be availed by Insured/ Insured Members under the Rider.

This is a cashless service. The cashless process to avail this benefit through the prescribed network of Service Provider is defined under the Service Delivery Process/claim process.

If the desired doctor/dentist is not available in the prescribed network, Insured/ Insured Member/s can take a prior-approval for consulting the desired dentist and claim the charges of consultation/procedure fees by way of reimbursement process as defined under claim process. Such reimbursements will be capped for respective services as per the table below. However, this capping will apply only for reimbursement claims and where co-payment is not opted.

Procedure	Capping amount
Consultation charges	500
IOPA/X-ray	
IOPA	250
Digital X ray	400
Root canal treatment	
RCT with GIC /Miracle /SF POR	5000
RCT with composite POR	6000
Third molar RCT	9500
Repeat RCT	10000
Post and core	4000
Restoration /Filling	
GIC	1000
Silver filling	2000
Composite	3000
Diastema Closure	3500
Anterior Fracture Repair	3000
Extraction	
Mobile tooth	700
Firm tooth	1000
Badly carious/Surgical/Erupted wisdom	2500
Disimpaction	12000
Extraction - wisdom tooth - upper jaw	3000
Extraction - wisdom tooth - lower jaw	5000
Extraction - Impacted/Surgical removal	6000
Extraction - Root canal treated teeth -Nonsurgical	3000
Extraction - Root canal treated teeth -surgical	6000
Crown	
Ni-Cr Metal crown	3000
Co-Cr Metal crown	4500
RFM (Ceramic)	6000
CAD CAM PFM	6000
Zirconia	10000
Brux zir	12000
Lava / Porcera / E-max	12000
Paediatric dentistry	
Extraction of primary teeth	750
Pulpectomy	4000

Exclusions for “Dental Wellness- Consultation, Investigation & Procedures Cover”:

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items not mentioned under this coverage are excluded.
2. This dental benefit shall not be applicable/available on cosmetic level scaling/polishing, bleaching, cap of teeth, braces, aligner, and tooth replacement, any other cosmetic and aesthetic treatment.
3. This benefit cannot be availed outside the prescribed network of dentists and hospitals.
4. If the benefit under this cover is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. Pre-Existing Diseases Waiting Period (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 specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Policy Schedule with Us.
 - b) The PED waiting period would be as per the Base Policy opted and as specified on the Policy Schedule.
 - c) If the Insured Beneficiary 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 the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

F. Diet & Nutrition Consultation Cover

Coverage:

If the Insured/ Insured Member/s wants to maintain a balance between good nutrition and diet, he / she can consult a Dietician or Nutritionist listed on the Digital platform of Insurer/ Service Provider’s application via video, audio, or chat channel. This benefit can be availed by Insured/ Insured Members covered under this Rider. This is a cashless service and can be availed through the prescribed network of Service Provider.

Exclusions for “Diet & Nutrition Consultation Cover”:

1. Consultation with the dietician is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Dietician & Nutritionist consultation benefit is not transferrable.
3. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
4. Reimbursement of dietician & nutritionist consultation expenses is excluded from the scope of the Rider.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

G. Emotional Wellness Cover:

If the Insured/ Insured Member/s wants to avail emotional wellbeing services, he / she can consult an emotional health coach/psychologist listed on the Digital platform of Insurer/ Service Provider’s application via video, audio, or chat channel. This benefit can be availed by Insured/ Insured Members covered under the Rider. This is a cashless service and can be availed through the prescribed network of Service Provider.

Exclusions for “Emotional Wellness Cover”:

1. Consultation with the emotional health coach/psychologist is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Emotional wellbeing benefit is not transferrable.
3. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
4. Reimbursement of emotional health coach/psychologist consultation expenses is excluded from the scope of the Rider.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

H. Physical Fitness Cover

Coverage:

Physical fitness/ Gymnasium benefit covers the fitness facilities offered by the network Gymnasium/Physical fitness centres. The Insured/ Insured Members can avail the facilities in network Gymnasium for 365 days during the Policy Period.

For Floater Plans, 1 Insured Member would be eligible for 1 session per day per family under this benefit

For Individual Plans, the Insured Members who have opted for the plan with Physical Fitness Coverage can avail 1 session per day.

Exclusions for “Physical Fitness Cover”:

1. This benefit cannot be availed outside the prescribed network of gyms and fitness centers and is not available to children below 18 years insured in the Rider read with the Base Policy.
2. If the benefit is not availed/partially availed in the policy year the benefit cannot be carried forward to the subsequent policy year.

SECTION D) EXCLUSIONS- SPECIFIC EXCLUSIONS

Exclusions for “Tele Consultation Cover (Insta Consultation)”

1. Tele consultation outside the Digital platform of service provider’s application/website video/audio/chat consultation, in- clinic/physical consultation is not covered under this benefit of the product.
2. Teleconsultation benefit is not transferrable to any other member unless the member is covered under the Base Policy and has opted this coverage.
3. If the Tele Consultation is not availed in the policy year during the Policy Period, the benefit cannot be carried forward to the subsequent policy year.
4. Reimbursement of teleconsultation benefit is excluded from the scope of this Policy.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

Exclusions for Doctor Consultation Cover (In-clinic):

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this section.
2. If the Doctor Consultation cover is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
3. Claims related to Ante Natal consultations and investigations shall not be covered. However, consultations for pregnancy related complications would be covered.
4. Dietician/nutritionist consultations/sessions will not be covered under this benefit
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. Pre-Existing Diseases Waiting Period (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 specified number of months of continuous coverage after the date of inception of the first Rider plan and the Policy Schedule with Us.
 - b) The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.
 - c) If the Insured Beneficiary 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 the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

Exclusions for “Doctor Prescribed Investigations Cover – Pathology & Radiology Expenses”

1. If the Investigation cover is not availed in the respective policy year the benefit cannot be carried forward to the subsequent policy year.
2. Claims related to Ante Natal investigations shall not be covered. However, investigations for pregnancy related complications would be covered.
3. Any preventive health tests shall not be covered under this benefit
4. Invasive tests shall not be covered.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
- c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
- 6. Pre-Existing Diseases Waiting Period (Code- Excl03)
 - a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Policy Schedule with Us.
 - b) The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.
 - c) If the Insured Beneficiary 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 the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

Exclusions for “Annual Preventive Health Check -up cover”

- 1. Preventive health check-up cannot be availed outside the prescribed list of hospitals or diagnostic centres.
- 2. Home collection facility will available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.
- 3. The complete list of tests as given above has to be completed in a single appointment.
- 4. If the health check-up is not availed in the policy year during the Policy Period the benefit cannot be carried forward to the subsequent policy year during the Policy Period.
- 5. Reimbursement of preventive health check-up expenses is excluded from the scope of the product.
- 6. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

Exclusions for “Dental wellness - Consultation, Investigation & Procedures Cover”:

- 1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items not mentioned under coverage are excluded
- 2. Dental benefit shall not be applicable on cosmetic level scaling/polishing, bleaching, cap of teeth, braces, aligner, tooth replacement, any other cosmetic and aesthetic treatment
- 3. This benefit cannot be availed outside the prescribed network of dentists and hospitals
- 4. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
- 5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
- 6. Pre-Existing Diseases Waiting Period (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 specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Policy Schedule with Us.
 - b) The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.
 - c) If the Insured Beneficiary 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 the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

Exclusions for “Diet & Nutrition Coverage”:

- 1. Consultation with the dietician is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
- 2. Dietician & Nutritionist consultation benefit is not transferrable.
- 3. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
- 4. Reimbursement of dietician & nutritionist consultation expenses is excluded from the scope of the Policy.
- 5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

Exclusions for “Emotional Wellness Coverage”:

1. Consultation with the emotional health coach/psychologist is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Emotional wellbeing benefit is not transferrable.
3. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
4. Reimbursement of emotional health coach/psychologist consultation expenses is excluded from the scope of the Policy.
5. 30-day Waiting Period (Code-Excl03)
 - a) Expenses related to the treatment of any illness within 30 days as per the option specified in the Policy Schedule 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 Beneficiary has continuous coverage for more than twelve months.
 - c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently

Exclusions for “Physical Fitness Coverage”:

1. This benefit cannot be availed outside the prescribed network of gyms and fitness centers and is not available to children below 18 years insured in the policy.
2. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
3. Reimbursement of Physical Fitness Coverage/ Gymnasium benefit is excluded from the scope of the product.

Exclusions applicable to all Sections:

1. Cosmetic or plastic Surgery (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.
2. Breach of law (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.
3. Excluded Providers(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.
4. Unproven Treatments(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.
5. Experimental, investigational or Unproven Treatment devices and pharmacological regimens.
6. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
7. Congenital external diseases, defects or anomalies.
8. Venereal disease, all sexually transmitted disease or illness including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
9. Sterility and Infertility (Excl17):
Expenses related to sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization.
10. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
11. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.
12. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
13. Treatments rendered by a Medical Practitioner who is a member of the Customer’s family or stays with him.
14. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
15. Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies.
16. Treatment/Service taken outside India.

SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD

All Terms and Conditions and General conditions of opted Base Policy read with Base Policy Schedule are applicable mutatis mutandis, to all Coverages under this Rider.

1. Cancellation of Riders

All the terms and conditions as to Cancellation of Base Policy shall mutatis mutandis apply to the Cancellation of Riders.

2. Redressal Of Grievance

The Company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach, through "Bajaj General" Application. To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points,

1. Our toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858.
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajgeneralinsurance.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajgeneralinsurance.com/about-us/customer-service.html
4. E-mail:
 - a) Level 1: Write to careforyou@bajajgeneral.com and for senior citizens to seniorcitizen@bajajgeneral.com
 - b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajgeneral.com
 - c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back.
5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at <https://www.ciains.co.in/ombudsman>. The contact details of the Ombudsman offices are mentioned in, <https://www.bajajgeneralinsurance.com/download-documents/health-insurance/OMBUDSMAN-ADDRESS.pdf>

Note: Address and contact number of Governing Body of Insurance Council:

Council for Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai- 400 054.

E-mail: inscoun@ciains.co.in, Tel: 022 -69038800/69038812, Website: <https://www.ciains.co.in>

SECTION E) GENERAL TERMS AND CONDITIONS - SPECIFIC

All Policy Terms and Conditions and General conditions of opted Base Policy read with Base Policy Schedule are applicable mutatis mutandis, to all Coverage under these Riders for Health Products.

1. Opting Rider-

This Rider cannot be opted during mid-term of Base Policy. Any discount applicable, if any, on Base Policy will not be applicable on this Rider.

2. Discounts

- a. Family Discount: 10% family discount shall be offered if 2 eligible Family Members are covered under a single Rider and 15 % if more than 2 of any of the eligible Family Members are covered under a single Rider. Moreover, this family discount will be offered for both new policies as well as for renewal policies. Family discount is not applicable to Floater Policies.
- b. Employee Discount: 20% discount on published premium rates to employees of Bajaj & its group companies, this discount is applicable only if the Rider and the Base Policy is booked in direct code.
- c. Online/Direct Business Discount: For business written online where no commission is paid 5% discount will be given. Note: this discount is not applicable for Employees who get employee discount.
- d. Long Term Rider Discount:
4 % discount is applicable if Rider along with Policy is opted for 2 years 8 % discount is applicable if Rider along with Policy is opted for 3 years.

3. Instalment Premium

Instalment premium option of Base Policy shall mutatis mutandis apply to the Instalment Premium of Rider.

4. Withdrawal of Rider:

- a. If Base Policy is withdrawn by Company, then this Rider shall also stand withdrawn automatically without any separate notice/intimation.
- b. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured about the same 90 days prior to expiry of the Base Policy.

5. Cost Sharing

Voluntary co-payment: If opted voluntarily by You, You shall bear 20% of co-payment for claims made on reimbursement basis. Co-payment will not apply on cashless service.

6. Fraudulent Activity

- i. Your use of the benefits under the Rider shall be with good intent and integrity. You shall not encourage, indulge or act in connivance with any person involved in any fraudulent activity regarding the use of the benefits under the Rider, whether directly or indirectly, for generating personal revenue. You agree to not use the Platform or the services provided therein for generating personal gain or any commercial/public purpose, directly or indirectly, whatsoever.
- ii. Insurer conducts a regular analysis of its processes and services provided by Service Providers on the Platform for quality purposes and risk mitigation. In the event of any fraudulent activity being identified, Insurer reserves the right to temporarily or permanently suspend your use of the benefits under the Rider, at any time while the Insurer investigates such fraudulent activity, complaints or alleged violation of these Terms and Conditions, or for any other reason. Insurer may inform you of any such suspension of the benefits under Rider at its discretion.

- iii. An act may be defined as a fraudulent activity as per Insurer's internal policies subject to extant laws. Such acts may include without limitation misrepresentation, concealment of facts and furnishing of incorrect information.
- iv. In the event of any fraudulent activity being carried out as per this Clause 6, the Insurer reserves the right to claim an amount from you equivalent to the amount generated from such fraudulent activity. Additionally, Insurer, shall permanently suspend the use of the benefits under the Rider and not honour any claims under the Rider, including pending claims. Furthermore, Insurer shall also be entitled to seek any and all remedies available under law, equity or tort.
- v. Any fraud or misrepresentation identified will cease coverage and Rider will be void ab-initio
- vi. The Company shall not repudiate the claim under Rider read with Base Policy on the ground of Fraud, if the Insured/ Insured Member 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 not within the knowledge of the Insurer. Onus of disproving is upon the Insured/ Insured Member.

7. Claim Process/Service Delivery Process Specific To Rider

"Tele-Consultation Cover (Insta Consultation)" Service Delivery Process:

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Add policy in the "Manage policy" section.
- d) Under my "Active Plans", select the purchased product/Plan.
- e) Select doctor benefit option.
- f) Select Insured Member and choose "Tele (Insta)Consultation" option
- g) Choose specialization and submit.
- h) The doctor will join the call for instant consultation.

"Doctor Consultation (In Clinic)" Service Delivery process

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Add policy in the "Manage policy" section.
- d) Under my "Active Plans", select the purchased product/Plan.
- e) Select doctor benefit option.
- f) Select Insured Member and choose In-Clinic or Hospital visit
- g) Select the doctor/clinic or hospital from available network.
- h) Enter estimated amount
- i) Enter the date of redemption and confirm.
- j) SMS with voucher link shared on the registered mobile number.
- k) Share the voucher code to avail cashless doctor consultation benefit at respective hospital.
- l) In case the estimated amount is lower than the actual consultation amount, balance amount will be reinstated in the Insured's benefit account
- m) Similarly, in case the estimated amount is higher than the actual consultation amount, voucher will be generated for balance amount and will be deducted from Insured's benefit amount.

"Doctor prescribed Investigations Cover - Pathology & Radiology" Service Delivery Process

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Add policy in the "Manage policy" section.
- d) Under my "Active Plans", select the purchased product/Plan.
- e) Select Lab benefit option.
- f) Select Insured Member and choose book prescribed tests.
- g) Select lab/hospital from available network and enter estimated amount
- h) Enter the date of redemption and confirm.
- i) SMS with voucher link shared on the registered mobile number.
- j) Share the voucher code to avail cashless Investigations Cover - Pathology & Radiology benefit at respective hospital/ lab.
- k) In case the estimated amount is lower than the actual test amount, balance amount will be reinstated in the Insured's benefit account
- l) Similarly, in case the estimated amount is higher than the actual test amount, voucher will be generated for balance amount and will be deducted from Insured's benefit amount

"Annual Preventive Health Check -up" Service Delivery process

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Under my "Active Plans", select the purchased product/Plan.
- d) Select Lab benefit option.
- e) Select Insured Member and choose preventive health check-up option.
- f) Select the hospital/lab from available network.

- g) Home collection facility is available only at selected locations. For locations where home sample collection is not available, the Insured/ Insured Member will have to physically go and take the tests.
- h) Enter the date of redemption and confirm.
- i) SMS with voucher link shared on the registered mobile number.
- j) Share the voucher code to avail cashless Preventive Health Check-up benefit

“Dental wellness - Consultation, Investigation & Procedures Cover” Service Delivery process

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Add policy in the "Manage policy" section.
- d) Under my "Active Plans", select the purchased product/Plan.
- e) Select Dental benefit option.
- f) Select Insured Member and choose dentist from available network.
- g) Enter estimated amount
- h) Enter the date of redemption and confirm.
- i) SMS with voucher link shared on the registered mobile number.
- j) Share the voucher code to avail cashless dental wellness cover benefit at respective hospital.
- k) In case the estimated amount is lower than the actual consultation amount, balance amount will be reinstated in the Insured's benefit account.
- l) Similarly, in case the estimated amount is higher than the actual consultation amount, voucher will be generated for balance amount and will be deducted from Insured's benefit amount.

Pre-approval for Reimbursement under Doctor Consultation Cover (In- Clinic), Dental Wellness Covers and Doctor Prescribed Investigation Cover for centres/medical practitioners not available on the prescribed cashless network

a. Pre-approval of the Insurer needs to be taken for hospitals/ labs/centres/medical practitioners not available on the prescribed cashless network. Reimbursement requests without Pre-approval will not be accepted for processing.

- 1. Under "Active Plans", select the purchased product/plan
- 2. Click on "Utilize" to view your available benefits
- 3. Click on the service card.

Ex: if you have Doctor Consultation benefit and want to request authorization for a visit to doctor of your choice and claim refund post visit, click on "Doctor" service card.

Ex: if you have Lab & Radiology benefit and want to request authorization for a visit to lab of your choice and claim refund post visit, click on "Lab" service card.

- 4. Scroll down to view the section "Avail benefits at doctor/lab/hospital of your choice"
- 5. Click on exact benefit card for which you wish to authorize visit for. Ex: Click on Lab & Radiology benefit to authorize visit to lab of your choice
- 6. View the coverages and guidelines of filing a claim
- 7. Click on "Request Authorization"
- 8. Turn on the Device Location
- 9. Fill the form1:
 - i. Select Insured Member name you want to book the lab test for.
 - ii. Select the lab you are planning to visit
- 10. Click Next
- 11. Fill the form2:
 - i. Enter the date of visit you are planning to visit
 - ii. Enter the estimated amount for the visit
- 12. Select Next
- 13. Confirm the Pre-Auth.
- 14. Now visit the Lab at the informed date of visit.
- 15. After the visit, come back within 30 days of visit date at Transaction History page and select the Authorized ticket for which pre-auth was taken
- 16. In the reimbursement form page1:
 - i. Enter the Invoice amount in the form
 - ii. Enter the Date of visit in the form
- 17. Click Next
- 18. Fill the Form page2:
 - i. Upload the Supporting Documents of the visit: Invoice and Reports/Prescription of the visit
 - ii. Submit the form.

- 19. Visit the provider at the appointment date mentioned
- 20. Post the visit, begin filing the claim for the completed appointment. Reimbursement journey can be started by:
- 21. Navigating to transaction history page of the respective plan and click on "Submit Claim" of respective authorized ticket
- 22. Or navigate to the service page (Doctor/Labs/Hospital) where request for authorization was taken in the respective plan and click on "Submit Claim" of respective authorized ticket

23. *Verify previously filled details*
24. *Edit actual date of appointment and actual claim amount*
25. *Upload the invoice and the other supporting documents as required*
26. *Enter the UPI ID or Bank Account details*
27. *Review the details and documents properly before clicking on the final submit button*
28. *Click on "Submit" to finally submit the claim*
29. *Keep note of the Transaction ID for keeping a track of the claim in future*
30. *Insured Member/s can visit the Transaction History section in future to view the updates in the claim status*
31. *The claim will be reimbursed within defined TAT as communicated during authorization.*

Documents & details required for submitting Doctor Consultation claim (In- Clinic) (non-cashless)

- *Prescription from treating Doctor*
- *Invoice for the consultation*
- *Itemized bill & payment receipt*
- *Injury or illness should be mentioned on the prescription*
- *Doctor degree should be mentioned on the prescription*
- *Correct patient name should be mentioned*
- *Consultation charges should not be mentioned on the prescription sheet*
- *Doctor Name / Hospital / Clinic Name should be present on the Prescription*
- *Any further document required to evaluate the claim*
- *Hard copies of documents wherever required or asked*
- *KYC documents of the Insured Member wherever required or asked*

Documents & details required for submitting Doctor prescribed investigations cover (non-cashless)

- *Prescription/ Medical Practitioner's advice for such investigation/diagnostic test*
- *Invoice for the lab test*
- *Lab reports/ Investigation reports*
- *Itemized bill & payment receipt*
- *Doctor degree should be mentioned on the prescription*
- *Correct patient name should be mentioned*
- *Test charges should not be mentioned on the lab reports*
- *Lab Name / Hospital / Clinic Name should be mentioned on the report*
- *Test name in Lab invoice should match with the test name mentioned in the lab report*
- *Any further document required to evaluate the claim*
- *Hard copies of documents wherever required or asked*
- *KYC documents of the member wherever required or asked*

Documents & details required for submitting Dental wellness cover (non-cashless)

- *Prescription from treating Dentist/Orthodontist*
- *Invoice for the consultation/procedure & payment receipt with clinic name & stamp*
- *Itemized bill mentioning procedures undergone with dates & individual charges of the procedures*
- *Doctor degree should be mentioned on the prescription*
- *Correct patient name should be mentioned*
- *Clinic Name should be mentioned on the prescription/invoice*
- *X rays/OPG/IOPA (if applicable)*
- *Crown certificate (if applicable) with date of crown creation & details of crown placed*
- *CBCT (if applicable)*
- *Before & after treatment intraoral picture*
- *Any further document required to evaluate the claim*
- *Hard copies of documents wherever required or asked*
- *KYC documents of the Insured Member wherever required or asked*

Emotional wellness Service Delivery process

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Add policy in the "Manage policy" section.
- d) Under my "Active Plans", select the purchased product/Plan.
- e) Select Emotional wellness benefit option.
- f) Select Insured Member and choose emotional health coach/psychologist from available network.

Diet & Nutrition Service Delivery process

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Add policy in the "Manage policy" section.
- d) Under "My Active Plans", select the purchased product/Plan.

- e) Select Wellness programs benefit option.
- f) Click on 'Diet and Nutrition'.
- g) Complete the assessment and submit details.
- h) Click on 'Schedule a call' with dietician.
- i) The Insured/ Insured Member will receive call from dietician.

Physical Fitness coverage Service Delivery process

I. Digital platform of Service Provider App / Service Provider Website

- a) Start by downloading the Caringly Yours app.
- b) Sign-up using the registered mobile number.
- c) Add policy in the "Manage policy" section.
- d) Under "My Active Plans", select the purchased product/Plan.
- e) Select Wellness programs benefit option.
- f) Select Insured Member and gym benefit option
- g) Choose your gym from available network and book workout.
- h) Generate voucher code to be shown at the network centre to utilize the gym benefit
- i) Scan the QR at gym to utilize the Gym sessions

Annexure I:

List of Invasive Tests (excluded from Doctor Prescribed Investigations Cover – Pathology & Radiology expenses)

Sr. No.	Invasive Test Names
1	USG guided kidney biopsy
2	Tru-cut biopsy breast
3	Excision biopsy of any lump
4	Prostate needle biopsy
5	Fine Needle Aspiration Cytology- FNAC
6	Pleural fluid cytology
7	Pleural Biopsy
8	Pleuroscopic Biopsy
9	Endometrial Biopsy
10	Upper GI Endoscopy
11	Upper GI Endoscopic Biopsy
12	Colonoscopy
13	Colonoscopy Biopsy
14	Diagnostic Laparoscopy
15	Office Hysteroscopy
16	Cystoscopy
17	Cystoscopy with bladder biopsy
18	Urethroscopy
19	MRI guided breast biopsy
20	MRI Fusion Biopsy
21	USG guided biopsy of abdominal organs
22	USG guided biopsy of pelvic organs
23	Core biopsy of Brest
24	Incisional biopsy of breast
25	Bronchoscopy
26	Bronchoscopy guided biopsy
27	CT Angiography
28	Coronary Angiography
29	CT guided lung biopsy
30	CT guided bone biopsy
31	CT guided biopsy of growth- Abdomen/ Chest/ Pelvic/ Paraspinal region
32	Lumbar Puncture
33	CSF biopsy
34	CSF liquid biopsy
35	Oral biopsy
36	ENT Endoscopic biopsy
37	Lymph node biopsy
38	Hysteroscopy biopsy