Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP27081V012627
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BAJAJ GENERAL
CARINGLY YOURS

POLICY WORDING

MY FAMILY *COMPLETE*

SECTION A) PREAMBLE

Whereas the proposer (hereinafter called the "Policyholder") has made a Proposal to Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Company Limited), together with all information and documents submitted in connection therewith, which is hereby agreed to be the basis of this Policy and are deemed to be incorporated herein, and in consideration of payment of Premium, as specified in the Schedule, by You and realized by Us, the Company agrees, subject to the following terms, conditions, exclusions, definitions, and limitations of the Policy, to indemnify Insured / make payment, in excess of the amount of the Deductible/ Co-pay and subject to the Sum Insured and/ or Limit of Indemnity, in the manner and to the extent as provided herein.

WHO WE COVER

We recognize that pets are an integral part of your family, this Policy provides health protection to Insured Persons and Insured Pet(s) (dogs and/or cats) under a single contract.

SECTION B) DEFINITIONS

Please note, some words have special meanings in this **Policy**. Whenever you see these words, they will have the same meaning as explained here:

B.1: STANDARD DEFINITIONS

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any one illness means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   i. Central or State Government AYUSH Hospital; or
   ii. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. **Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured Person/Insured Pet in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent of pre-authorization is approved.

6. **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

7. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
   b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body.

8. **Co-Payment** means a cost-sharing requirement under a health insurance Policy that provides that the Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.

10. **Day Care Centre** means any institution established for day care treatment of Illness and/or injuries or a medical set-up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criteria as under:
    i. has qualified nursing staff under its employment,
    ii. has qualified medical practitioner(s) in charge,
    iii. has a fully equipped operation theatre of its own where Surgical Procedures are carried out
    iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

11. **Day Care Treatment** means Medical Treatment, and/or Surgical Procedure which is:
    i. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
    ii. Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified amount (in INR) in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. Deductible will be applicable either per year (Aggregate Deductible) or per claim, as specified in the Policy Schedule.

13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

14. **Disclosure of information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

15. **Domiciliary Hospitalization** means Medical Treatment for an Illness/disease/Injury, which in the normal course would require care, and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
    i. the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
    ii. the patient takes treatment at home on account of non-availability of room in a Hospital.

16. **Emergency Care** means management of an Illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured's health.

17. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

18. **Hospital** means any institution established for In-patient care and day care treatment of Illness and/or Injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
    i. has qualified nursing staff under its employment round the clock;
    ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    iii. has qualified medical practitioner(s) in charge round the clock;
    iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
    v. Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

19. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive in-patient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    a. Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to Medical Treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
    b. Chronic condition – A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
        i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
        ii. it needs ongoing or long-term control for relief of symptoms
        iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
        iv. it continues indefinitely
        v. it recurs or is likely to recur.

21. **Injury** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

22. **In-patient Care** means treatment for which the Insured has to stay in a Hospital for more than 24 hours for a covered event.

23. **Intensive Care Unit (ICU) means** an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

24. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

25. **Maternity Expenses means:**
    a. Medical Treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
    b. expenses towards lawful medical termination of pregnancy during the Policy Period.

    Note: In case of Pets, Maternity Expenses shall refer to expenses traceable to birth of an offspring of Insured Pet, either puppies or kittens.

26. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

27. **Medical expenses** means those expenses that an Insured has necessarily and actually incurred for Medical Treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured had not been insured and no more than other Hospitals or Medical Practitioners in the same locality would have charged for the same Medical Treatment.

28. **Medical Practitioner/Doctor/ Physician** 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.
    For the purpose of Global Cover, Medical Practitioner would mean a person who holds a valid registration from the Medical council of the respective country where the treatment is being taken by the Insured.

29. **Medically Necessary Treatment/Medical Treatment means** any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
    i. is required for the medical management of the Illness or Injury suffered by the Insured Person/Insured Pet;
    ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    iii. must have been prescribed by a Medical Practitioner,
    iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

30. **Migration means** the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

    Note: This will be applicable to the Insured Pet also.

31. **Portability means** the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

    Note: This will be applicable to the Insured Pet also

32. **Network Provider** means Hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless facility.

33. **Newborn Baby** means human baby/pet offspring born during the Policy Period and is aged up to 90 days.

34. **Non-Network Provider** means any Hospital, day care centre or other provider that is not part of the network.

35. **Notification of Claim means** the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

36. **OPD treatment** means one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

37. **Pre-Existing Disease** means any condition, ailment or injury or disease:
    - That is/are diagnosed by a Physician within 36 months prior to the effective date of the Policy issued by the Insurer or its reinstatement Or
    - For which medical advice or treatment was recommended by, or received from, a physician/Medical Practitioner within 36 months prior to the effective date of the Policy issued by the Insurer or its reinstatement.

    Note: For Insured Pets, Pre-Existing Condition means any condition, ailment or Injury or disease which a Pet had been diagnosed with or suffered from, and You as a Pet Parent should have been aware they were suffering from at any time prior to the inception of first My Family *Complete* Policy.

38. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during predefined number of days preceding the Hospitalization of the Insured, provided that:
    a) Such Medical Expenses are incurred for the same condition for which the Insured's Hospitalization was required, and
    b) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurer.

39. **Post-hospitalization Medical Expenses** means Medical Expenses incurred during predefined number of days immediately after the Insured is discharged from the Hospital provided that:
    a) Such Medical Expenses are for the same condition for which the Insured's Hospitalization was required, and
    b) The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

40. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

41. **Reasonable and Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

42. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

43. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

44. **Specific waiting Period** means a period as specified in Policy Schedule from the commencement of Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

45. **Surgery or Surgical Procedure** means manual and / or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

46. **Unproven/Experimental** treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

B.2: SPECIFIC DEFINITIONS

1. **Act of Terrorism** means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intend to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

2. **Aggregate Deductible** means a cost-sharing requirement under a health insurance policy under which the Insurer is not liable for a specified amount (INR) or specified days/hours before benefits become payable. The deductible does not reduce the Sum Insured and applies in aggregate towards Hospitalisation expenses incurred during the Policy Period as specified in Policy Schedule.

3. **AYUSH Treatment** refers to medical and/or hospitalization treatment given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

4. **Bajaj General Network Hospitals / Network Hospitals / Network Providers** means Hospitals empanelled by the Insurer as per the latest hospital network list maintained by the Insurer and available on request.

5. **Bajaj General Diagnostic Centre** means diagnostic centres empanelled by the Company as per the latest schedule maintained and available on request.

6. **Dependent Child** means a child who is financially dependent on the Policyholder/Insured.

7. **Disappearance** means disappearance of the Insured Person following a forced landing, stranding, sinking or wrecking of a conveyance in which the Insured Person was travelling, and the person shall be deemed to have died as a result of an Accident after twelve (12) months, subject to Policy terms and conditions.

8. **Endorsement** means any written addition to or modification of the Policy Schedule or Policy terms. Service Level Agreements (SLAs) or Agreements/MOUs specifying service levels shall not be treated as Endorsements.

9. **Family or Family Members**:
For the purpose of Individual Sum Insured Policy- includes the Insured Person; his/her lawfully wedded spouse and dependent children, dependent parents, dependent Sister, dependent Brother, dependent Parents-in- law, dependent Aunt, dependent Uncle, dependent Grandchildren.

   For the purpose of Family Floater policy- includes the Insured Person; his/her lawfully wedded spouse, dependent children.

10. **General Ward** means a common Hospital unit where admitted patients share the same room and facilities are provided based on diagnosis, age, comfort and other medical requirements.

11. **General Practitioner** means a Medical Practitioner holding valid registration with the Medical Council of India, State Medical Council, Council for Indian Medicine or Homeopathy Council and legally entitled to practice within the applicable jurisdiction.

12. **Limit of Indemnity** represents the Company's maximum liability for each claim, each Insured and all Insured Persons/Insured Pets collectively during the Policy Period.

13. **Medical Consumable** includes syringes, needles, sutures, staples, packaging, tubing, catheters, medical gloves, gowns, masks, adhesives, sealants and other devices used in hospitals or surgical environments.

14. **Insured Person** means the natural person covered under the Policy and named in the Schedule.

15. **Insured** means the Insured Person(s) named in the Schedule, and, where the context so requires in relation to Pet Coverage, includes the Pet Parent solely for the purpose of exercising rights, performing obligations and receiving benefits under the Pet Coverage Section.

16. **Nominee** means a person designated by You to receive Policy proceeds upon the death of You/the Insured Person.

17. **Obesity** means Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2). The WHO definition is:
   • BMI greater than or equal to 25 is overweight
   • BMI greater than or equal to 30 is obesity

18. **Proposal** means the proposal form (in physical form or digital form) and other information and documentation supplied to us in any other mode of communication in considering whether and on what terms to offer this insurance.

19. **Policy or Contract** means the Proposal, Policy Schedule, along with these Policy Wordings /Terms and Conditions issued to the Insured and any annexures and/or Endorsements attaching to and / or forming part thereof either at the commencement of Policy Period or during the Policy Period.
20. **Policy Period** means the period from Risk Inception Date (RID) to Risk End Date (RED) shown in the Policy Schedule.
21. **Policy Schedule or Schedule** means the Schedule forming part of the Policy specifying the details of the Insured, Insured Pet, the Sum Insured, the Policy Period etc. and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then latest in time.
22. **Policy Year** means period of 12 months from risk inception date [RID], as mentioned in the Policy Schedule.
23. **Service Provider/s** means service providers engaged or appointed by the Company to provide services covered under the Policy.
24. **Single Private Room** means a single-occupancy air-conditioned room with an attached washroom/toilet, excluding suites.
25. **Specialist Consultant** means a person holding a medical postgraduate or higher degree in the relevant speciality under Allopathic medicine.
26. **Sum Insured** means the amount specified in the Schedule which is Our maximum, total and cumulative liability under this Policy for any and all claims arising under this Policy in a Policy Year in respect of the Insured Persons / Insured Pet. This will include Cumulative Bonus/Super Cumulative Bonus.
27. **You, Your, Yourself, Your Family** means the Insured.
28. **We, Us, Our, Ours, Insurer, Company** means Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Company Limited).

B.3: PET SPECIFIC DEFINITIONS

1. **Confined or Confinement** means being admitted for a continuous uninterrupted period of at least twenty-four (24) hours in a Veterinary Hospital/Clinic as a resident bed patient upon the advice of and under the regular care and attendance of a Veterinarian. Such Confinement and number of days of Confinement must be reasonably prescribed by a Veterinarian.
2. **Lost** shall mean that the Pet is separated from the Insured Person and / or his Family member(s) / servants / its handler(s) as a result of some external event; unable to be found or recovered.
3. **Neutering** means orchiectomy or surgical removal of the testicles.
4. **Pet Boarding Facility** means a kennel, cattery, pet resort, pet daycare centre, veterinary boarding facility or similar establishment in India that is lawfully operating and engaged in providing temporary boarding, accommodation, feeding and care services for pet dogs and/or cats for consideration. The facility must

	comply with the Prevention of Cruelty to Animals Act, 1960, applicable animal welfare requirements, and hold all licences, registrations, permits and approvals required by the relevant governmental, municipal or regulatory authorities.
5.	**Insured Pet** shall mean a domestic cat(s) or dog(s) that is dependent on You and is residing with You as part of Your Family and named in the Policy schedule and is under Your permanent and full-time care.
6.	**Pet Parent** means the Insured Person who: (a) is the lawful permanent custodian of the Insured Pet, (b) has an insurable interest in the Insured Pet, (c) is responsible for the care, custody, maintenance and welfare of the Insured Pet, and (d) is entitled to receive all benefits payable under the Pet Coverage Section.
7.	**Spaying** means ovariohysterectomy or resection of the ovaries and uterus.
8.	**Specified Neutering and Spaying Condition(s) means:** (a) Hormonal skin conditions; (b) Mammary tumours; (c) Perianal hernias; (d) Perianal tumours; (e) Prostate problems; (f) Testicular tumours; and (g) Uterine and ovarian conditions, provided they are not Pre-Existing Conditions.
9.	**Stray/Straying shall mean that the Insured Pet has gone missing on its own from its usual place or fled from Insured Person's premises and is unable to be traced.**
10.	**Theft** means As per Section 378 in The Indian Penal Code, theft is defined as Whoever, intending to take dishonestly any moveable property out of the possession of any person without that person's consent, moves that property in order to such taking, is said to commit theft.
11.	**Third Party means** i. any person excluding Insured, Insured's Family members, employees and treating Veterinarian ii. any pet animal owned by a person excluding Insured, Insured's Family members, employees or any person contracted in respect of the Pet.
12.	**Vet** or **Veterinarian** or **Veterinary Practitioner** or **Veterinary Doctor** means a person holding a veterinary qualification recognized under the Indian Veterinary Council Act, 1984 and its amendments and registered with a State/UT Veterinary Council. For the purpose of treatment outside India, Veterinarian means a legally registered and properly qualified veterinarian acting within the scope of his/her licence pursuant to the laws of the respective country where treatment is sought and in which such practice is maintained. Veterinarian shall not include You or any of Your relatives unless otherwise approved by Us.
13.	**Veterinary Clinic** means a place where a registered Veterinary Practitioner renders services for treatment, prophylaxis, diagnosis, or advice on request of a client.
14.	**Veterinary Consultation and Examination Fees** means the costs and expenses for a Veterinarian's professional opinion, including consultation, examination, referral and recheck.

15.	**Veterinary Hospital** means an institution under the charge of a registered Veterinary Practitioner where Veterinary services are available at all times and wherein examination, Diagnostic, prophylactic, medical, surgical and extended accommodation services for hospitalized animals are provided. The hospital shall have facility for indoor patients 24x7 & at least minimal facilities for client accommodation.
16.	**Veterinary Treatment** means any examination, consultation, advice, tests, x-rays, drugs or medication administered or prescribed, Surgery, nursing or therapy provided by or under the direction of a Vet.
17.	**Veterinary Treatment Expenses** mean usual, reasonable, and customary costs and expenses for Veterinary Treatment which are necessary and have been reasonably incurred in the medical or surgical treatment of the Accidental Injury or Sickness of Your Pet. Veterinary Treatment Expenses does not include Veterinary Consultation and Examination Fees.
18.	**Working Pets** means pet which are being used or trained for commercial use, guarding, security, farming, hunting, racing, volunteering etc.

SECTION C) GENERAL CONDITIONS APPLICABLE TO POLICY COVERS

1. **Impact on Cumulative Bonus/Super Cumulative Bonus:**
   i. If a claim under this Policy is paid under In-patient Hospitalisation Treatment, Pre-Hospitalisation Medical Expense, Post-Hospitalisation Medical Expense, Modern Treatment Methods and Advancement in Technologies, AYUSH Hospitalization Cover, Day Care Treatment, Organ donor expenses, Road Ambulance, Domiciliary Hospitalization, Family Visit, Air Ambulance, Major Illness and Accident Multiplier (Indemnity), Double Sum Insured Benefit, Cost of Prescribed External Medical Aid, Global Cover (Planned & Emergency treatment), Consumables Plus, Age Shield, then the **Cumulative Bonus/Super Cumulative Bonus** will be reduced.
   ii. If Insured opts for Super Cumulative Bonus then the benefits under the Super Cumulative Bonus will over-ride the benefits under Section (D) 11. Cumulative Bonus.
   iii. Claim under Health Prime Rider will **not impact Cumulative Bonus/Super Cumulative Bonus, Age Shield.**
2. **Basis of Sum Insured for Optional covers and riders:** If opted, Air Ambulance, Major Illness and Accident Multiplier (Indemnity), Double Sum Insured Benefit, Cost of Prescribed External Medical Aid, Super Cumulative Bonus, Global Cover (Planned & Emergency treatment), Health Limitless, Consumables Plus, Age Shield, Health Prime Rider shall be available on Individual Basis in an Individual Policy and Floater Basis in a Floater Policy.
3. **Co-pay & Aggregate Deductible:** Either Voluntary Co-payment or Voluntary Aggregate Deductible can be opted. Both cannot be opted together in the Policy.
4. **Sequence for Utilization of Sum Insured:** Where applicable, the total Sum Insured shall be utilized as per following sequence in the event of a claim:
   - In-patient Hospitalisation Treatment (Base) Sum Insured.
   - Cumulative Bonus/ Super Cumulative Bonus (If opted).
   - Double Sum Insured (If opted).
   - Major Illness & Accident Multiplier (If opted).
   - Sum Insured Reinstatement.
   - Health Limitless (If opted).

5. Unless expressly stated otherwise:
   a. Insured Person Health Coverage and Insured Pet Coverage shall be interpreted independently notwithstanding that both are contained within one Policy.
   b. Except where expressly provided otherwise, the definitions, provisions, conditions, and exclusions under this Policy (as may be applicable to Insured Person Health Coverage) shall apply to Insured Pet Coverage to the extent that they are (i) relevant to Insured Pet Coverage, (ii) reasonably capable of applying to Veterinary Treatment and veterinary practice, (iii) not inconsistent with the Insured Pet specific definitions, benefits,

provisions, conditions, exclusions or limitations, or (iv) not expressly modified or excluded by the Insured Pet Coverage.

c. Any definition, provision or condition which relates solely to human anatomy, human disease, human medical practice, healthcare facilities, healthcare practitioners or any matter incapable of applying to Veterinary Treatment shall not apply to Insured Pet Coverage unless expressly stated otherwise.
d. Where any inconsistency exists between the General Policy Conditions, Insured Person Health Coverage provisions and the Insured Pet specific provisions, the Insured Pet specific provisions shall prevail solely for Insured Pet Claims.
e. Nothing contained in the Insured Pet Coverage shall be construed as modifying, restricting or enlarging any statutory or regulatory rights applicable to Insured Person Health Insurance under this Policy or applicable law.

6. SPECIFIC GENERAL CONDITIONS APPLICABLE TO PET COVER

a. Throughout the Policy Period, You must arrange to take care of Your Insured Pet, arrange and pay for Your Insured Pet to have a yearly health check and dental examination and any treatment normally recommended by a Vet to prevent Illness or Injury. Failure to do so will affect payment of claims.
b. You must arrange for Your Insured Pet to be kept vaccinated, on an annual basis, for the duration of the Policy. Dogs must be kept vaccinated against Distemper, Hepatitis, Parvovirus, Bordetella (Kennel Cough) and Leptospirosis.
c. An Insured Pet on a public highway must be under control on a collar and lead. Reasonable steps must be taken to ensure a dog does not escape or stray and any area in which the dog is kept must be secure and appropriately fenced or otherwise secured.
d. You must care for Your Insured Pet, in accordance with the advice of Your Vet. We shall not be liable for any claims arising from conditions or events resulting from, accentuated by or caused by Your failure to follow Your Vet's advice.
e. **Pet Specific Terminology**: For the purposes of Insured Pet Coverage only, where any of the following expressions or defined terms used in the Insured Person Health Coverage or General Policy Conditions are applicable, they shall be construed as the corresponding veterinary equivalent set out below unless the context otherwise requires.

Insured Person health Coverage term	Pet Coverage Interpretation
Hospital	Veterinary Hospital
Medical Practitioner	Registered Veterinary Practitioner
Medical Treatment	Veterinary Treatment
Surgery	Veterinary Surgery
Day Care Treatment	Veterinary Day Care Treatment
Consultation	Veterinary Consultation
Prescription	Veterinary Prescription
Diagnostic Test	Veterinary Diagnostic Test
Ambulance	Pet Ambulance (where covered)
Medical Expenses	Veterinary Medical Expenses
Medical Records	Veterinary Medical Records

Any term used in this Policy that is not specifically listed above but is capable of having an equivalent veterinary meaning shall, solely for the purposes of Insured Pet Coverage, be interpreted as referring to the corresponding veterinary concept where such interpretation is reasonable and not inconsistent with the Insured Pet specific provisions. Where no reasonable veterinary equivalent exists, the relevant term shall not apply to Insured Pet Coverage unless expressly stated otherwise.

SECTION D) COVERAGE

Scope of cover:
The Company hereby agrees to indemnify You in respect of Reasonable and Customary expenses in an admissible claim, for any or all of the following covers as opted, subject to the Sum Insured ("SI"), Limits, Deductibles, Co-payment, Terms, Conditions, Definitions and Exclusions contained or otherwise expressed in this Policy.

1. In-patient Hospitalisation Treatment/ Confinement

If the Insured Person / Insured Pet is hospitalized/confined for In-patient Care on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred for:

i. Room and Boarding expenses as Single Private A/c room or as specified on the Policy Schedule.
ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals.
iii. Nursing Expenses as provided by the Hospital.
iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances.
vi. Medicines & Drugs, Medical Consumables, Dialysis, Chemotherapy, Radiotherapy, Physiotherapy.
vii. Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process.
viii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Note

a) In case of admission to a room at rates/category exceeding the opted limits/category as mentioned under this cover, the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, Medical consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

b) Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

c) The Insured has an option to modify the room category to Actuals.

2. Pre-Hospitalisation Medical Expense

We will indemnify You for Reasonable and Customary Medical Expenses incurred by the Insured, for up to 60 days immediately before the Insured Person / Insured Pet was Hospitalised and up to Inpatient Hospitalization Treatment Sum Insured, provided that,

i. Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required.
ii. The Company has accepted an Inpatient care claim under "In-patient Hospitalisation Treatment".

3. Post-Hospitalisation Medical Expense

We will indemnify You for Reasonable and Customary Medical Expenses incurred by the Insured, up to 90 days immediately after the Insured Person / Insured Pet was discharged and up to Inpatient Hospitalization Treatment Sum Insured provided that,

i. Such Medical Expenses were incurred for the same Illness/Injury for which the Hospitalisation was required.
ii. The Company has accepted an Inpatient care claim under "In-patient Hospitalisation Treatment".

4. Modern Treatment Methods and Advancement in Technologies

We will indemnify You against all the eligible Reasonable and Customary Medical Expenses incurred if Insured Person / Insured Pet undergoes procedures as listed below, maximum up to "In-Patient Hospitalization Treatment" Sum Insured.

PROCEDURE NAME	HUMANS	PETS
Uterine Artery Embolization	Covered	Excluded
High Intensity Focused Ultrasound	Covered	Covered
Balloon Sinuplasty	Covered	Excluded
Deep Brain stimulation	Covered	Excluded
Oral chemotherapy	Covered	Covered
Immunotherapy- Monoclonal Antibody to be given as injection	Covered	Covered
Intra-vitreal injections	Covered	Covered
Robotic surgeries	Covered	Covered
Stereotactic radio surgeries	Covered	Covered
Bronchial Thermoplasty	Covered	Excluded
Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	Covered	Excluded
IONM - (Intra Operative Neuro Monitoring)	Covered	Covered
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	Covered	Excluded

5. AYUSH Hospitalization Cover

If Insured Person is hospitalized in an AYUSH Hospital for a period not less than 24 hours on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred for AYUSH treatment up to "In-patient Hospitalization Treatment" Sum Insured.

The following expenses are payable under this cover:

i. Room rent, boarding expenses as per the Room limit/category specified on the Policy Schedule for "In-patient Hospitalization Treatment";
ii. Nursing Expenses as provided by the Hospital;
iii. Consultation and Surgeon fees;
iv. Medicines, drugs and Medical consumables;
v. AYUSH treatment procedures.

Specific Exclusion

a) The Illness/Injury & the procedure performed on the Insured Person on Out-patient basis will not be payable.
b) Comfort treatment involving steam bath/sauna/oil massages are excluded. Such treatments being combined with any stay packages at resorts where the treatment forms a part of an overall leisure package shall not be payable.

Note: In view of the absence of a recognized and standardized veterinary AYUSH healthcare framework, this benefit shall not apply to Insured Pets.

6. Day Care Treatment

We will indemnify You against the Reasonable and Customary Medical Expenses up to "In-Patient Hospitalization Treatment" Sum Insured for Day Care Procedures / surgeries undertaken by the Insured Person / Insured Pet as an In-Patient in a Hospital or Day care center but not in the Outpatient department.
Indicative list of Day Care Treatments is given in Annexure I-A for Insured Persons and Annexure I-B for Insured Pets of this Policy document.

7. Organ Donor Expenses

We will indemnify You against the expenses incurred towards organ donor's treatment for harvesting of the donated organ up to In-Patient Hospitalization Treatment Sum Insured, provided that,

i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BIL; and
ii. We have accepted an In-patient Hospitalization treatment claim for the Insured under "In-patient Hospitalization Treatment";
iii. We will pay if Insured is the receiver of the organ.

Specific Exclusion

a) Pre and Post-Hospitalization expenses, and any other consequential medical expenses in respect of donor are not payable.
b) Major Illness and Accident Multiplier (Indemnity), Sum Insured Reinstatement, Double Sum Insured Benefit, Health Limitless will not be applicable for/under Organ Donor expenses cover.

Note for Insured Pets: In respect of an Insured Pet, this benefit shall cover medically necessary expenses incurred towards organ transplantation and donor-related medical procedures, provided such transplantation is legally permissible and performed at a recognized Veterinary Hospital by a Registered Veterinary Practitioner. Expenses towards acquisition, purchase, breeding, transportation, maintenance, adoption or any non-medical costs relating to the donor animal shall not be covered under this Policy.

8. Road Ambulance

We will indemnify You against the Reasonable and Customary expenses, up to In-patient Hospitalization Sum Insured, incurred on a road ambulance offered by a healthcare or ambulance service provider for transferring the Insured Person / Insured Pet to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on a road ambulance offered by a healthcare or ambulance service provider for transferring the Insured Person / Insured Pet from the Hospital where the Insured Person / Insured Pet was admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:
i. Such life-threatening emergency condition is certified by the Medical Practitioner, and
ii. We have accepted the Insured's Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

9. Domiciliary Hospitalization

We will indemnify You against Reasonable and Customary Medical Expenses, up to In-patient Hospitalization Treatment Sum Insured, incurred for Medical Treatment of the Insured Person/ Insured Pet for and Illness/disease/Injury, 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 under any of the following circumstances.

1. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital; or
2. The Insured takes treatment at home on account of non-availability of room in a hospital;
3. Domiciliary Hospitalization should exceed 3 days.

However, this coverage/benefit shall not cover the following-

a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
b. Arthritis, Gout and Rheumatism,
c. Chronic Nephritis and Nephritic Syndrome,
d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
e. Diabetes Mellitus and Insipidus,
f. Epilepsy,
g. Hypertension,
h. Psychiatric or Psychosomatic Disorders of all kinds,

i. Pyrexia of unknown origin
j. Vector-borne diseases

10. Family Visit

If Insured Person sustains Accidental Injury or contracts Illness during the Policy Period requiring Hospitalisation in an outstation location 200 kms away from Insured'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 as per the limit specified on the Policy Schedule, subject to the below conditions:

a. This claim would be admissible if claim is accepted by Us under "In-patient Hospitalisation Treatment".
b. This coverage shall be provided only if treating Physician has advised and certified for necessity attendance of a Family Member or relative or friend and upon our satisfaction on the reason provided.
c. Only domestic travel expenses will be paid.

Note: As Insured Pets are ordinarily accompanied and cared for by their Pet Parent or caregiver during hospitalization, this benefit shall not apply where the hospitalization is solely of an Insured Pet.

11. Cumulative Bonus

Cumulative Bonus ("CB") will be increased by 25% of In-patient Hospitalisation Treatment (Base) Sum Insured per annum subject to maximum up to 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 Policy 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.
Note:

i. In case where the Policy is on floater basis, The CB shall be added and available to the Family on floater basis, provided no claim has been reported from any of the Insureds. CB shall reduce in case of claim from any of the Insured.
ii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
iii. If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

12. Sum Insured Reinstatement

The In-patient Hospitalisation Treatment Sum Insured would be "reinstated" unlimited times as specified in the Policy Schedule for the particular Policy Year subject to the below conditions,

i. The reinstated Sum Insured will be available for utilization for subsequent claim made by the Insured Person/Insured Pet provided that the subsequent hospitalization is after a gap of at least 15 days from the date of discharge. This 15-day period is not applicable if the subsequent claim is for the other Insured.
ii. The reinstated Sum Insured can be used for claims made by the Insured Person/Insured Pet in respect of the benefits stated in In-patient Hospitalization Treatment
iii. For any claim under this benefit, the maximum liability per claim shall not exceed the In-patient Hospitalization Sum Insured.
iv. This benefit is applicable during each Policy year and will not be carried forward to the subsequent policy year/ renewals.

13. Convalescence Benefit

We will pay You a lump sum benefit as specified in the Policy Schedule, if the Insured Person / Insured Pet is Hospitalized for a disease/Illness/Injury for a continuous period exceeding 5 days.
This will be applicable for any one Hospitalization event during a Policy Year.
This benefit will be triggered provided that the hospitalization claim is accepted under In-patient Hospitalization Treatment.

Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule. This benefit will be applicable each year for policies with term more than 1 year.

14. Emergency Pet Accommodation Benefit

If the Insured Person is Hospitalized as a result of Accidental Injury or Sickness and there is a need to send the Insured Pet(s) to a Pet Boarding Facility, We will pay a Daily Pet Accommodation allowance, as per the limits specified in the Policy Schedule.
The Benefit will be payable for each twenty-four (24) hour period of your Hospitalization subject to maximum of 7 days.
The Benefit will be payable for each of the Insured Pets.
Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule.

For the purpose of this Benefit, the Pet Boarding Facility must issue a valid invoice, receipt or bill in the name of the Pet Parent or Insured Pet, containing details of the boarding period, services provided and charges incurred. The Company shall have the right to seek such additional documents as may be required to verify the admissibility of the claim.

Initial waiting period of 30 days will be applicable for hospitalization, unless it is necessitated by an accident.

15. Pet Assurance

We understand that saying goodbye to a beloved pet, or coping with a pet going missing, can be deeply distressing..
If, during the Policy Period,

- the Insured Pet passes away due to an Illness or an Accident; or
- **the Insured Pet is to sleep in order to alleviate its incurable and inhumane suffering due to an Illness or Accident.**
- the Insured Pet is lost, stolen, or goes missing and cannot be recovered within 30 days despite reasonable efforts to locate it;

You may enrol another eligible dog or cat welcomed into Your family under the Policy without payment of additional premium for the remainder of the existing Policy Period.
For the purpose of this cover, enrolment of an eligible dog or cat without payment of additional premium can be done only for one pet in a single Policy Year.

SECTION E) OPTIONAL COVERS

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that We will indemnify/ pay You against the Reasonable and Customary expenses, as the case may be, in respect of an admissible claim under any or all of the following Optional covers as opted subject to the Sum Insured, Limits, Deductibles, Co-payment, Terms, Conditions, Definitions and Exclusions contained or otherwise expressed in this Policy.

1. Air Ambulance

If this cover is opted by the Insured, it is hereby agreed and declared that the Policy is extended to Indemnify You against the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the Illness/ Accident to the nearest Hospital during Policy Period which directly and independently of all other causes results in emergency life threatening health conditions for Insured Person / Insured Pet provided, such hospitalization claim is admissible under the My Family *Complete* Policy. The claim under this cover would be reimbursed up to the actual expenses subject to a maximum of 10 lakhs as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Claim under this section shall be payable only when:

i. Such life-threatening emergency condition is certified by the Medical Practitioner; and
ii. We have accepted Insured's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy;
iii. Up to the maximum of Sum Insured Limit per Policy Year as per the option specified on the policy schedule for this cover;
iv. This cover is applicable only for Air Ambulance facility availed within the Indian Geographical limits;
v. Return transportation to the Insured's home by air ambulance is excluded;
vi. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s.

2. Major Illness and Accident Multiplier (Indemnity)

If this cover is opted and if the Insured Person / Insured Pet is Hospitalised for Inpatient Care on the advice of a Medical Practitioner for the below listed Critical Illnesses or due to Accidental Bodily Injuries during the Policy Period, then the sum insured for such Major Illnesses or Injury would be increased up to Two Times of "Inpatient Hospitalization Treatment" Sum Insured as specified in the Policy Schedule, subject otherwise to all other terms, conditions and exclusions of the policy.

CRITICAL ILLNESS	HUMANS	PETS
Cancer	Covered	Covered
Open Chest Coronary Artery Bypass Grafting (CABG)	Covered	Excluded
Kidney Failure Requiring Regular Dialysis	Covered	Covered
Major Organ Transplantation	Covered	Covered
Multiple Sclerosis with Persisting Symptoms	Covered	Excluded
Permanent Paralysis of Limbs	Covered	Covered
Open Heart Replacement or Repair of Heart Valves	Covered	Excluded
End Stage Liver Failure	Covered	Covered
End Stage Lung Failure	Covered	Covered
Bone Marrow Transplant	Covered	Excluded

3. Double Sum Insured Benefit

If this cover is opted, the Sum Insured specified under In-patient Hospitalization Sum Insured would get doubled subject to the following conditions.

i. This cover shall be applied only once during each Policy Year and any unutilized amount, in whole or in part will not be carried forward to the subsequent Policy Year.
ii. The cover can be utilized for any number of claims admissible under the Policy during the Policy Year.
iii. The cover will be applicable only after exhaustion of In-patient Hospitalisation Sum Insured.
iv. The cover will be available on floater basis for all Insured Persons/ Insured Pets covered under the Policy and will operate in accordance with the above conditions.
v. For Individual Sum Insured policy, Double Sum Insured benefit would be available to each Insured Person / Insured Pet exclusively.

4. Cost Of Prescribed External Medical Aid

If this cover is opted, We will indemnify You against the Reasonable and Customary Expenses incurred for purchase of External Medical Aids prescribed by a treating Medical Practitioner for the specific Illness or Injury against which We have accepted Insured Person's/Insured Pet's Claim under "In-patient Hospitalization Treatment" with a limit of 10% of Sum Insured, max up to 5 lakhs.

Note- If this Cover is part of your plan, then exclusion under Point no 4 of SECTION G) III Specific Exclusions, is deemed to be inoperative for this cover.

5. Super Cumulative Bonus

If this cover is opted, the Super Cumulative Bonus ("SCB") will be increased by specific amount 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.

Specific Condition for Super Cumulative Bonus:

i. 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. The Super Cumulative Bonus would be maintained as per the expiring policy.
ii. The SCB shall be accrued and available to the Family on floater basis, provided no claim has been reported from any Insured Member / Insured Pet. In case of claim, SCB shall be reduced at the same rate at which it has accrued, subject to Point i. above.
iii. In case the accrued SCB reduces, the Sum Insured will be maintained and will not be reduced in the Renewal Policy Year.
iv. SCB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
v. If the Sum Insured has been reduced at the time of Renewal, the applicable SCB shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the SCB shall be calculated on the Sum Insured of the last completed Policy Year.
vi. If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium then any awarded accrued SCB shall be withdrawn, subject to Point i. above.
vii. This clause does not alter the annual character of this insurance.

6. Consumables Plus

If this cover is opted, We will indemnify You against the Non-Medical Expenses/ consumables incurred during treatment of the Insured Person / Insured Pet 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" of Base Policy.

For the purpose of this Cover:

a. In case of an Insured Person, the admissible consumables shall be those specified in Annexure II-A; and
b. In case of an Insured Pet, being a dog or cat, the admissible consumables shall be those specified in Annexure II-B.

Specific Conditions Applicable to Consumables Plus Expenses for Insured Pets:

1. The consumable must be prescribed, used or administered by the treating Registered Veterinary Practitioner during an admissible hospitalization/day care treatment.
2. Consumables used for routine care, grooming, preventive care, wellness treatment, boarding, kennel care or convenience of the Policyholder shall not be payable.
3. Reusable equipment, durable medical equipment, pet accessories, mobility aids or respiratory support devices for long-term home use shall not be payable unless specifically listed in Annexure II-B and prescribed as medically necessary.
4. Any kit, pack or bundle shall be payable only if the veterinary hospital/clinic provides item-wise details of the consumables used.
5. Consumables not directly related to the admissible treatment shall not be payable.
6. Any consumable used after discharge shall not be payable unless specifically covered under post-hospitalization expenses or expressly allowed under the Policy Schedule.

Note: This cover shall not be available outside the geographical boundaries of India, even where Global Cover has been opted.

If this Optional Cover is opted by You, then exclusion under Point. no 8 of SECTION G) III Specific Exclusions, will be deemed to be inoperative for the purpose of this coverage only.

7. Global Cover (For SI above 10 Lakhs)

If this cover is opted, and if Insured Person / Insured Pet are hospitalized on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred outside India and anywhere across the World for Emergency Care as well as planned treatments, for below listed expenses, up to the Sum Insured specified on the Policy Schedule.

i. Room and Boarding expenses as per the limit/category specified on the Policy Schedule.
ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals.
iii. Nursing Expenses as provided by the Hospital Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
iv. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
v. Medicines & Drugs, Medical Consumables prescribed to manage the emergency condition.
vi. Equipment if implanted internally like pacemaker during a surgical process.
vii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Specific Conditions for Global Cover

a. There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the In-patient Hospitalization Treatment Sum Insured opted in the Base Plan.
b. You will have to choose from a range of mandatory co-payment options- 10%, 20%, 30%, 40%, 50%.
c. The benefit is available for 45 continuous days from date of travel in a Single trip and 180 days on a cumulative basis as whole in a Policy year.
d. If claim is paid under this optional cover, any accrued Cumulative Bonus will be impacted.
e. This optional cover is not available to Non-Indian citizens & people/pets who are not permanent residents of India.
f. We will cover up to Single private room only for planned treatments under this optional cover.
g. The Medical Expenses payable shall be limited to In-patient hospitalization treatment including Day care treatment.
h. Pre and post hospitalization expenses, Organ donor expenses, Road Ambulance are not covered under the purview of this cover.
i. The payment of any claim under this cover will be based on the rate of exchange as on the date of loss published by the Reserve Bank of India and shall be used for conversion of foreign currency into Indian Rupees for payment of claims.
j. Medical Treatment under this cover should be taken at a hospital or clinic duly recognized and registered under the applicable law of the country where the treatment is taken.

k. Sum Insured Reinstatement, Cumulative Bonus/ Super Cumulative Bonus, Major Illness and Accident Multiplier (Indemnity), Health Limitless or Double Sum Insured Benefit accrued cannot be used for payment of claims under Global Cover.
l. In case of planned Hospitalization, prior intimation of at least 7 days of the travel shall be provided to Us / Service Provider / Network Provider and due prior approval from Us will be necessary.
m. This benefit is available under cashless and reimbursement.
n. Countries / Territories / Geographies placed in the Grey and Black List by the Financial Action Task Force shall be excluded from this cover. For updated list please visit: https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html.
o. Kindly download Our Company's App, where you will be able to locate the step-by-step guide for availing the benefits under the Global Cover.

For the purpose of this Cover, Hospital (Global Cover) means a licensed medical or surgical hospital in the country where it operates and where the patient is permanently supervised by a Doctor. Rest homes, nursing homes, spas, cure centres and health resorts are excluded.

All other terms, conditions, definitions, exclusions will be as per those applicable to In-patient Hospitalization Treatment Cover.

8. Health Limitless (For SI 10 Lakh & above)

If this cover is opted, We will indemnify the Medical Expenses incurred in respect of Hospitalization of the Insured Person / Insured Pet under In-Patient Hospitalisation Treatment / Day Care Treatment/ AYUSH Hospitalization,as applicable, for any one claim during the lifetime of the Base Policy without any limits on the Annual Sum Insured subject to the following conditions:

i. The time period to opt for this optional cover shall be limited to 2 Policy Years (irrespective of the Policy Tenure). Such that:
   a) If the Policy Tenure is of single year and is continuously renewed as single year, the Insured has to opt for this cover either at the time of Policy Inception or the first Renewal. This Optional Cover shall not be applicable in case the Insured wishes to opt for this cover at the time of second Renewal.
   b) If the Policy Tenure is of 2, 3, 4 or 5 years, this cover has to be opted at the time of Policy inception itself to avail the benefit.
ii. This cover is applicable only for one claim in the lifetime of the Insured Person / Insured Pet, irrespective of Policy Tenure, and should be admissible under Inpatient Hospitalisation Treatment/Day Care Treatment/ AYUSH Hospitalization. All the conditions applicable to the basic covers under the Policy shall be applicable to this optional cover.
iii. Once a claim has been made under this Optional Cover, the cover will cease to exist and cannot be opted again upon subsequent Renewals.
iv. Voluntary Co-payment or Voluntary Aggregate Deductible, if opted by the You, shall be applicable under this cover.

9. Bundle Of Joy Benefit

We will pay You a one-time lump sum benefit, as specified in the Policy Schedule, on
a) the birth of a child to an Insured Person and/or
b) the delivery of offsprings by the Insured Pet.

Special Conditions

i. The benefit is payable once in a Policy Year and twice during the lifetime of the Insured Person and/or the Insured Pet, provided the birth or delivery occurs after completion of a continuous waiting period of 12 months and is certified by a registered Medical Practitioner.
ii. The benefit is payable once per maternity event, irrespective of the number of children/puppies or kittens born.
iii. Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule.

10. NRInsure

If this cover is opted, Insured is entitled for a discount of 35% on the premium payable under the Policy for Insured Person(s) and/or Insured Pet(s) subject to compliance with the conditions listed below.

For the purpose of this Cover, Insured Pet shall mean a dog or cat covered under this Policy, which permanently resides overseas with the Insured Person/Policyholder for the Policy Year.

i. The Insured/Policyholder shall submit a declaration confirming that they are Non-Resident Indians / Overseas citizens of India based abroad in entirety for the Policy Year.
ii. Where the discount is availed for an Insured Pet, the Insured shall also submit a declaration confirming that the Insured Pet permanently resides with them at the declared overseas address for the Policy Year.
iii. The Insured/Policyholder shall provide acceptable proof of overseas residence prior to or at the inception of Add-on and at each subsequent Renewal to continue availing the discount.
iv. The following documents must be submitted for verification at the time of inception and all subsequent renewals:
    - A copy of valid Passport with applicable Visa Stamping.
    - Applicable Tax Documentation, Work Visa, or Employment/Work Permit outside of India.
    - A signed Residential Agreement (lease/rental or ownership) in the overseas address.
    - Any other document as may be specified by the Company from time to time.

    In case of Insured Pet, proof of ownership and overseas residence of the Insured Pet, including any one or more of the following:
    - Insured Pet passport, wherever applicable;
    - microchip certificate;
    - overseas veterinary registration records;
    - vaccination records issued overseas;
    - Insured Pet licence/registration issued by overseas local authority, wherever applicable;
    - veterinary certificate confirming the overseas address of the Insured Pet;

v. The Insured shall have and maintain an Indian bank account for payment of premium and for facilitating claim payments, if any. The Company may seek proof of the same at inception or renewal.
vi. All waiting periods, as per the Policy terms and conditions, shall continue to apply to the Insured Person / Insured Pet covered under this cover. This cover does not reduce, modify, or waive any waiting periods.
vii. If the Insured Person ceases to reside outside India, or if the Insured Pet ceases to permanently reside overseas with the Insured, then the discount under this cover shall cease immediately from next renewal. Premium shall thereafter be charged as per the applicable rate for residents in India. The Insured shall promptly intimate the Company of any change in the residency status.
viii. Global Cover benefit under the Policy shall not be available to Insured Person(s) / Insured Pet(s) availing this cover or to Non-Resident Indian/ Overseas citizens of India.

Specific Exclusions Applicable to Insured Pets under NRInsure

The Company shall not be liable to make any payment under this cover for:

a. Veterinary treatment, hospitalization, surgery, day care treatment, domiciliary treatment, medicines, consumables or any other expenses incurred outside India, unless specifically covered under the Policy Schedule;
b. Expenses related to pet relocation, transportation, air travel, cargo charges, pet boarding, quarantine, import/export permit, health certificate for travel, microchipping for travel, travel vaccination or documentation required for movement of the Insured Pet;
c. Any claim arising due to breach of applicable laws, animal welfare regulations, import/export rules, quarantine requirements or local rules applicable in the country of residence;
d. Any claim where the Insured Pet is used for breeding, commercial activity, racing, guarding, hunting, performance activity or any other purpose not disclosed to and accepted by the Company;
e. Any claim where the Insured Pet is not ordinarily residing with the Insured Person at the declared overseas address;

f. Any claim arising out of misrepresentation, suppression of material facts, incorrect residency declaration, false ownership declaration, fabricated veterinary records or incorrect documentation.

11. Insta Shield

If this cover is opted, We shall indemnify the Medical Expenses incurred related to an admissible Hospitalization of the Insured Person / Insured Pet under the Policy, including In-patient Hospitalization Treatment, Pre-Hospitalisation Medical Expense and Post-Hospitalisation Medical Expense arising due to the chronic diseases/Illnesses/conditions declared by Insured and accepted by Us, and their complications, from the 31st day of Policy inception date after serving initial waiting period of 30 days, provided that,

i. The chronic diseases/Illnesses/conditions are declared by the Insured/Policyholder and accepted by Us at the inception of the Policy and mentioned in the Policy Schedule; or
ii. If the chronic diseases/Illnesses/conditions are detected during pre-policy medical examination, coverage shall apply only if accepted by the Company and reflected in the Policy Schedule.
iii. In case of an Insured Pet, the chronic disease(s), illness(es) or condition(s) must be declared based on available veterinary records, prior prescriptions, diagnostic reports, treatment history, vaccination records, health certificate and/or pre-policy veterinary examination, as may be required by Us;
iv. Once applied, the premium loading for Insta Shield shall continue for all renewals.
v. The above reduced waiting period of 30 days shall be applicable only for specified Insured Persons and/or Insured Pet(s) where Insured has opted for this Cover, paid the applicable additional premium, and have been specifically accepted by Us for this Cover.
vi. In case of a Floater Policy, the Optional Cover shall be applicable on Individual basis who have declared the Pre-Existing Diseases (PED), applied for this cover and accepted by Us.
vii. This cover will be available only at inception of the Policy or upon addition of a new Insured Member / Insured Pet in the Policy during Renewal, subject to Our underwriting and acceptance.
viii. For increase in Base Sum Insured, a waiting period of 30 days shall be applicable on the incremented Sum Insured. Acceptance of enhancement of Sum Insured shall be at the discretion of the Company, based on the health condition, age, breed, medical/veterinary history and claim history of the Insured Person and/or Insured Pet, as applicable.
ix. This Cover does not reduce, waive or modify any other waiting period, exclusion, sub-limit, co-payment, deductible or condition applicable under the Base Policy, except to the extent expressly stated under this Cover.

For Insured Pets, this Cover shall be subject to the following additional conditions:

a. The declared chronic disease, illness or condition must be specifically accepted by Us and mentioned in the Policy Schedule. Any condition not declared, not accepted, or not mentioned in the Policy Schedule shall not be covered under this Cover.
b. Coverage shall apply only to medically necessary treatment arising from the accepted chronic condition and its direct complications, provided the claim is otherwise admissible under the Base Policy.
c. The diagnosis and treatment must be certified by a Registered Veterinary Practitioner and supported by medical records, diagnostic reports, prescriptions, invoices, discharge summary and treatment notes.
d. This Cover shall not be available for pets used for commercial breeding, organised breeding, racing, guarding, hunting, fighting, performance activity or any other commercial/occupational purpose unless specifically disclosed to and accepted by Us.
e. Routine management expenses for chronic conditions, including routine consultations, maintenance medicines, special diet, supplements, preventive care, grooming, wellness care, vaccination, deworming, flea/tick treatment or periodic monitoring, shall not be payable.
f. Any claim arising out of misrepresentation, suppression of veterinary history, fabricated records, incorrect age/breed declaration, non-disclosure of prior symptoms or previous treatment shall not be payable.

Diseases/Illnesses/conditions covered

ii. **Asthma-** Asthma is a chronic, non-communicable respiratory disease characterized by inflamed and narrowed airways in the lungs that make airflow difficult which causes recurrent, variable episodes of breathlessness and wheezing, often accompanied by chest tightness and cough.

iii. **Blood pressure (Hypertension)-** Blood pressure (Hypertension) a condition where the pressure in the blood vessels is persistently too high, with readings of 140/90 mmHg or higher on two separate occasions. This

elevated pressure means the heart has to work harder to pump blood throughout the body and can lead to serious health problems like heart attack, stroke, and kidney disease.

iv. **Cholesterol (Hyperlipidemia)-** Hyperlipidemia is a condition where there are abnormally high levels of fats (lipids), such as cholesterol and triglycerides, in the blood. This condition is a major risk factor for heart disease and stroke.

v. **Diabetes mellitus-** Diabetes mellitus is a chronic metabolic disease characterized by elevated blood glucose levels, resulting from defects in insulin secretion, insulin action, or both. This condition leads to long-term damage and dysfunction of vital organs such as the eyes, kidneys, nerves, heart, and blood vessels, causing severe health complications like vision loss, kidney failure, nerve damage, and increased risk of heart attack and stroke.

vi. **Obesity-** Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2). The WHO definition is:
   a. BMI greater than or equal to 25 is overweight.
   b. BMI greater than or equal to 30 is obesity.

vii. **Hypothyroidism disorders-** Hypothyroidism is a condition where the thyroid gland doesn't produce enough thyroid hormones to meet the body's needs, causing many bodily functions to slow down. Diagnosed by high Thyroid-Stimulating Hormone (TSH) and low thyroxine (T4) levels, it affects metabolism and can lead to symptoms like fatigue, cold intolerance, and weight gain.

12. Age Shield

If this Cover is opted, the premium payable in respect of the Base Policy at each Renewal shall be calculated based on the age of the Insured Person at the time of inception of first Base Policy ("Entry Age"), and the applicable Sum Insured, provided that no claim has been paid against the Base Policy.

E.g. If You first purchase the Policy at the age of 25 years and opt for this Cover, then at each Renewal of Policy the premium will be charged at the then prevailing rate applicable to age 25 years for the relevant Sum Insured, provided no claim has been paid under the Policy.

Special Conditions for Age Shield:

i. Once a claim is paid, the premium for subsequent Renewals of Policy will be applicable as per Your age at the time of Renewal as per standard age band and Sum Insured as mentioned in the Premium Table (Rate Chart) then in force.
ii. No additional premium will be charged in the middle of the Policy tenure in case of claims. Upon Renewal after claim, the premium will be charged as per the current age of the Insured Person at the time of Renewal.
iii. In a Policy covering multiple Insured Persons with separate individual Sum Insured, the benefit under this Cover will cease only for those Insured Persons in respect of whom a claim is paid.
iv. In a floater Policy, if a claim is paid in respect of any one Insured Person covered therein, then the benefit under this Cover will cease for the entire floater Policy.
v. If you add a new member to the existing floater Policy mid-term, then the premium will be charged as per the Entry Age of the eldest Insured Person in Policy and the premium for Renewal will be locked as per the age of that eldest Insured Person, till a claim is paid.
vi. If you add a new Insured Person to an individual Policy and convert it into a Floater plan, then the premium will be charged as per the Entry Age of the eldest Insured Person and the premium for Renewal will be locked as per the age of that eldest Insured Person, till a claim is paid.
vii. If the eldest Insured Person is no longer part of the floater plan Policy, then the floater premium will be calculated as per the original Entry Age of the eldest covered Insured Person in the Policy amongst the remaining members and the premium for Renewal will be locked and charged as per the age of eldest covered Insured Person, till a claim is paid.
viii. If an existing floater Policy, splits into multiple individual policies, then the benefit under this cover will be carry forward, provided and determined in accordance with the Entry Age of the individual

member at which the floater Policies were taken by individuals, provided no claim is paid under the floater Policy.

ix. This optional cover will not be applicable to Insured Pet(s).

13. Walk to Win:

If this Cover is opted, at each Renewal of Policy with Us, Insured Person will be entitled for a wellness discount, subject to below mentioned criteria being fulfilled by You during the preceding Base Policy Year.

Steps can be tracked through Our mobile application.

Parameter Achieved	Discount
7,500 steps daily for 24 days of every month, for minimum 9 months in a policy year	5%
10,000 steps daily for 24 days of every month, for minimum 9 months in a policy year	10%

Eligibility Criteria:

1. This discount and criteria are applicable only for Insured Persons of age 21 years and above.
2. In case of long-term Base Policy-
   The criteria mentioned above has to be met by each Insured Person every year in a long-term Base Policy to be eligible for discount at Renewal.
3. In case of floater Base Policy-
   The criteria mentioned above has to be met by each eligible Insured Person every year to be avail the discount at Renewal.

14. No Claim Discount

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 3%, provided that no claim is registered in the Policy.

Please Note:

- Cumulative Bonus/ Super Cumulative Bonus will apply afresh, if they are to be re-opted at Renewal.
- In case You/Insured Pet have claimed in the preceding Policy year, the Policy will not be eligible for No claim discount at the time of Renewal.

15. Discount on Services

The Insured may have access to special rates on services such as OPD, Diagnostics, Pharmacy and other wellness services through Network as available on the Company's website/ app.

SECTION F) PET SPECIFIC OPTIONAL COVERS

1. Extended Pet Stay

If this Cover is opted, We will pay/reimburse You a per day benefit as specified in the Policy Schedule towards the additional boarding expenses incurred for the extended stay of Your Insured Pet at a pet boarding facility, pet house, kennel, cattery or pet care facility in India, where Your final booked return journey to India is delayed by more than twenty-four (24) continuous hours beyond the scheduled arrival date and time.

i. Inclement weather like Storm, Flood, Hurricanes, or Natural Disaster which is not publicly known before policy issuance date,
ii. Strike, Political Disturbance, Compulsory quarantine by Government
iii. Airline's acts of omission / commission or mechanical breakdown of the aircraft on which You were scheduled to travel on.
iv. You or Your travelling companion's (insured with us) Hospitalization in overseas facility or death due to Sickness / Accidental injury due to which You were not able to return back on scheduled arrival date.

The Benefit shall be payable on a per day per pet basis for each completed day of extended stay of the Insured Pet at the pet boarding facility, after the first twenty-four (24) hours of delay.
The amount payable shall be subject to:

a) the per day amount specified in the Policy Schedule; and
b) the maximum number of 10 days in a Policy Year and
c) the actual number of completed days of extended stay, supported by valid bills and receipts.

<u>Conditions Applicable</u>

This Benefit shall be payable subject to the following conditions:

1. The Insured Pet must have been placed in a pet boarding facility, pet house, kennel, cattery or pet care facility in India prior to or during Your overseas travel;
2. Your return journey to India must be delayed by more than twenty-four (24) continuous hours beyond the scheduled arrival date and time;
3. The extended stay of the Insured Pet must be directly and solely attributable to such delay in Your return to India;
4. The Benefit shall be payable only for the additional period of stay beyond the originally booked boarding period;
5. The pet boarding facility must provide written confirmation of the original boarding period, extended boarding period and charges levied for such extended stay;
6. The expenses must be supported by original bills, receipts and payment proof issued by the pet boarding facility.
7. You need to obtain written confirmation from appropriate transport authority stating the reason for delay & how long the delay lasted except for Your Sickness/ Accident for which You have to submit medical documents for Your Hospitalization.

2. Finding Your Pet Benefit

We will pay a lump sum benefit to You as specified in the Policy Schedule, if Your Insured Pet is lost or stolen, to cover the advertising costs and pay the reward to the person finding Your Insured Pet.

For the purpose of this Cover,

i. If Your Insured Pet is lost, stolen, or goes missing, You must notify the Police Authorities as soon as reasonably possible and provide evidence of an official complaint or report having been filed.
ii. A waiting period of 30 days will be applicable.
iii. This benefit is applicable once every Policy Year and will be on per Insured Pet basis.
iv. Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule.

This benefit will be applicable each year for policies with term more than 1 year.

3. Long Term Care Cover

If this cover is opted, We shall pay You the lump sum amount as specified in the Policy Schedule, if the Insured Pet is diagnosed as suffering from any of the Illnesses listed below and require long term care, which first occurs or manifests itself during the Policy Period. The benefit is payable once during the lifetime of the Insured Pet.
Initial Waiting Period of 30 days will be applicable. This benefit is available on per pet basis.

Sr. No.	For Dogs	For Cats
1	Epilepsy	Epilepsy
2	Pancreatitis	Pancreatitis
3	Diabetes	Diabetes
4	Thyroid Dysfunction	Thyroid Dysfunction
5	Ascites	Ascites
6	Cushing's Syndrome	Jaundice
7	Glaucoma	Paralysis with complete or permanent loss of one or more limb
8	Inflammatory Bowel Disease	Cystitis

4. Pet Third Party Liability Cover

We shall indemnify You up to the Sum Insured as specified in the Policy Schedule, subject to a deductible of INR 5000 per claim, if you become legally liable to pay a compensation to a Third Party, for accidental bodily injury/death or accidental damage to property caused by Your Insured Pet during the Policy Period.

Specific Exclusions

We shall not be liable to indemnify You under this cover in case or in respect of:

- If there is cover under any other insurance.
- Any property damaged or destroyed belonging to a family member or person residing with You, working for you, or is looking after your Insured Pet or any property that is in Your care/custody/control.
- In case of bodily injury/death of a family member residing with You, working for you, or is looking after your Insured Pet.
- Claims where liability is not established through a competent Court or Tribunal or Forum constituted under Indian Law.
- Any compensation cost and expenses if the Incident happens in an area or place where pets are specifically prohibited unless the Insured Pet escapes and enters the area outside of Insured's control.
- All Vets, kennel employees, pet breeders, pet shop owners if the Incident has occurred in the course of conducting their profession/occupation.
- Initial waiting period of 30 days will be applicable.

5. Paw Promise Benefit

We understand that losing a beloved pet can be emotionally difficult. If You have opted for this Cover, We will pay the lump sum amount specified in the Policy Schedule towards the adoption of a new pet if, during the Policy Period:

- the Insured Pet passes away due to an Illness or an Accident; or
- the Insured Pet is to sleep in order to alleviate its incurable and inhumane suffering due to an Illness or Accident.
- the Insured Pet is lost, stolen, or goes missing and cannot be recovered within 45 days despite reasonable efforts to locate it;

Special Conditions

- If Your Insured Pet is lost, stolen, or goes missing, You must notify the Police Authorities as soon as reasonably possible and provide evidence of an official complaint or report having been filed.
- A waiting period of 30 days will be applicable.
- This benefit is applicable for Insured Pet up to 10 years of age.

SECTION G) WAITING PERIOD AND EXCLUSIONS

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:

I. Waiting Period

1. 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 36 months/specified number of months of continuous coverage after the date of inception of the first My Family *Complete* Policy and the Policy Schedule with Us. The PED waiting period as opted would be specified on the Policy Schedule.
b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increased.
c) If the Insured/Insured Pet 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 of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure Waiting Period (Code-Excl02)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months/specified number of months of continuous coverage after the date of inception of the first My Family *Complete* and the Policy Schedule with Us. This exclusion shall not be applicable for claims arising due to an Accident. The Specified Disease/Procedure Waiting Period as opted would be specified on the Policy Schedule In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
b) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
c) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
d) If the Insured/Insured Pet is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
e) List of specific diseases/ procedures/ surgeries/ treatments is as below:

List of specific diseases/ procedures/ surgeries/ treatments	
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
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/nodules/polyps of any kind including breast lumps except malignancy
19. Diseases of gall bladder including cholecystitis	20. Pancreatitis
21. All forms of Cirrhosis	22. Gout and rheumatism
23. Surgery for varicose veins and varicose ulcers	24. Chronic Kidney Disease
25. Alzheimer's Disease	26. Joint replacement surgery
27. Surgery for vertebral column disorders (unless necessitated due to an Accident)	28. Surgery to correct deviated nasal septum
29. Hypertrophied turbinate	30. Congenital internal diseases or anomalies

31. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	32. Bariatric Surgery

3. 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 Person/Insured Pet 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.

II. General Exclusions

1. Investigation & Evaluation (Code-Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Code-Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
b. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

3. Obesity/Weight Control (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

i. Surgery to be conducted is upon the advice of the Doctor
ii. The surgery/Procedure conducted should be supported by clinical protocols
iii. The Insured Person has to be 18 years of age or older and
iv. Body Mass Index (BMI);
    a. greater than or equal to 40 or
    b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
v. Obesity-related cardiomyopathy
vi. Coronary heart disease
vii. Severe Sleep Apnea
viii. Uncontrolled Type2 Diabetes

4. Change-of-gender treatments (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured Person/Insured Pet. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. 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.

7. Breach of law (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed on its website / notified to the Policy Holder/Insured Person 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.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12).**

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

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalisation claim or day care procedure. **(Code-Excl14)**

12. Refractive Error (Code-Excl15)

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments (Code-Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility (Code-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

Note: Excl06, Excl07, Excl15 will not be applicable to Insured Pet(s)

15. Maternity (Code Excl18)

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Cover Period.
iii. This exclusion stands deleted if Bundle of Joy is opted under the My Family *Complete* policy.

III. Specific Exclusions

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization.
2. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
3. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
4. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and similar expenses.
5. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
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 haematological conditions.
7. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
8. All non-medical Items as per Annexure II.
9. Any medical treatment received outside India is not covered under this Policy except in case of optional cover Global Cover is opted.
10. Circumcision unless required for the treatment of Illness or Accidental bodily injury.
11. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies.
12. NRInsure - The Company shall not be liable to pay any Pre-Hospitalization and Post Hospitalisation Medical expenses incurred outside India.
13. Insta Shield - 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, have been accepted by the Company, and are specifically listed in the Policy Schedule.
14. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies.

IV. Pet Specific Exclusions

1. Any Accidental Injury or Sickness to Your Insured Pet due to any intentional, neglectful, or preventable act by You or You not complying with all statutory or other obligations and regulations;
2. Breeding or conditions relating to breeding, whelping, and queening;
3. Your Pet being used as a Working Pet;
4. Vaccine-preventable diseases and diseases preventable through prophylactic medications (such as heartworm, lice, internal parasites and fleas), if vaccines or prophylactic medications are not given to the Insured Pet(s) as per schedule/ as generally prescribed.
5. Expenses related to training, behavioural modification, socialisation, boarding, grooming, bathing (including medicated baths and shampoos), preventive procedures including but not limited to tail docking, ear cropping, de-clawing, micro-chipping, dew claw removal, ear cleaning;
6. More than one incident of swallowing a foreign object that causes a blockage or obstruction requiring surgical or endoscopic removal per Policy Year per Insured Pet;
7. Alternative therapy including, but not limited to, holistic medicine, herbal, homeopathy, osteopathy, acupuncture, physiotherapy, chiropractic treatments, laser therapy, stem cell therapy, experimental or investigational treatment or medicine whether recommended by a Veterinarian or not;
8. Spaying, neutering, and any Specified Neutering and Spaying Conditions if Your Insured Pet Friend is not Spayed or Neutered at least thirty (30) days before the Specified Neutering and Spaying Condition is diagnosed;
9. Anal gland expression, anal sacculitis or removal of anal glands.
10. We will not pay a claim if your dog becomes designated individually or by breed as dangerous by statute, regulation or regulatory body, you must tell us and we will cancel the policy.
11. Any Claim in respect of a pet, categorized as dangerous pets by State or Central government authority.

SECTION H) GENERAL TERMS AND CONDITIONS - STANDARD

1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by Policyholder/ Insured.

2. Condition Precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the Policy, by the Insured, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

3. Premium Payment in Instalments

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term polices only), Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The Grace Period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
ii. If the Policy is renewed during Grace Period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the Policy shall be protected.
iii. If the premium is paid in instalments during the Policy Period, coverage will be available for the Grace Period also.
iv. The Insured Person/Insured Pet will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated Grace Period.
v. No interest will be charged If the instalment premium is not paid on due date.
vi. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.
vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
viii. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the Policy.

4. Multiple Policies

i. In case of multiple health policies taken by an Insured during a period from the same or one or more insurers to indemnify medical treatment costs, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Insured having multiple policies shall also have the right to prefer claims under the Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of the Policy.
iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
iv. Where an Insured has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy/Policy Schedule.

5. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest, to the Insured Person from the date of receipt of last necessary document to the date of payment of claim, at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the

date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest, to the Insured Person, at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

6. Renewal of Policy

i. Your Policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by You, provided this Policy is not withdrawn and also subject to conditions stated at "Moratorium Period" of this Schedule.

ii. We shall not deny the Renewal of this Policy on the ground that You have made a claim or claims in the preceding Policy Years, except for benefit-based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policy.

iii. We shall condone a delay in Renewal up to the Grace Period (30 days) from the due date of Renewal without considering such condonation as a Break in Policy.

iv. For this Policy, the loadings on Renewal premium shall be at portfolio and not based upon any individual policy claim experience. However, discount in premium may be provided by Us to You for good claims experience.

v. We shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc. at Renewal stage where there is no change in Sum Insured offered. Provided that where there is an improvement in the risk profile, We may endeavour to recognize that for removal of loadings at the point of renewal.

vi. In case the product is withdrawn, the Policyholder/Insured shall be provided with suitable alternative options for migration, as per applicable regulatory provisions.

7. Cancellation

(A) Cancellation by the Policyholder/Insured
The Policyholder/Insured can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired Policy Period as detailed below:

1. Cancellation of policy where full premium received at Policy inception -
   - Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
   - Multi-year Policy:
     - For any Policy Year where the risk date has not yet started, the premium will be refunded without any deduction.
     - For any Policy Year where the risk has started, the premium will be refunded on a pro-rata basis for that Policy Year, provided no claim has been made during the Policy Year and in full for future Policy Years.

2. Cancellation of Policy where Premium Received on Instalment Basis
   The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the Policy Year.

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

(C) Cancellation by the Company
The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/Insured, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

(D) In case of any delay in refund of premium beyond stipulated 7 days, the Company shall refund such amounts along with interest, at a rate 2% above the bank rate on the refundable amount, from the date of receipt of the request for cancellation till the date of refund.

8. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family including Insured Pet, 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 Insured Person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability. Insurer is free to consider proposal for portability even if the Policyholder/Insured Person 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.
For Detailed Guidelines on Portability, kindly refer the link:
https://irdai.gov.in/document detail? documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

9. Complete Discharge

Any payment to the Insured or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

10. Possibility of Revision of Terms

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are affected.

11. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy and wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud and permanent exclusions specified in the Policy. The policies would however be subject to all limits, sub limits, co- payments and deductibles as per the policy contract.

12. Norms on Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy Schedule at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such Insured Person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on Portability, kindly refer the link:
https://irdai.gov.in/document detail? documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

13. Withdrawal of Policy

i. 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 Policy.

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

14. Fraud

i. If any claim made by the Insured, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his/her behalf to obtain any benefit under the Policy, all benefits under the Policy and the premium paid shall be forfeited.
ii. Any amount already paid against claims which are found fraudulent later under the Policy shall be repaid by all Insured Person(s) named in Policy Schedule, who shall be jointly and severally liable for such repayment.
iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue Policy:
    a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
    b) the active concealment of a fact by the Insured having knowledge or belief of the fact;
    c) any other act fitted to deceive; and
    d) any such act or omission as the law specially declares to be fraudulent
    e) The Company shall not repudiate the claim under Policy on the ground of Fraud, if the Insured can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer. Onus of disproving is upon the Insured Person, if alive, or beneficiaries.

15. Nomination

The Insured Person is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Insured Person. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. For Claim settlement under reimbursement, the Company will pay the Insured Person. In the event of death of the Insured Person, the Company will pay the nominee {as named in the Policy/Policy Schedule/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

16. Redressal of Grievance

Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Company Limited) has always been known as a forward-looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1 In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options: • Our Website www.bajajgeneralinsurance.com • Call us on our Toll free no 1800 209 5858 • Mail us on careforyou@bajajgeneral.com • Write to Bajaj General Insurance Limited Bajaj Insurance House, Airport Road, Yerwada Pune- 411006
Level 2 In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer at ggro@bajajgeneral.com
Level 3 If in case, your grievance is not resolved and you wish to talk to our care specialist, please Give a missed on +91 80809 45060 OR SMS to 575758 and our care specialist will call you back

If you are still not satisfied with the solutions provided, write to Head of Customer experience directly at head.customerservice@bajajgeneral.com
Grievance Redressal Cell for Senior Citizens Bajaj General introduces a dedicated team for all the senior citizens, so, no more wait time, no more standing in long queue. Senior citizens can now contact us on 1800-103-2529 or write to us at seniorcitizen@bajajgeneral.com
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.cioins.co.in/ombudsman. 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@cioins.co.in, Tel: 022 -69038800/69038812, Website: https://www.cioins.co.in
The contact details of the Ombudsman offices are mentioned in, https://www.bajajgeneralinsurance.com/download-documents/health-insurance/OMBUDSMAN-ADDRESS.pdf

17. Free Look Period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of Porting the Policy. The Insured Person shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured Person has not made any claim during the Free Look Period, the Insured Person shall be entitled to,

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges; or
ii. where the risk has already commenced and the option of return of the Policy Schedule is exercised by the Insured Person, a deduction towards the proportionate risk premium for Policy Period; or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such Cover Period.

SECTION I) GENERAL TERMS AND CONDITIONS – SPECIFIC

1. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. Insured Person/Pet

Only those persons named as the Insured Person(s) / Insured Pets(s) in the Policy Schedule shall be covered under the Policy. Cover under the Policy shall be withdrawn from any Insured Person / Insured Pet upon such Insured Person giving 7 days written notice to be received by Us.

3. Additional Norms on Migration

Insured Person shall apply for migration of the Policy at least 30 days before the Policy Renewal due date. All revised guidelines of IRDAI from time to time as to Migration shall apply.

4. Change of Sum Insured

Sum Insured can be changed (increased/ decreased) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in SI, the Waiting Period shall start afresh only for the enhanced portion of the Sum Insured.

5. Notice & Communication

i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
iii. The Company will communicate to the Insured at the address or through any other electronic mode mentioned in the Policy Schedule.

6. Endorsements (Changes in Policy)

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except by the Insurer. Any change that the Insurer make will be evidenced by a written Endorsement signed and stamped by the Insurer.

7. Medical Underwriting

The Company may add a risk loading to the premium applicable for the person/pet to be insured, based on the information provided in the proposal form and the health status of those people to be insured.

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.

8. Terms and conditions of the Policy

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

9. Automatic change in Coverage under the Policy

The coverage for the Insured Person(s) shall automatically terminate:

i. In the case of his/ her (Insured Person) demise. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy Schedule. In case, the other Insured Person is minor, the Policy Schedule shall be renewed only through any one of his/her natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including his/her relationship with the Insured Person) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy Schedule will be effective.
ii. Upon exhaustion of Sum Insured and cumulative bonus, for the Policy Year. However, the Policy is subject to Renewal on the due date as per the applicable terms and conditions.

10. Territorial Jurisdiction and Territorial Limit

i. All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy/Policy Schedule shall be determined by the Indian courts and according to Indian law.
ii. All medical treatment for the purpose of the Policy Schedule will have to be taken in India only (except in case of optional cover - "Global Cover" is opted).
iii. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
iv. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

11. Arbitration

Arbitration Clause shall not be applicable.

12. Discounts

i. Family discount
A 10% family discount shall be offered if 2 eligible Family Members are covered under a single Policy and 15 % if more than 2 of any of the eligible Family Members are covered under a single Policy. 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.

ii. Loyalty Discount
Discount of 5% shall be offered if the Insured is having any of the listed active Bajaj General Insurance Ltd.'s retail policy of Motor, Health, Home, Cyber and Pet Insurance with a minimum premium of INR 2,500.

iii. Employee Discount
A 20% discount on published premium rates will be applicable for the Company's employees & employees of group companies, employees of Corporate customers of Bajaj General Insurance Ltd. provided the Policy is booked in direct code. This discount shall also be applicable to Intermediaries of Bajaj General Insurance Ltd. for their own policies booked under Direct code, provided that the Intermediaries themselves are covered under the Policy and any other partner Viz. Bank, Financial Institution.

iv. Online/Direct Business Discount
Discount of 5% will be offered in this product for policies underwritten through direct/online channel.
Note: this discount is not applicable for Employees who get employee discount.

v. Long Term Discount
Applicable in case of where the entire premium amount is paid in single payment for Policy Period of more than one year.
a) 4% discount is applicable if Policy is opted for 2 years.
b) 8% discount is applicable if Policy is opted for 3 years.
c) 9% discount is applicable if Policy is opted for 4 years.

d) 10.5% discount is applicable if Policy is opted for 5 years.
Note: This will not apply to Policies where premium is paid in instalments.

vi. Zone Discount
Below discount will be applicable based on residential address of the proposer or insured person.
- Residential address in Zone B: 15% on Zone A Premium.
- Residential address in Zone C: 25% on Zone A Premium.

There are three Zones for Premium payment:
- Zone A Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan) Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.
- Zone B Rest of India apart, from the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.
- Zone C Andaman & Nicobar Islands, Arunachal Pradesh, Bihar, Chandigarh, Chhattisgarh, Goa, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Sikkim, Tripura, Uttarakhand.

vii. Early Entry Discount
A 5% discount shall be offered if, Insured Proposer is opting the My Family *Complete* long-term policy prior to 35 years of age.

In Individual Sum Insured, policies where Proposer is also an Insured member, and his/her age is 35 years or below, this discount shall be extended to all other Insured Persons also who are aged 35 years and below in the same policy.

In case of Floater Policies, the discount will be extended on the entire policy premium provided the eldest member age is 35 years or below.

This discount shall be applicable at inception of policy as well as at each subsequent renewal, irrespective of claims, until the Insured person/s completes 45 years of age.

Note: This discount will apply only if long term policy is opted. This will not apply to policies where premium is paid in instalments.

viii. Fitness Discount
The Insured person will be eligible for a Fitness Discount of 5%, if the below criteria is fulfilled.
1. The Insured Person submits completion certificates of at least two 5km marathons run in the past 12 months prior to policy inception date.

This discount shall only be applicable at the onset of the Policy for the first time with Us.

ix. Head Start Discount:
Head Start Discount will be offered to customers purchasing their first health insurance policy and on first renewal. (The benefit is not applicable for portability and migration).
- Policy Inception: 20% discount on Premium.
- First Renewal: 11% discount on Premium.

Second Renewal: From second renewal onwards premium will be as per Rate Chart.

13. Sum Insured Enhancement

i. The Insured can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the Company.
ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured Person(s) & claim history of the Policy.
iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

14. Inclusion of members under the Policy

Where an Insured Person /Insured Pet is added to this Policy, either by way of Endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for that newly added Insured Person/Insured Pet.

15. Paying a Claim

i. You agree that We will only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. Upon acceptance of an offer of settlement by the Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Person.
iv. If the Insurer, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured in writing within 30 days of the last receipt of necessary documents. The Insured may take recourse to the Grievance Redressal procedure stated under Policy.

16. Basis of Claims Payment

i. If You suffer a relapse within 45 days from the date when You last obtained Medical Treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim. This 45 day clause will not be applicable for Sum Insured Reinstatement.
ii. The Day Care Procedures listed below in this Policy are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
iii. We shall make payment in Indian Rupees only.

17. Cost Sharing and Sub limits

a. Voluntary Co-payment
i. If the co-payment option is opted, then a discount corresponding to the co-payment opted would be applicable.
ii. If a claim has been admitted under In-patient Hospitalization Treatment then, the Insured shall bear a 5% or 10% or 15% or 20% of the eligible claim amount payable under this Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

b. Voluntary Aggregate Deductible
If opted voluntarily and mentioned on the Policy Schedule that an Aggregate Deductible is opted, then a certain discount on the policy premium will be applicable.
If Voluntary Aggregate Deductible is opted, We hereby agree to pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible as opted for the Insured Person subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise. The Aggregate deductible will not be applicable on the claims of Insured Pets.

Note: Voluntary Co-payment is not applicable if Voluntary Aggregate Deductible is opted.

Scenario-

Sum Insured: Rs 10 Lakhs; Aggregate Deductible Opted: Rs. 2 Lakhs						
Claims Details	Date of Hospitalisation	Total Claim Amount (in INR)	Deductible Utilization (in INR)	Balance Deductible (in INR)	Payable by insured (if any) (in INR)	Payable under My Family *Complete* (in INR)
Claim 1	10-May-26	1,50,000	1,50,000	50,000	1,50,000	0
Claim 2	10-Aug-26	3,00,000	50,000	0	50,000	2,50,000
Claim 3	10-Dec-26	7,50,000	0	0	0	7,50,000

c. Cataract
Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the waiting period as specified in the Policy Schedule) shall be as specified in the Policy Schedule.
20% of the Sum Insured for each eye, subject to maximum of INR 100,000 for each of You.
i. For SI up to 10 Lac - 20% of SI max 1 Lac per eye.
ii. For SI above 10 Lac – Actual.

d. Co-payments

Co-payment	Limit
Voluntary co-payment	5%/10%/15%/20% of admissible claim amount
Global Cover	Mandatory co-payment options of 10%, 20%, 30%, 40%, 50%

18. Nationality

i. Indian nationals residing in India would be considered for this Policy.
ii. This Policy can be opted by Non-Resident Indians/ Overseas citizens of India (OCI) also and premium paid in Indian currency.

SECTION J) GENERAL TERMS AND CONDITIONS – PET SPECIFIC

1. Reasonable Precautions: The Insured Pet must be in sound and perfect health and free from any Injury/Illness at the time of the proposal.
2. The Insured Pet must live with the Insured at the address shown in the Policy Schedule. The cover will cease immediately if the Insured Pet is sold/given away, whether temporarily or permanently or if the Insured Pet is no longer ordinarily residing at the Insured's premises named in the Policy Schedule.
3. The Insured must take Insured Pet for regular annual check-ups and keep the pet vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus during the entirety of the Policy Period/Cover Period. All vaccinations must be administered under Vet supervision.
4. The Insured Person agrees that his/her Insured Pet's current and/or previous Vet may release all information or records regarding the Insured Pet to the Company or Company's agent and that the Company may release information about Insured's Policy to any Vet who has either treated the Insured Pet or is about to treat the Insured Pet. If the Vet charges the Insured for this information, Insured will be responsible for the costs.
5. No cover will not be available midterm and will have to be opted for at the inception/renewal of the Policy.
6. The Insured shall provide the Insured Pet sufficient and proper food, water, shelter and Treatment and shall keep secure all fences. The Insured shall at all times and to the best of his/her knowledge and ability exercise due and proper precaution and safeguard loss or danger of loss under this Policy. The intent and meaning of this condition being that each Insured Pet shall have the same care and attention as when not insured.

7. List of Documents required at the time of Policy issuance are:
   - Duly filled Proposal Form
   - **Diagnostic** Test Results if customer opts for PED cover being effective from succeeding day
   - Self-declaration on vaccinations conducted on time & declaration for insurable interest
   - Purchase Proof (in case of Sum Insured above max price as per pricing matrix has been selected by the **Insured**)

   Note: Based on the type of pet covered, the **Company** at its discretion may relax certain documentation requirements.

SECTION K) GENERAL TERMS AND CONDITIONS – OTHERS

1. Claims Procedure

All Claims will be settled by In house claims settlement team of the Company. However, the Company reserves right to engage TPA at any time, at the sole discretion of the Company.

If Insured Person / Insured Pet meet with any Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

A. Cashless Claims Procedure

Cashless treatment is available at Network Hospitals.
In order to avail of cashless treatment, the following procedure must be followed by You or your representative:

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorization by way of the written form.
ii. In case of Planned hospitalization, You/the Insured Person/ Insured's representative shall intimate such admission before 48 hours of such hospitalization.
iii. In case of Emergency hospitalization, You/ Insured Person/ Insured's representative shall intimate such admission within 24 hours of such hospitalization.
iv. We offer Cashless Everywhere, even in hospitals which are not part of our network subject to hospitals fullfiing IRDAI definition of Hospital facility.
v. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 1 hour will respond with Approval, Rejection or more information.
vi. Once the final authorization request is received for discharge, the same will be processed within 3 hours from the final documents received.
vii. After considering Your request and after obtaining any further information or documentation We have sought, we may, if satisfied, send You or the Network Hospital, an authorisation letter.
viii. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
ix. If the procedure above is followed, you will not be required to directly pay for the bill amount in the Network Hospital that We are liable under In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital.
    i. Pre- authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

B. Reimbursement Claims Procedure

If Pre-authorisation as per Cashless Claims Procedure for Cashless Facility above is denied by Us or if treatment is taken in a Hospital other than a Bajaj General Network Providers or if You do not wish to avail Cashless Facility, then:

i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation
ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.
v. 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 as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
vi. In the event of the death of the Insured Person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.

vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.

Note:

1. In case You are claiming for the same event under an indemnity-based Policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.
2. Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

2. List of Claim documents:

1. Duly filled Claim form with NEFT details & cancelled cheque duly signed by Insured Person.
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes.
3. Attested copies of Indoor case papers, if available.
4. Original/Attested copies Final Hospital Bill with break-up of surgical charges, surgeon's fees, OT charges etc.
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.
8. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person/pet to a higher medical Centre for further treatment (if Applicable).
9. Cashless settlement letter or other company settlement letter.
10. First consultation letter for the current ailment.
11. In case of implant surgery, invoice & sticker.

Additional documents for claim under Global Cover

1. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India
2. Release of Medical Information Form (ROMIF) BAJAJ and Assistance Provider (to be filled and signed by Insured) to obtain the medical records from facility.

Additional documents for Pets

1. Vaccination Certificates
2. Vet Medical Papers
3. Death Certificate (wherever applicable)

Note- The list of documents given above is an indicative list and Insurer reserves rights for asking additional documents related to claim(s) in case required.

Please send the documents on below address, Bajaj General Insurance Limited,
2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar, Pune-411014
Toll free: 1800-103-2529, 1800-209-5858

ANNEXURES

Annexure I-A: List of Day Care Procedures (applicable to Insured Persons)

ENT	
1.	Stapedotomy
2.	Myringoplasty (Type I Tympanoplasty)
3.	Revision stapedectomy
4.	Labyrinthectomy for severe Vertigo
5.	Stapedectomy under GA
6.	Ossiculoplasty
7.	Myringotomy with Grommet Insertion
8.	Tympanoplasty (Type III)
9.	Stapedectomy under LA
10.	Revision of the fenestration of the inner ear
11.	Tympanoplasty (Type IV)
12.	Endolymphatic Sac Surgery for Meniere's Disease
13.	Turbinectomy
14.	Removal of Tympanic Drain under LA
15.	Endoscopic Stapedectomy
16.	Fenestration of the inner ear
17.	Incision and drainage of perichondritis
18.	Septoplasty
19.	Vestibular Nerve section
20.	Thyroplasty Type I
21.	Pseudocyst of the Pinna - Excision
22.	Incision and drainage - Haematoma Auricle
23.	Tympanoplasty (Type II)
24.	Keratosis removal under GA
25.	Reduction of fracture of Nasal Bone
26.	Excision and destruction of lingual tonsils
27.	Conchoplasty
28.	Thyroplasty Type II
29.	Tracheostomy
30.	Excision of Angioma Septum
31.	Turbinoplasty
32.	Incision & Drainage of Retro Pharyngeal Abscess
33.	UvuloPalatoPharyngoPlasty
34.	Palatoplasty
35.	Tonsillectomy without adenoidectomy
36.	Adenoidectomy with Grommet insertion
37.	Adenoidectomy without Grommet insertion
38.	Vocal Cord lateralisation Procedure
39.	Incision & Drainage of Para Pharyngeal Abscess
40.	Transoral incision and drainage of a pharyngeal abscess
41.	Tonsillectomy with adenoidectomy
42.	Tracheoplasty Ophthalmology

43.	Incision of tear glands
44.	Other operation on the tear ducts
45.	Incision of diseased eyelids
46.	Excision and destruction of the diseased tissue of the eyelid
47.	Removal of foreign body from the lens of the eye.
48.	Corrective surgery of the entropion and ectropion
49.	Operations for pterygium
50.	Corrective surgery of blepharoptosis
51.	Removal of foreign body from conjunctiva
52.	Biopsy of tear gland
53.	Removal of Foreign body from cornea
54.	Incision of the cornea
55.	Other operations on the cornea
56.	Operation on the canthus and epicanthus
57.	Removal of foreign body from the orbit and the eye ball.
58.	Surgery for cataract
59.	Treatment of retinal lesion
60.	Removal of foreign body from the posterior chamber of the eye

Oncology	
61.	IV Push Chemotherapy
62.	HBI-Hemibody Radiotherapy
63.	Infusional Targeted therapy
64.	SRT-Stereotactic Arc Therapy
65.	SC administration of Growth Factors
66.	Continuous Infusional Chemotherapy
67.	Infusional Chemotherapy
68.	CCRT-Concurrent Chemo + RT
69.	2D Radiotherapy
70.	3D Conformal Radiotherapy
71.	IGRT- Image Guided Radiotherapy
72.	IMRT- Step & Shoot
73.	Infusional Bisphosphonates
74.	IMRT- DMLC
75.	Rotational Arc Therapy
76.	Tele gamma therapy
77.	FSRT-Fractionated SRT
78.	VMAT-Volumetric Modulated Arc Therapy
79.	SBRT-Stereotactic Body Radiotherapy
80.	Helical Tomotherapy
81.	SRS-Stereotactic Radiosurgery
82.	X-Knife SRS
83.	Gammaknife SRS
84.	TBI- Total Body Radiotherapy
85.	intraluminal Brachytherapy
86.	Electron Therapy

87.	TSET-Total Electron Skin Therapy
88.	Extracorporeal Irradiation of Blood Products
89.	Telecobalt Therapy
90.	Telecesium Therapy
91.	External mould Brachytherapy
92.	Interstitial Brachytherapy
93.	Intracavity Brachytherapy
94.	3D Brachytherapy
95.	Implant Brachytherapy
96.	Intravesical Brachytherapy
97.	Adjuvant Radiotherapy
98.	Afterloading Catheter Brachytherapy
99.	Conditioning Radiothearpy for BMT
100.	Extracorporeal Irradiation to the Homologous Bone grafts
101.	Radical chemotherapy
102.	Neoadjuvant radiotherapy
103.	LDR Brachytherapy
104.	Palliative Radiotherapy
105.	Radical Radiotherapy
106.	Palliative chemotherapy
107.	Template Brachytherapy
108.	Neoadjuvant chemotherapy
109.	Adjuvant chemotherapy
110.	Induction chemotherapy
111.	Consolidation chemotherapy
112.	Maintenance chemotherapy
113.	HDR Brachytherapy

Plastic Surgery	
114.	Construction skin pedicle flap
115.	Gluteal pressure ulcer-Excision
116.	Muscle-skin graft, leg
117.	Removal of bone for graft
118.	Muscle-skin graft duct fistula
119.	Removal cartilage graft
120.	Myocutaneous flap
121.	Fibro myocutaneous flap
122.	Breast reconstruction surgery after mastectomy
123.	Sling operation for facial palsy
124.	Split Skin Grafting under RA
125.	Wolfe skin graft
126.	Plastic surgery to the floor of the mouth under GA

Urology	
127.	AV fistula - wrist
128.	URSL with stenting
129.	URSL with lithotripsy

130.	CystoscopicLitholapaxy
131.	ESWL
132.	Haemodialysis
133.	Bladder Neck Incision
134.	Cystoscopy & Biopsy
135.	Cystoscopy and removal of polyp
136.	Suprapubiccystostomy
137.	percutaneous nephrostomy
138.	Cystoscopy and "SLING" procedure.
139.	TUNA- prostate
140.	Excision of urethral diverticulum
141.	Removal of urethral Stone
142.	Excision of urethral prolapse
143.	Mega-ureter reconstruction
144.	Kidney renoscopy and biopsy
145.	Ureter endoscopy and treatment
146.	Vesico ureteric reflux correction
147.	Surgery for pelvi ureteric junction obstruction
148.	Anderson hynes operation
149.	Kidney endoscopy and biopsy
150.	Paraphimosis surgery
151.	injury prepuce- circumcision
152.	Frenular tear repair
153.	Meatotomy for meatal stenosis
154.	surgery for fournier's gangrene scrotum
155.	surgery filarial scrotum
156.	surgery for watering can perineum
157.	Repair of penile torsion
158.	Drainage of prostate abscess
159.	Orchiectomy
160.	Cystoscopy and removal of FB

Neurology	
161.	Facial nerve physiotherapy
162.	Nerve biopsy
163.	Muscle biopsy
164.	Epidural steroid injection
165.	Glycerol rhizotomy
166.	Spinal cord stimulation
167.	Motor cortex stimulation
168.	Stereotactic Radiosurgery
169.	Percutaneous Cordotomy
170.	Intrathecal Baclofen therapy
171.	Entrapment neuropathy Release
172.	Diagnostic cerebral angiography
173.	VP shunt

174.	Ventriculoatrial shunt

Thoracic surgery	
175.	Thoracoscopy and Lung Biopsy
176.	Excision of cervical sympathetic Chain Thoracoscopic
177.	Laser Ablation of Barrett's oesophagus
178.	Pleurodesis
179.	Thoracoscopy and pleural biopsy
180.	EBUS + Biopsy
181.	Thoracoscopy ligation thoracic duct
182.	Thoracoscopy assisted empyaema drainage

Gastroenterology	
183.	Pancreatic pseudocyst EUS & drainage
184.	RF ablation for barrett'sOesophagus
185.	ERCP and papillotomy
186.	Esophagoscope and sclerosant injection
187.	EUS + submucosal resection
188.	Construction of gastrostomy tube
189.	EUS + aspiration pancreatic cyst
190.	Small bowel endoscopy (therapeutic)
191.	Colonoscopy, lesion removal
192.	ERCP
193.	Colonscopy stenting of stricture
194.	Percutaneous Endoscopic Gastrostomy
195.	EUS and pancreatic pseudo cyst drainage
196.	ERCP and choledochoscopy
197.	Proctosigmoidoscopy volvulus detorsion
198.	ERCP and sphincterotomy
199.	Esophageal stent placement
200.	ERCP + placement of biliary stents
201.	Sigmoidoscopy w / stent
202.	EUS + coeliac node biopsy

General Surgery	
203.	Infected Keloid Excision
204.	Incision of a pilonidal sinus / abscess
205.	Axillary lymphadenectomy
206.	Wound debridement and Cover
207.	Abscess-Decompression
208.	Cervical lymphadenectomy
209.	infected sebaceous cyst
210.	Inguinal lymphadenectomy
211.	Incision and drainage of Abscess
212.	Suturing of lacerations
213.	Scalp Suturing
214.	Infected lipoma excision
215.	Maximal anal dilatation

216.	Piles a. Injection Sclerotherapy b. Piles banding
217.	Liver Abscess- catheter drainage
218.	Fissure in Ano- fissurectomy
219.	Fibroadenoma breast excision
220.	Oesophagealvarices Sclerotherapy
221.	ERCP - pancreatic duct stone removal
222.	Perianal abscess I&D
223.	Perianal hematoma Evacuation
224.	Fissure in anosphincterotomy
225.	UGI scopy and Polypectomyoesophagus
226.	Breast abscess I& D
227.	Feeding Gastrostomy
228.	Oesophagoscopy and biopsy of growth oesophagus
229.	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
230.	ERCP - Bile duct stone removal
231.	Ileostomy closure
232.	Colonoscopy
233.	Polypectomy colon
234.	Splenic abscesses Laparoscopic Drainage
235.	UGI SCOPY and Polypectomy stomach
236.	Rigid Oesophagoscopy for FB removal
237.	Feeding Jejunostomy
238.	Colostomy
239.	Ileostomy
240.	colostomy closure
241.	Submandibular salivary duct stone removal
242.	Pneumatic reduction of intussusception
243.	Varicose veins legs - Injection sclerotherapy
244.	Rigid Oesophagoscopy for Plummer vinson syndrome
245.	Pancreatic Pseudocysts Endoscopic Drainage
246.	ZADEK's Nail bed excision
247.	Subcutaneous mastectomy
248.	Excision of Ranula under GA
249.	Rigid Oesophagoscopy for dilation of benign Strictures
250.	Eversion of Sac a. Unilateral b. Bilateral
251.	Lord's plication
252.	Jaboulay's Procedure
253.	Scrotoplasty
254.	Surgical treatment of varicocele
255.	Epididymectomy
256.	Circumcision for Trauma
257.	Meatoplasty
258.	Intersphincteric abscess incision and drainage
259.	Psoas Abscess Incision and Drainage

260.	Thyroid abscess Incision and Drainage
261.	TIPS procedure for portal hypertension
262.	Esophageal Growth stent
263.	PAIR Procedure of Hydatid Cyst liver
264.	Tru cut liver biopsy
265.	Photodynamic therapy or esophageal tumour and Lung tumour
266.	Excision of Cervical RIB
267.	268 laparoscopic reduction of intussusception
268.	Microdochectomy breast
269.	Surgery for fracture Penis
270.	Sentinel node biopsy
271.	Parastomal hernia
272.	Revision colostomy
273.	Prolapsed colostomy- Correction
274.	Testicular biopsy
275.	laparoscopic cardiomyotomy(Hellers)
276.	Sentinel node biopsy malignant melanoma
277.	laparoscopic pyloromyotomy (Ramstedt)

Orthopedics	
278.	Arthroscopic Repair of ACL tear knee
279.	Closed reduction of minor Fractures
280.	Arthroscopic repair of PCL tear knee
281.	Tendon shortening
282.	Arthroscopic Meniscectomy - Knee
283.	Treatment of clavicle dislocation
284.	Arthroscopic meniscus repair
285.	Haemarthrosis knee- lavage
286.	Abscess knee joint drainage
287.	Carpal tunnel release
288.	Closed reduction of minor dislocation
289.	Repair of knee cap tendon
290.	ORIF with K wire fixation- small bones
291.	Release of midfoot joint
292.	ORIF with plating- Small long bones
293.	Implant removal minor
294.	K wire removal
295.	POP application
296.	Closed reduction and external fixation
297.	Arthrotomy Hip joint
298.	Syme's amputation
299.	Arthroplasty
300.	Partial removal of rib
301.	Treatment of sesamoid bone fracture
302.	Shoulder arthroscopy / surgery
303.	Elbow arthroscopy

304.	Amputation of metacarpal bone
305.	Release of thumb contracture
306.	Incision of foot fascia
307.	calcaneum spur hydrocort injection
308.	Ganglion wrist hyalase injection
309.	Partial removal of metatarsal
310.	Repair / graft of foot tendon
311.	Revision/Removal of Knee cap
312.	Amputation follow-up surgery
313.	Exploration of ankle joint
314.	Remove/graft leg bone lesion
315.	Repair/graft achilles tendon
316.	Remove of tissue expander
317.	Biopsy elbow joint lining
318.	Removal of wrist prosthesis
319.	Biopsy finger joint lining
320.	Tendon lengthening
321.	Treatment of shoulder dislocation
322.	Lengthening of hand tendon
323.	Removal of elbow bursa
324.	Fixation of knee joint
325.	Treatment of foot dislocation
326.	Surgery of bunion
327.	intra articular steroid injection
328.	Tendon transfer procedure
329.	Removal of knee cap bursa
330.	Treatment of fracture of ulna
331.	Treatment of scapula fracture
332.	Removal of tumor of arm/ elbow under RA/GA
333.	Repair of ruptured tendon
334.	Decompress forearm space
335.	Revision of neck muscle (Torticollis release)
336.	Lengthening of thigh tendons
337.	Treatment fracture of radius & ulna
338.	Repair of knee joint Paediatric surgery
339.	Excision Juvenile polyps rectum
340.	Vaginoplasty
341.	Dilatation of accidental caustic stricture oesophageal
342.	PresacralTeratomas Excision
343.	Removal of vesical stone
344.	Excision Sigmoid Polyp
345.	SternomastoidTenotomy
346.	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
347.	Excision of soft tissue rhabdomyosarcoma
348.	Mediastinal lymph node biopsy
349.	High Orchidectomy for testis tumours

350.	Excision of cervical teratoma
351.	Rectal-Myomectomy
352.	Rectal prolapse (Delorme's procedure)
353.	Orchidopexy for undescended testis
354.	Detorsion of torsion Testis
355.	lap.Abdominal exploration in cryptorchidism
356.	EUA + biopsy multiple fistula in ano
357.	Cystic hygroma - Injection treatment
358.	Excision of fistula-in-ano

Gynaecology	
359.	Hysteroscopic removal of myoma
360.	D&C
361.	Hysteroscopic resection of septum
362.	thermal Cauterisation of Cervix
363.	MIRENA insertion
364.	Hysteroscopicadhesiolysis
365.	LEEP
366.	Cryocauterisation of Cervix
367.	Polypectomy Endometrium
368.	Hysteroscopic resection of fibroid
369.	LLETZ
370.	Conization
371.	polypectomy cervix
372.	Hysteroscopic resection of endometrial polyp
373.	Vulval wart excision
374.	Laparoscopic paraovarian cyst excision
375.	uterine artery embolization
376.	Bartholin Cyst excision
377.	Laparoscopic cystectomy
378.	Hymenectomy(imperforate Hymen)
379.	Endometrial ablation
380.	vaginal wall cyst excision
381.	Vulval cyst Excision
382.	Laparoscopic paratubal cyst excision
383.	Repair of vagina (vaginal atresia)
384.	Hysteroscopy, removal of myoma
385.	TURBT
386.	Ureterocoele repair - congenital internal
387.	Vaginal mesh For POP
388.	Laparoscopic Myomectomy
389.	Surgery for SUI
390.	Repair recto- vagina fistula
391.	Pelvic floor repair (excluding Fistula repair)
392.	URS + LL
393.	Laparoscopic oophorectomy

Critical care	
394.	Insert non- tunnel CV cath
395.	Insert PICC cath (peripherally inserted central catheter)
396.	Replace PICC cath (peripherally inserted central catheter)
397.	Insertion catheter, intra anterior
398.	Insertion of Portacath

Annexure I-B: List of Day Care Procedures (applicable to Insured Pets)

1. Ear, Nose and Throat Procedures
Removal of foreign bodies from ear or nasal passages
Ear canal procedures requiring sedation or anaesthesia
Rhinoscopy
Biopsy of Nasal or Oral lesions
2. Oncology-Related Day Care Treatments
Chemotherapy administration
Immunotherapy Administration
Tumor Biopsy Procedures
Minor tumour excision procedures not requiring prolonged hospitalization
Diagnostic oncology procedures performed on a day care basis
3. Urogenital Procedures
Catheterization for urinary obstruction requiring day care admission
Cystoscopy and related diagnostic procedures
Removal of urinary tract foreign bodies through minimally invasive procedures
Bladder stone removal by minimally invasive techniques
4. Gastrointestinal Procedures
Endoscopic removal of foreign bodies
Diagnostic endoscopy requiring sedation or anaesthesia
Treatment of gastric dilatation requiring emergency stabilization and discharge within 24 hours
Minor anorectal procedures
Colonoscopy
Gastrointestinal Biopsy
5. Neurology
Botulinum Toxin Injections for Neuromuscular Disorders
Intrathecal Drug Administration
Epidural Injections for Pain Management
Neurological Pain Block Procedures
Seizure Evaluation and Stabilization requiring monitored day-care admission

6. Orthopaedic Procedures
Closed reduction and stabilization of fractures or dislocations
Removal of orthopaedic implants where hospitalization exceeding 24 hours is not required
Joint aspiration or arthrocentesis requiring sedation or anaesthesia
7. General surgery
Wound debridement and surgical wound management
Abscess drainage
Laceration repair requiring anaesthesia
Removal of superficial masses, cysts, or benign skin growths
Minor reconstructive procedures
Surgical treatment of bite wounds
8. Ophthalmic Procedures
Surgical treatment of corneal ulcers
Eyelid surgery (including entropion and ectropion correction)
Removal of foreign bodies from the eye
Other minor ophthalmic procedures performed under sedation or anaesthesia

NOTE:

i. Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.

ii. The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Annexure II-A: For Consumables Plus

List I: List of Non-Medical Items

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable

19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICECHARGES WHERE NURSING CHARGE ALSO CHARGED	Not Payable
22	TELEVISION CHARGES	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEEBRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUSBED ORWATER OR AIRBEDCHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL	Not Payable
53	SUGAR FREE TABLETS	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KITWITH NO DETAILS MENTIONED [DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER, URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

Sr No	Item

1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MT SC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III- Items that are to be subsumed into Procedure Charges

Sr. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER

6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

Sr. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure II-B (Pet Specific): For Consumables Plus

A	**Wound Care, Dressing and Post-Operative Consumables**
1	Crepe bandage
2	Cohesive veterinary bandage / self-adhesive bandage
3	Gauze, cotton, dressing pads and wound dressing material
4	Surgical tape / micropore tape
5	Cold pack / hot pack
6	Splint
7	Cast padding / under-cast padding
8	Protective wound cover
9	Surgical drape / disposable drape
10	Medical pet recovery suit, where prescribed post-surgery
B	**Orthopaedic and Mobility Support Consumables**
11	Pet limb brace / orthopaedic brace
12	Veterinary cervical collar / neck support
13	Veterinary joint immobilizer
14	Pet support sling / mobility sling
15	Spinal or lumbar support brace, where prescribed
16	Traction belt/support device, where medically necessary
17	Pet wheelchair/walking aid, only if specifically covered and prescribed
C	**Oxygen Therapy, Respiratory and Critical Care Consumables**
18	Oxygen mask
19	Oxygen tubing
20	Oxygen cannula/nasal line
21	Nebulizer kit
22	Spacer device for inhalation therapy
23	Oxygen hood/chamber consumables, where separately billed
24	Oxygen cylinder for use outside the hospital, only if prescribed and specifically allowed under the Policy Schedule
D	**IV Access, Infusion and Catheterization Consumables**
25	IV cannula / Vasofix safety
26	IV extension line
27	IV infusion set
28	Three-way stopcock
29	Syringes and needles
30	Heparin cap / needle-free connector
31	Urinary catheter
32	Foley catheter
33	Urine collection bag
34	Urometer
35	Drainage catheter / surgical drain
E	**Surgical, Anaesthesia and Monitoring Consumables**
36	ECG electrodes
37	Endotracheal tube / tracheal tube
38	Anaesthesia breathing circuit consumables
39	Disposable surgical gloves

40	Mask
41	Disposable apron/gown/cap/shoe cover, where billed separately
42	Surgical blades
43	Sutures, staples and staple remover
44	Kidney tray
45	Trolley cover / OT table cover, where billed separately
46	Disposable thermometer probe cover
F	**Blood Transfusion Related Consumables**
47	Blood grouping charges
48	Blood cross-matching charges
49	Blood collection bag
50	Blood transfusion set
51	Blood donor sample handling consumables
G	**Kits**
52	Surgery kit, orthopaedic kit, recovery kit or procedure kit, provided each item is clearly itemized in the hospital/veterinary bill