

CUSTOMER INFORMATION SHEET

My Health Care Plan EDGE+ (Plan-9)

This document provides key information about your policy. You are also advised to go through your policy document.

Sr No	Title	Description	Policy Clause Number
1	Name of Insurance Product	My Health Care Plan EDGE+ (Plan 9)	
2	Policy Number	Kindly refer to Your Policy schedule/Certificate of Insurance	
3	Type of Insurance	Indemnity and Benefit	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule/Certificate of Insurance	
5	Policy Coverage (What the Policy Covers)	<p>Coverages:</p> <ol style="list-style-type: none"> In-patient Hospitalization Treatment: Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours. Pre-Hospitalization Medical Expense: Up to 60 days as per the option specified on the Policy Schedule prior to date of admission in hospital. Post-Hospitalization Medical Expense: Up to 90 days as per the option specified on the Policy Schedule from date of discharge from the hospital. Modern Treatment Methods and Advancement in Technologies: Covers expenses incurred during admissible hospitalization, towards following procedures maximum up to Inpatient Hospitalization Treatment Sum Insured. <ol style="list-style-type: none"> Uterine Artery Embolization and HIFU. Balloon Sinuplasty. Deep Brain stimulation. Oral chemotherapy. Immunotherapy- Monoclonal Antibody to be given as injection. Intra vitreal injections. Robotic surgeries. Stereotactic radio surgeries. Bronchial Thermoplasty. Vaporisation of the prostate (Green laser treatment or holmium laser treatment). IONM-(Intra Operative Neuro Monitoring). Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. AYUSH Hospitalization Cover: Hospital admission longer than 24 consecutive hours in a recognised AYUSH Hospital maximum up to In-patient Hospitalization Treatment Sum Insured. Day Care Procedures: Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings covered up to Inpatient Hospitalization Treatment Sum Insured. Organ Donor Expenses: Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization Treatment Sum Insured. 	Section C Coverage: 1-13

	<p>8. Road Ambulance: Maximum up to In-patient Hospitalization Treatment Sum Insured.</p> <p>9. Domiciliary Hospitalization: Medical expenses for an illness/ disease/ injury up to In-patient Hospitalization Treatment Sum Insured, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home.</p> <p>10. Family Visit: If Insured Beneficiary sustains Accidental Injury or contracts Illness during the Policy Period requiring Hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, We will reimburse the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or relative or friend of the Insured Beneficiary as per the limit specified on the Policy Schedule.</p> <p>11. Cumulative Bonus: Cumulative Bonus ("CB") will be increased by specific amount will be increased by 25% of base Sum Insured per annum subject to maximum upto 100%, as specified in the Policy Schedule in respect of each claim free policy year (no claims are reported), provided the Policy is renewed with the company without a break. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.</p> <p>12. Sum Insured Reinstatement: In case Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted during the Policy Year, then the base Sum Insured will be restored unlimited times.</p> <p>13. Renewal Premium Waiver Benefit: In event of death of the proposer (who is also an Insured Beneficiary during the Policy Period due to Accidental Injury or Illness, we will pay the renewal premium of My Health Care EDGE+ (Plan 9) for the dependant Insured Person covered under the Policy for same coverages.</p>	
	Optional covers	
	<p>1. Air Ambulance: Cost incurred on 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.</p>	Section C A. Optional Cover: 1
	<p>2. Major Illness & Accident Multiplier (Indemnity): For covering hospitalisation expenses incurred due to listed Critical Illnesses or Accidental Bodily Injuries the sum insured would be increased up to two times of "Inpatient Hospitalization Treatment" Sum Insured. List of Critical Illness as below:</p> <ul style="list-style-type: none"> i. Cancer ii. Open Chest Coronary Artery Bypass Grafting (CABG) iii. Kidney Failure Requiring Regular Dialysis iv. Major Organ Transplantation v. Multiple Sclerosis with Persisting Symptoms vi. Permanent Paralysis of Limbs vii. Open Heart Replacement or Repair of Heart Valves viii. End Stage Liver Failure 	Section C A. Optional Cover: 2

	<p>ix. End Stage Lung Failure x. Bone Marrow Transplant</p>	
	<p>3. Double Sum Insured Benefit: Sum Insured specified under In-patient Hospitalization Treatment would get doubled only once during each Policy Year and any unutilised amount in whole or part will not be carried forward in subsequent policy year.</p>	Section C A. Optional Cover: 3
	<p>4. Cost of Prescribed External Medical Aid: Expenses incurred for External Medical Aids prescribed by a treating Medical Practitioner for the specific illness or injury against which the claim is accepted under "In-patient Hospitalisation Treatment".</p>	Section C A. Optional Cover: 4
	<p>5. Super Cumulative Bonus: 50%/100% increase in In-patient hospitalisation sum insured per claim max up to 600% of In-patient hospitalisation Sum insured as opted and specified in the policy schedule. If the In-Patient Hospitalization treatment claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Super Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal.</p>	Section C A. Optional Cover: 5
	<p>6. Consumables Expenses: (For SI 5 Lakhs, 7.5 Lakhs and 10 Lakhs): Non-Medical/ Consumables Expenses as specified, incurred during treatment of the Insured Beneficiary during the Policy Period up to Inpatient hospitalisation treatment Sum Insured would be covered, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover. Note: All other Non-medical items apart from those listed in Annexure III will be excluded.</p>	Section C A. Optional Cover: 6
	<p>7. International Cover – Emergency Care Only: Medical Expenses incurred outside India and anywhere across the World for Emergency Care only, for In-patient hospitalisation treatment. A mandatory co-payment of 10% is applicable which will be in addition to any other co-payment/ deductible if any applicable in the policy.</p>	Section C A. Optional Cover: 7
	Riders	
	<p>1. Global Cover: (For SI above 10 Lakhs) (UIN-BAJHLIA27077V012627) Medical Expenses incurred outside India and anywhere across the World for Planned and Emergency Treatment, for inpatient hospitalization. A mandatory co-payment of 10%, 20%, 30%, 40%, 50% is applicable which will be in addition to any other co-payment / deductible if any applicable in the policy.</p>	Section C B. Riders: 1
	<p>2. Consumables Plus: (For SI above 10 lakhs) (UIN- BAJHLIA27077V012627) We will indemnify Reasonable and Customary Expenses against the Non-Medical Expenses/ consumables (mentioned in List i, ii, iii, iv of Annexure II) incurred during treatment of the Insured Beneficiary during the Policy Period up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover.</p>	Section C B. Riders: 2

		<p>3. Smart Tenure: (UIN- BAJHLIA27077V012627) If the Insured Person has opted for this cover, We shall allow the Insured Person to combine the annual Sum Insured of Base Policy across the entire Policy tenure in case of a multi-year Policy. This cover shall however be subject to the conditions mentioned in the policy schedule.</p>	<p>Section C B. Riders: 3</p>
		<p>4. StepUp Benefit: (UIN- BAJHLIA27077V012627) If this rider is opted, The Insured Person shall be entitled to a once-in-a-lifetime option to enhance the Sum Insured at renewal to the next available slab, This cover shall however be subject to the conditions mentioned in the policy schedule.</p>	<p>Section C B. Riders: 4</p>
		<p>5. Health Limitless: (For SI 10 Lakh & above) (UIN- BAJHLIA27077V012627) If this rider is opted, We will indemnify the Medical Expenses incurred in respect of Hospitalization of the Insured Person under In-Patient Treatment / Day Care Procedures / Treatment / AYUSH Hospitalization / of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Annual Sum Insured subject to the conditions mentioned in the policy schedule.</p>	<p>Section C B. Riders: 5</p>
		<p>6. NRInsure: (UIN- BAJHLIA26076V012526) Insured Person is entitled for a discount of 35% on premium for NRIs/OCIs who reside abroad for the entire policy year (proof of documents required and Indian bank account needed).</p>	<p>Section C B. Riders: 6</p>
		<p>7. Insta Shield: (UIN- BAJHLIA26072V012526) If this rider is opted, We shall indemnify the Medical Expenses incurred related to an admissible Hospitalization of the Insured Person under the Base Policy, including In-patient Hospitalization Treatment, Pre-Hospitalisation Medical Expense and Post-Hospitalisation Medical Expense due to the chronic condition(s) listed below and their complications from the 31st day of Policy inception date after serving initial waiting period of 30 days.</p> <ol style="list-style-type: none"> a. Asthma b. Blood pressure (Hypertension) c. Cholesterol (Hyperlipidemia) d. Diabetes mellitus e. Obesity f. Hypothyroidism disorders 	<p>Section C B. Riders: 7</p>
		<p>8. Fetal Flourish: (UIN- BAJHLIA26070V012526) If this rider is opted, We will pay a lump sum payment towards invasive investigations and/or treatment for complications of Your Unborn baby. List of procedures covered:</p> <ol style="list-style-type: none"> 1. Amniocentesis 2. Chorionic Villus Sampling (CVS) 3. Percutaneous Umbilical Blood Sampling (PUBS) or Cordocentesis 4. Fetal Tissue Biopsy 5. Amnioinfusion 6. Amnio-reduction 7. Thoracoamniotic Shunt for Fetal Pleural Effusion 8. Fetoscopy 9. Fetoscopic Laser Surgery for Twin-to-Twin Transfusion Syndrome (TTTS) 10. Fetal Reduction 11. Surgeries for neural tube defects 12. Fetal Cystoscopic Surgery 	<p>Section C B. Riders: 8</p>

		<p>13. Fetoscopic Endotracheal Occlusion (FETO) for Congenital Diaphragmatic Hernia (CDH)</p> <p>14. Amniotic Band Syndrome (ABS) Surgery</p> <p>15. Fetal Aortic Valvuloplasty for Severe Aortic Stenosis</p> <p>16. Intra-uterine transfusion (IUT)</p>	
		<p>9. Age Shield: (UIN- BAJHLIA27077V012627) Under this benefit, the Insured would continue to pay the same premium applicable at the time of opting the Policy (for the respective Sum Insured opted) till a claim is registered and paid against the policy.</p>	Section C B. Riders: 9
		<p>10. No Claim Discount: (UIN- BAJHLIA27077V012627) If this cover is opted, it is agreed that, at time of Renewal, the Cumulative Bonus / Super Cumulative Bonus accrued shall not be applicable and You will be entitled for Renewal discount of 1.5%, provided that no claim is registered in the Base Policy. Please Note:</p> <ul style="list-style-type: none"> Cumulative Bonus/ Super Cumulative Bonus will apply afresh, if they are to be re-opted at Renewal. In case You have claimed in the preceding Base Policy year, You will not be eligible for No claim discount at the time of Renewal. 	Section C B. Riders: 10
		<p>11. Walk to Win: (UIN- BAJHLIA27077V012627) If this rider is opted, at each renewal of My Health Care Plan EDGE+ (Plan 9) Policy with Us, You will be entitled for a wellness discount, subject to criteria mentioned in the Policy Wordings being fulfilled by You during the preceding Policy Year. Steps can be tracked through Our mobile application.</p>	Section C B. Riders: 11
		<p>12. Health Prime Rider: (UIN- BAJHLIA24087V022324) If this rider is opted, 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:</p> <ol style="list-style-type: none"> Tele Consultation Cover (Insta Consultation). Doctor Consultation Cover (In-clinic). Doctor prescribed Investigations Cover- Pathology & Radiology Cover. Annual Preventive Health Check-up Cover. Dental wellness- Consultation, Investigation & Procedures Cover. Diet & Nutrition Consultations Cover. Emotional Wellness Cover. Physical Fitness Cover. 	Section C B. Riders: 12
6	Cumulative Bonus	<p>Cumulative Bonus: 25% increase in base sum insured per claim free policy Year max up to 100% of base Sum Insured.</p> <p>Super Cumulative Bonus: 50% upto 200% 50% upto 500% 100% upto 200% 100% upto 500% 100% upto 600%</p>	Section C-11 Section C A. Optional Covers: 5

<p>7</p>	<p>Exclusions (What the policy does not cover)</p>	<p>General Exclusions:</p> <ol style="list-style-type: none"> 1. Any hospital admission primarily for investigation diagnostic purpose. (Excl04) 2. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/ Weight Control (Excl06)- Change-of-gender treatments. (Excl07) 3. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) 4. Hazardous or Adventure sports. (Code-Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 5. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) 6. Excluded Providers (Excl11) 7. Treatment for Alcoholism, drug or substance abuse. (Excl12) 8. Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) 9. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) 10. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) 11. Expenses related to any unproven treatment, services and supplies. (Excl16) 12. Expenses related to sterility and infertility. (Excl17) 13. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) 14. Medical Underwriting: The Company may add a risk loading to the premium applicable for the person to be insured, based on the information provided in the proposal form and the health status of those person to be insured. <ol style="list-style-type: none"> i. The maximum risk loading for any individual for all conditions put together will not exceed 200% per insured person. ii. Such loading will be intimated to the customer and consent shall be taken before Policy is issued. iii. This loading will take effect from the Policy's Commencement Date and will apply to any subsequent renewals with the Company. <p>Specific Exclusions:</p> <ol style="list-style-type: none"> 1. Cosmetic dental procedures unless due to Accidental Injury. 2. Medical expenses where Inpatient care and medical supervision is not required. 3. War, invasion, acts of foreign enemies. 4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc. 5. External medical equipment of any kind used at home as post Hospitalization. 6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions. 	<p>Standard Exclusions</p> <p>Section D-II. General and III. Specific Exclusions</p>
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	<ol style="list-style-type: none"> 7. Intentional self-injury. 8. Vaccination or inoculation. 9. All non-medical Items as per Annexure II in policy wordings. 10. Any medical treatment received outside India is not covered under this Policy except in case of optional cover/rider- International Cover-emergency care only or Global Cover is opted. 11. Circumcision unless required for the treatment of Illness or Accidental bodily injury. 12. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies. 13. NRInsure Rider- The Company shall not be liable to pay any Pre-Hospitalization and Post Hospitalisation Medical expenses incurred outside India. 14. Insta Shield Rider- the exclusion of Pre-Existing Diseases (Code-Excl01) under the Base Policy shall not apply only to the extent of coverage expressly provided for those chronic conditions/diseases that have been declared by the insured person, have been accepted by the Company, and are specifically listed in the Policy Schedule. 15. Fetal Flourish Rider- We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following <ol style="list-style-type: none"> i. Voluntary/unlawful termination of pregnancy/investigations done for identification of fetal sex. ii. Expenses related to Delivery/termination of pregnancy. iii. Pre and Post hospitalization treatment expenses. iv. Treatment that are deemed to be unproven, experimental or investigational. v. Elective procedures deemed not medically necessary. vi. Procedures performed outside accredited fetal medicine centers. vii. Procedures/Treatment advised by any medical practitioner other than a registered Obstetrics and Gynecology specialist or Fetal medicine specialist. 16. Specific exclusions (Applicable for Health Prime Rider): Exclusions for "Tele Consultation Cover (Insta Consultation)" <ol style="list-style-type: none"> 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) <ol style="list-style-type: none"> 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- Excl02)
 - 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- Excl02)
 - 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 of Health Prime Rider:

- 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.

		<p>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.</p> <p>5. Experimental, investigational or Unproven Treatment devices and pharmacological regimens.</p> <p>6. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.</p> <p>7. Congenital external diseases, defects or anomalies.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>11. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.</p> <p>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.</p> <p>13. Treatments rendered by a Medical Practitioner who is a member of the Customer's family or stays with him.</p> <p>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.</p> <p>15. Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies.</p> <p>16. Treatment/Service taken outside India.</p>																											
<p>8</p>	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/treatment is not covered • It is counted from beginning of the policy coverage 	<p>Waiting Period Details:</p> <table border="1" data-bbox="459 1585 1294 1787"> <thead> <tr> <th colspan="2">Waiting Period</th> </tr> </thead> <tbody> <tr> <td>Pre-existing disease</td> <td>36 months</td> </tr> <tr> <td>Specific waiting period</td> <td>24 months</td> </tr> <tr> <td>Initial waiting period</td> <td>30 days</td> </tr> <tr> <td>Insta Shield</td> <td>30 days</td> </tr> <tr> <td>Fetal Flourish</td> <td>9 months</td> </tr> </tbody> </table> <p>Specific Waiting period: 24 months for below listed procedures,</p> <table border="1" data-bbox="459 1848 1294 2098"> <tbody> <tr> <td>1. Any type gastrointestinal ulcers</td> <td>2. Cataracts</td> </tr> <tr> <td>3. Any type of fistula</td> <td>4. Macular Degeneration</td> </tr> <tr> <td>5. Benign prostatic hypertrophy</td> <td>6. Hernia of all types</td> </tr> <tr> <td>7. All types of sinuses</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Haemorrhoids, piles</td> <td>10. Hydrocele</td> </tr> <tr> <td>11. Dysfunctional uterine bleeding</td> <td>12. Fibromyoma</td> </tr> <tr> <td>13. Endometriosis</td> <td>14. Hysterectomy</td> </tr> </tbody> </table>	Waiting Period		Pre-existing disease	36 months	Specific waiting period	24 months	Initial waiting period	30 days	Insta Shield	30 days	Fetal Flourish	9 months	1. Any type gastrointestinal ulcers	2. Cataracts	3. Any type of fistula	4. Macular Degeneration	5. Benign prostatic hypertrophy	6. Hernia of all types	7. All types of sinuses	8. Fissure in ano	9. Haemorrhoids, piles	10. Hydrocele	11. Dysfunctional uterine bleeding	12. Fibromyoma	13. Endometriosis	14. Hysterectomy	<p>Section D- I. Waiting Period and Section C B. Riders: 7 and 8</p>
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9	<p>Financial Limits of Coverage</p> <p>i. Sublimit (it is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits:</p> <table border="1"> <thead> <tr> <th>Cover Name</th> <th>Limit/Category</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Cataract Limit</td> <td>20% max upto 1 lakh per eye</td> </tr> <tr> <td>SI above 10 lakh cataract limits waived off</td> </tr> <tr> <td rowspan="2">Family Visit</td> <td>Sub-limit of 25K till 10 Lakhs Sum Insured</td> </tr> <tr> <td>Sub-limit of 50K for above 10 Lakhs</td> </tr> </tbody> </table> <p>** Proportionate deduction shall be applicable on all expenses other than cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics in case of admission to a room at rates exceeding the limit specified as per Sum insured and Plan opted.</p> <p>Co-payments:</p> <table border="1"> <thead> <tr> <th>Co-payment</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>Voluntary co-payment</td> <td>5%/10%/15%/20% of admissible claim amount</td> </tr> <tr> <td>International Cover- Emergency Care only</td> <td>Mandatory co-payment of 10%</td> </tr> <tr> <td>Global Cover</td> <td>Mandatory co-payment options of 10%, 20%, 30%, 40%, 50%</td> </tr> </tbody> </table> <p>Deductible:</p> <table border="1"> <thead> <tr> <th>Deductible</th> <th>Options</th> </tr> </thead> <tbody> <tr> <td>Voluntary Aggregate Deductible</td> <td>50k/ 1L/ 2L</td> </tr> </tbody> </table> <p>Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalization sum insured.</p> <table border="1"> <thead> <tr> <th>Name of Limit</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>Cost of Prescribed External Medical Aid</td> <td>10% of Sum Insured, max up to 5 lakhs</td> </tr> </tbody> </table>	Cover Name	Limit/Category	Cataract Limit	20% max upto 1 lakh per eye	SI above 10 lakh cataract limits waived off	Family Visit	Sub-limit of 25K till 10 Lakhs Sum Insured	Sub-limit of 50K for above 10 Lakhs	Co-payment	Limit	Voluntary co-payment	5%/10%/15%/20% of admissible claim amount	International Cover- Emergency Care only	Mandatory co-payment of 10%	Global Cover	Mandatory co-payment options of 10%, 20%, 30%, 40%, 50%	Deductible	Options	Voluntary Aggregate Deductible	50k/ 1L/ 2L	Name of Limit	Limit	Cost of Prescribed External Medical Aid	10% of Sum Insured, max up to 5 lakhs	<p>Section C Coverage: 10.</p> <p>Section C- A Optional Covers: 1, 2, 3, 4 and 7.</p> <p>Section C- B Riders: 1</p> <p>Section E: 16: a-c</p>
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9	Claims/claims procedure	<p>Cashless Claim process: Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process (Applicable for all sections):</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non-network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation <p>Turnaround time (TAT) for claim settlement:</p> <ol style="list-style-type: none"> TAT for claim settlement: 15 Working Days TAT for preauthorization of cashless facility: Within 60 Mins TAT for cashless final bill authorization: Within 180 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajgeneralinsurance.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms https://www.bajajgeneralinsurance.com/health-insurance-plans/health-insurance-claim-process.html</p>	Section E: General Terms and Conditions- other terms and conditions: 18										
10	Policy Servicing	<p>Call center number (Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajgeneralinsurance.com/download-documents/other-information/GRO-List.pdf</p>											

11	Grievances/ Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajgeneralinsurance.com/branch-locator.html Register your grievances / complaints on our website: www.bajajgeneralinsurance.com E-mail <ul style="list-style-type: none"> Level 1: careforyou@bajajgeneral.com and for senior citizens to seniorcitizen@bajajgeneral.com 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 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 8080945060 OR SMS to 575758 and our care specialist will call you back. 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 www.cioins.co.in/ombudsman 	Section E- General Terms and Conditions- Standard General Terms and Conditions:15
12	Things to remember	<p>Free Look Cancellation: Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us, subject to rest terms and conditions.</p> <p>Policy Renewal: Except on grounds of fraud, moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied.</p> <p>Migration and Portability: At renewal Insured has an option to migrate his / her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines. For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. Insurer is free to consider proposal for portability even if the policyholder has approached within 15 days from the renewal date of the existing policy, but in all such cases acquiring insurer shall ensure that there is no break in policy.</p> <p>Change in Sum Insured: sum insured can be changed (increased/ decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured.</p> <p>Moratorium period: After the expiry of Moratorium Period no health</p>	Section E

		insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.	

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by policy holder,

I have read the above and confirm having noted the details.

Place:

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

<https://www.bajajgeneralinsurance.com/health-insurance-plans/health-insurance-documents.html>

Benefit Illustration in respect of Policies offered on Individual & Family Floater basis

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
45	12,132	500,000	12,132	15%	10,312	500,000	21,838	NA	500,000	
40	10,170	500,000	10,170	15%	8,645	500,000				
21	7,561	500,000	7,561	15%	6,427	500,000				
18	5,198	500,000	5,198	15%	4,418	500,000				
Total Premium (for Zone A) for all members of the family is Rs 35,061 when each member is covered separately (no discount applicable)			Total Premium (for Zone A) for all members of the family is Rs 29,802, when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is Rs 21,838 (no discount applicable).			
Sum Insured available for each individual is Rs 500,000			Sum Insured available for each family member is Rs 500,000				Sum Insured of Rs 500,000 is available for the entire family			

Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading.