

PROSPECTUS

MY INFINITE CARE UIN: BAJHLIP27082V012627

➤ Who can be covered under the policy?

You can include all of the following relationships:

Proposer /Spouse /Dependent Parents/ Dependent Parents-in-law/ Dependent Children:
18 years – Unlimited

Dependent Children: 3 months – 30 years

Family Floater policy- Insured; his/her lawfully wedded spouse and dependent children
For Parents/ Parents in law can be covered under floater

Policy Renewal age – Lifetime

➤ What are the Sum Insured options available under the policy?

5 Lakh, 10 Lakh, Unlimited

➤ What type of plans are available?

Individual and Floater Policy

➤ What is the entry age eligibility under the policy?

3 months to Unlimited

➤ What is the Policy Tenure available?

1 Year, 2 Years, 3 Years, 4 Years, 5 Years

GENERAL CONDITIONS APPLICABLE TO ALL COVERS/BENEFITS AND OPTIONAL COVERS/BENEFITS

1. If Insured Person opts for Super Cumulative Bonus, then the benefits under the Super Cumulative Bonus optional cover will over-ride the benefits of Section C) 11. Cumulative Bonus.
2. If Insured opts for optional covers, Cost of Prescribed External Medical Aid, Super Cumulative Bonus, Global Cover (Planned & Emergency treatment), Health Limitless, Consumables Plus, Age Shield, Genesis, High End Diagnostics, Annual Preventive Health Check-up, PPN Discount, Smart Tenure, Inflation Protector, the same shall be available on Individual Basis in an Individual Policy and Floater Basis in a Floater Policy.
3. If Insured opts for optional covers of Surrogacy Care, Oocyte Donor, Baby Care, Maternity Package, Chronic Care, Home Nursing Benefit, Accident Shield, Compassionate Visit, Convalescence Benefit, Dependent Accommodation Benefit, Critical Illness Cover, NRI Discount, Chronic Disease Management Program, NRI Package, OPD Care Plus, the same shall be available on Individual Basis in Individual and Floater Policy.
4. Claim under Accident Shield, Teleconsultations, NRI Package, OPD Care Plus will not impact Age Shield cover.
5. Either Voluntary Co-payment or Voluntary Aggregate Deductible can be opted. Both cannot be opted together in the same Policy.
6. Where applicable, the total Sum Insured shall be utilized per following sequence in the event of a claim:
 - In-patient Hospitalisation Treatment (Base) Sum Insured.
 - Cumulative Bonus/ Super Cumulative Bonus (If opted).
 - Inflation Protector
 - Sum Insured Reinstatement.
 - Health Limitless (If opted).

SECTION C) 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

If Insured Person is Hospitalized 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.

2. Pre-Hospitalisation Medical Expense

We will indemnify You against the Reasonable and Customary Medical Expenses incurred in respect of the Insured Person during the period of 90 days immediately before the date of Hospitalization of the Insured Person, up to the 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 claim for such Hospitalization is accepted by the Company under "In-patient Hospitalisation treatment" cover of this Policy.

3. Post-Hospitalisation Medical Expense

We will indemnify You against the Reasonable and Customary Medical Expenses incurred in respect of the Insured Person during the period of 180 days immediately after the Insured Person was discharged post Hospitalisation, up to Inpatient Hospitalization Treatment Sum Insured, provided that,

- i. Such Medical Expenses were incurred for the same Illness/Injury for which earlier Hospitalisation was required.
- ii. The claim for such Hospitalization is accepted by the Company under the "In-patient Hospitalisation treatment" cover of this Policy.

4. Modern Treatment Methods and Advancement in Technologies

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

- i. Uterine Artery Embolization and HIFU
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation

- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal Antibody to be given as injection
- vi. Intra-vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchial Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM - (Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

5. AYUSH Hospitalization Cover

If an 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

- i. The Illness/Injury & the procedure performed on the Insured Person on Out-patient basis will not be payable.
- ii. 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.

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 taken by the Insured Person 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 of this Policy document.

7. Organ Donor Expenses

We will indemnify You against the expenses incurred towards the organ donor's screening, harvesting of the donated organ, complications arising out of this procedure up to In-patient Hospitalization Sum Insured maximum up to 10 Lac, 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 Person under "In-patient Hospitalization Treatment";
- iii. We will pay if Insured Person is the receiver of the organ.
- iv. We will also pay for Pre and Post Hospitalization expenses.

Specific Exclusion:

- a) Sum Insured Reinstatement, Health Limitless will not be applicable for/under Organ donor expenses cover.

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 Insured Person 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 Insured Person from the Hospital where You were 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 Your 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 incurred towards Medical Treatment of Insured Person for Illness/disease/Injury up to In-patient Hospitalization Treatment Sum Insured, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances.

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

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

- i. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
- ii. Arthritis, Gout and Rheumatism,
- iii. Chronic Nephritis and Nephritic Syndrome,
- iv. Diarrhoea and all type of Dysenteries including Gastroenteritis,
- v. Diabetes Mellitus and Insipidus,
- vi. Epilepsy,
- vii. Hypertension,
- viii. Psychiatric or Psychosomatic Disorders of all kinds,
- ix. Pyrexia of unknown origin
- x. Vector-borne diseases

10. Home Care Treatment

We will indemnify the Reasonable and Customary medical expenses incurred during the Policy Period, up to the In-Patient Hospitalization Sum Insured for treatment of the Insured Person at home, provided such treatment is prescribed in writing by the treating medical practitioner. Any claim under this benefit shall reduce the Sum Insured.

Home Care Treatment means treatment availed by the Insured Person at home which in normal course would require care and treatment at a Hospital but is actually taken at home provided that:

- a) The Medical Practitioner advises the Insured Person to undergo treatment at home
- b) There is continuous active line of treatment with monitoring of health status by a Medical Practitioner for each day through the duration of the home care treatment
- c) Daily monitoring chart including records of treatment administered duly signed by the treating Doctor is maintained

Note:

- We will pay for Pre & Post hospitalization benefit.
- We pay for peritoneal dialysis, Chemotherapy taken at home.
- We do NOT pay for any Medical & ambulatory devices used at home (like Pulse Oximeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheelchair etc.

11. Cumulative Bonus

The Cumulative Bonus ("CB") will be increased by 50% of In-patient Hospitalisation Treatment (Base) Sum Insured at the end of each Policy Year, subject to maximum up to 100% of the applicable Base Sum Insured, as specified in the Policy Schedule, irrespective of any claim made or paid during the Policy Year, provided the Policy is renewed with the Company without a break.

Note

- i. In case where the Policy is on individual basis, the CB shall be added and available individually to the Insured Person,
- ii. In case where the Policy is on floater basis, the CB shall be added and available to the family on floater basis,
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. 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.

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.
- ii. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient 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.
- v. Sum Insured Reinstatement for floater policy will be at Policy level.
- vi. For individual Sum Insured policy, Sum Insured Reinstatement would be available on Insured Person level.

13. Discount on Services

The Insured Person may have access/ special rates on services such as OPD, Diagnostics, Managed Care, Wellness Centres, Gym, Dental and Vision Care, Pharmacy and other wellness services through network as available on the Company's website/ app.

OPTIONAL COVERS

In consideration of payment of applicable additional premium and receipt thereof by the Company, it is hereby agreed that We will provide the coverage and benefits under any or all of the following optional covers, as opted for by You and specified in the Policy Schedule, subject to the applicable Sum Insured, Limits, Deductibles, Co-payment, Terms, Conditions, Definitions and Exclusions of this Policy and the respective optional cover.

1. Surrogacy Care

If this cover is opted, We will indemnify the Insured Person, being the Surrogate mother, for the reasonable and customary medical expenses incurred towards Inpatient Hospitalization expenses incurred in respect of complications arising during Surrogacy pregnancy and post-partum, subject to the following conditions.

- i. For the purpose of this cover one member of the intending couple / intending woman, as applicable, shall be the Proposer/Policyholder and the Surrogate Mother shall be the Insured Person.
- ii. The Proposal for insurance has to be made 30 days prior to the embryo transfer to the surrogate mother.
- iii. The cover will commence from the date of initiation of the treatment/procedure or Policy inception date whichever later.
- iv. The Policy Period for this coverage is fixed at 36 months from the date of initiation of the Medical Treatment/procedure. After completion of 36 months period, Surrogate Care cover will cease for the insured surrogate mother.
- v. Our maximum liability under this cover for all claims shall be max up to 5 lakhs, as specified against this cover/benefit in the Policy Schedule.
- vi. This cover/benefit shall only be available to Insured Person who is the Surrogate mother and is between the age of 25 to 35 years.
- vii. The surrogacy is carried out in accordance with the Surrogacy (Regulation) Act, 2021, the Surrogacy (Regulation) Rules, 2022 and any amendments, rules, regulations or other applicable requirements issued thereunder from time to time.
- viii. This coverage/benefit is applicable to all or any female Insured Person(s) who have opted for a Policy
- ix. This optional cover can be opted with Base Policy Tenure of 3/4/5 years.

Specific Exclusions:

We shall not be liable under this cover for:

- i. Procedures undertaken at an unauthorized fertility center.
- ii. Any Medical Expenses not attributable to complications arising out of the surrogacy pregnancy or post-partum.
- iii. Pre and Post hospitalization treatment expenses.
- iv. Payment for services rendered to a surrogate.
- v. Expenses for Delivery / Medical termination of pregnancy.
- vi. Any Illness or Injury unrelated to complications of Surrogacy pregnancy and post-partum.

2. Oocyte Donor Cover

If this cover is opted, We will indemnify Insured Person against Oocyte Donor's reasonable and customary medical expenses incurred towards Inpatient Hospitalization expenses covering complications arising during the process of oocyte retrieval, subject to following conditions

- i. For the purpose of this cover one member of the intending couple / intending woman, as applicable, shall be the Proposer and the Oocyte Donor shall be the Insured Person.
- ii. The Proposal for insurance has to be made 30 days prior to the ovarian stimulation for oocyte donor.
- iii. The cover will commence from the date of initiation of the treatment/procedure or Policy inception dated whichever later.
- iv. The cover will be available for up to 12 months from the date of initiation of the treatment/procedure. After completion of 12 months period, Oocyte Donor cover will cease for the Oocyte Donor.
- v. Our maximum liability under this cover for all claims shall be max up to 5 lakhs, as specified against this cover/benefit in the Policy Schedule.
- vi. This cover/benefit shall only be available to Insured Person who is between the age of 23 to 35 years.
- vii. This cover/benefit shall only be available to Insured Person who is the Oocyte Donor.
- viii. The Treatment is carried out in accordance with THE ASSISTED REPRODUCTIVE TECHNOLOGY (REGULATION) ACT, 2021, and any amendments thereafter.

Specific Exclusions:

We shall not be liable under this cover for:

- i. Procedures undertaken at an un-authorized fertility center.
- ii. Pre and Post hospitalization treatment expenses.
- iii. Payment for services rendered to an Oocyte Donor.
- iv. Any Illness or Injury unrelated complications arising due to the process of oocyte retrieval.

3. Baby Care

If this optional cover is opted, We will indemnify You against Reasonable and Customary hospitalization expenses incurred in respect of New-born Baby, for In-patient Hospitalization on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted during the Policy Period. The below listed expenses would be indemnified up to Baby Care Sum Insured specified in Policy Schedule:

- i. Room rent, boarding expenses as per the Room limit/category specified on the Policy Schedule for Inpatient Hospitalization Treatment
- ii. If admitted in ICU, the Company will pay ICU expenses at actuals
- iii. Nursing Expenses as provided by the Hospital
- iv. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
- v. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi. Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
- vii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Specific conditions applicable to Baby Care-

- i. The above cover will be subject to a waiting period of 9 months or 24 months, as opted, and would apply from the date of commencement of Baby Care.
- ii. The baby should be born during the Policy Period.
- iii. You should intimate Us about the birth of your baby within 90 days of delivery.
- iv. The Policy will cover the baby in subsequent renewals subject to payment of premium.

4. Maternity Package

If this cover is opted for by You and specified in the Policy Schedule, We will provide the coverage/benefits under the Maternity Package in accordance with the option selected and specified in the Policy Schedule. Our maximum liability for all admissible claims under the Maternity Package shall not exceed the applicable Maternity Package Sum Insured and/or sub-limits specified in the Policy Schedule

To the extent expressly covered under the selected Maternity Package option, the exclusions relating to Sterility and Infertility (Excl17) and Maternity (Excl18) under this Policy shall not apply. Only the Maternity Package option expressly specified in the Policy Schedule shall apply.

Option A. Maternity Expense (with waiting period of 24 months)

We will indemnify You against the Medical Expenses incurred in respect of an Insured Person for:

- a. delivery of a baby (Self / Surrogate Mother) and / or
- b. medically recommended and lawful termination of pregnancy,

subject to the applicable Maternity Package Sum Insured, limits, sub-limits, waiting period and other terms and conditions specified in this Policy and the Policy Schedule.

The coverage/benefit shall be limited to maximum of 2 deliveries and/or terminations of pregnancy in aggregate during the lifetime of the Insured Person's continuous coverage under this Maternity Package cover with Us, subject to following conditions

- i. Our maximum liability per delivery or termination shall be as per the Maternity Package limit specified in the Policy Schedule.

- ii. We will pay the In-patient Medical Expenses of pre-natal (complete pre-natal period) and post-natal Hospitalization (up to 90 days post-delivery) per delivery or termination of pregnancy up to the Sum Insured specified against this cover/benefit in the Policy Schedule
- iii. The cover will be subject to a waiting period of 24 months from the date of the commencement of Maternity Package optional cover with Us.
- iv. Mandatory Vaccinations of the child up to one year from the date of birth, as recommended by the Indian Paediatric Association will be covered subject to the applicable Maternity Package Sum Insured.

Option B. Maternity Expense (with waiting period of 9 months)

We will indemnify You against the Medical Expenses incurred in respect of an Insured Person for:

- a. delivery of a baby (Self / Surrogate Mother) and / or
- b. medically recommended and lawful termination of pregnancy,

subject to the applicable Maternity Package Sum Insured, limits, sub-limits, waiting period and other terms and conditions specified in this Policy and the Policy Schedule.

The coverage/benefit shall be limited to maximum of 2 deliveries and/or terminations of pregnancy in aggregate during the lifetime of the Insured Person's continuous coverage under this Maternity Package with Us, subject to following conditions

- i. Our maximum liability per delivery or termination shall be as per the Maternity Package limit specified in the Policy Schedule.
- ii. We will pay the In-patient Medical Expenses of pre-natal (complete pre-natal period) and post-natal Hospitalization (up to 90 days post-delivery) per delivery or termination of pregnancy up to the Sum Insured specified against this cover/benefit in the Policy Schedule
- iii. The cover will be subject to a waiting period of 9 months from the date of the commencement of Maternity Package optional cover with Us.
- iv. Mandatory Vaccinations of the child up to one year from the date of birth, as recommended by the Indian Paediatric Association will be covered subject to the applicable Maternity Package Sum Insured.

Option C. Maternity Expenses + Assisted Reproductive Technology Expenses

Where this option is specified in the Policy Schedule, the Insured Person shall be entitled to:

- a. the Maternity Expenses cover described in "Option A. Maternity Expense (with waiting period of 24 months)" mentioned above, and
- b. the Assisted Reproductive Technology Expenses cover described below,

subject to the applicable Sum Insured, sub-limits, waiting periods and other terms and conditions specified in the Policy Schedule.

Assisted Reproductive Technology Expenses

We will indemnify You against reasonable and customary Medical Expenses incurred in respect of the Insured Person for the Assisted Reproductive Technology procedures (as listed below) subject to following conditions:

- 1. The Insured Person can avail this cover/benefit during only one Policy Year during the lifetime of the Insured Person's continuous coverage under this optional cover with Us.
- 2. The treatment is carried out in accordance with The Assisted Reproductive Technology (Regulation) Act, 2021, the rules made thereunder and other applicable law, including any amendments to it thereafter.
- 3. This cover shall be available only to an Insured Person aged between 21 years to 45 years of age.
- 4. The cover will be subject to a waiting period of 24 months from the date of the commencement of Maternity Package optional cover with Us.

5. Cover will be available for following Listed procedures:
- Intra Uterine Insemination (IUI)
 - In vitro fertilization and embryo transfer (IVF-ET) and similar techniques.
 - Intracytoplasmic sperm injection (ICSI)
 - Gamete Intrafallopian Tube Transfer (GIFT)
 - Zygote Intra-Fallopian Transfer (ZIFT)

Specific Exclusions to Assisted Reproductive Technology:

- Sub-fertility services that are deemed to be unproven, experimental or investigational.
- Pre and Post treatment expenses.
- Reversal of voluntary sterilization.
- Payment for services rendered to a surrogate.
- Costs associated with cryopreservation and storage of sperm, eggs and embryos.
- Services done at unrecognized center.

5. Chronic Care

If this cover is opted, We shall indemnify You against the Medical Expenses incurred in relation to an admissible Hospitalization of the Insured Person, including In-patient Hospitalization Treatment, Pre-Hospitalisation Medical Expense and Post-Hospitalisation Medical Expense), due to or arising from any of the chronic condition(s) listed below and their complications from the 31st day of Policy inception date after completion of the first 30 days from the date of commencement of this optional cover for the respective Insured Person, provided that,

- The chronic conditions/diseases/illnesses is declared by the Insured and accepted by Us at the inception of the Policy wherein this optional cover is opted and mentioned in the Policy Schedule; or
- If the chronic conditions/diseases/illnesses is detected during pre-policy medical examination, coverage shall apply only if accepted by the Company and reflected in the Policy Schedule.
- Once applied, the premium loading for Chronic Care continues for all renewals.
- The above reduced waiting period of 30 days shall be applicable only for specified Insured Persons who have opted and paid additional premium for this optional cover.
- This optional cover shall be applicable on Individual basis in case of an Individual Base Policy. In case of a Floater Base 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.
- Increase in Sum Insured of this optional cover- A waiting period of 30 days shall be applicable on the incremented Sum Insured in case the Sum Insured of this optional cover is increased at the time of renewal. 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.

Chronic conditions/Diseases/illnesses covered under this optional cover are as below:

- 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.
- 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.
- 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.
- 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.

- v. **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:
- BMI greater than or equal to 25 is overweight.
 - BMI greater than or equal to 30 is obesity.
- vi. **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.
- vii. **Chronic Obstructive Pulmonary Disease (COPD)** which includes chronic bronchitis and emphysema, is a long-term lung disease that causes progressive permanent damage to Lung leading to airway related symptoms.
- viii. **Coronary Artery Disease with PTCA done prior to 1 year**
- Coronary artery disease is the build-up of lipid-rich plaque in the arteries that supply oxygen-rich blood to the heart. Plaque causes a narrowing or blockage that could result in a heart attack.
 - PTCA (Coronary Angioplasty) is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
 - Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
 - Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded from the scope of this definition

6. Air Ambulance

If this cover is opted by the Insured, it is hereby agreed that the Policy is extended to cover the expenses incurred for transportation of an Insured Person by an airplane or helicopter functioning as an air ambulance, in an emergency life threatening health conditions arising, directly and independently of all other causes, due to an Illness/ Accident occurred during Policy Period, to the nearest Hospital, provided that the related claim is admissible under the In-patient Hospitalisation Treatment cover under the Policy.

Our maximum liability for all admissible claims under this optional cover shall not exceed ₹10,00,000 lakhs, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Claim under this optional cover shall be payable only upon fulfilment of the following conditions:

- Such life-threatening emergency condition is certified by the Medical Practitioner; and
- We have accepted Insured Person's related claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" cover of the Policy;
- The Air Ambulance facility is availed within the Indian Geographical limits;
- Transportation of the Insured Person to his/her residence by air ambulance is excluded;
- Such air ambulance should have been duly licensed/authorised to operate as such by competent authorities of the Government/s.

7. 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 arising out of specific Illness or Injury against which We have accepted Insured Persons's Claim under "In-patient Hospitalization Treatment" cover under the Policy. Our maximum liability for all admissible claims under this optional cover shall be as specified in the Policy Schedule.

Note- If this cover is opted, then point no 5 in "III. Specific Exclusions" under "SECTION D) WAITING PERIOD AND EXCLUSIONS" of this Policy is deemed to be inoperative to the extent coverage provided under this optional cover.

8. Super Cumulative Bonus

If this cover is opted, We will provide a Super Cumulative Bonus of 100% of the expiring or renewed Sum Insured (whichever is lower) at the end of each Policy Year which is credited to the Sum Insured for the next Policy Year without any increase in premium and regardless of whether a claim has been made, provided that the Policy is continuously renewed with Us and subject to the following conditions:

- i. There is no maximum limit on the amount of Super Cumulative Bonus that can be accrued under this benefit.
- ii. This Optional Cover shall not be available to policies with Unlimited Sum insured, although it can accumulate up to a Unlimited Sum Insured.
- iii. If You opt out of this Optional Cover at the time of renewal, the Super Cumulative Bonus accumulated under this Optional Cover will reduce to zero.
- iv. All the conditions under the Basic Cover - Cumulative Bonus shall be applicable to this Optional Cover.

9. Age Shield

If this cover is opted, the premium payable at each Renewal of the Policy shall be calculated considering the age of the Insured Person at the time of inception of first Policy under which this optional cover commenced ("Entry Age"), and the applicable Sum Insured, at the premium rates then in force, provided that no claim has been paid against the Policy.

E.g. If You purchase first Policy along with this optional cover at the age of 25 years, 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 age of Insured Person 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 Period 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 Base Policy covering multiple Insured Persons with separate individual Sum Insured, the benefit under this Rider 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 optional cover will cease for the entire 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 Insured Persons 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 Insured Person at which the floater Policy were taken by individuals, provided no claim is paid under the floater Policy.

10. Consumables Plus

If this cover is opted, We will indemnify You against the Non-Medical Expenses/ consumables (mentioned in List I, II, III, IV of Annexure II) incurred during treatment of the Insured Person during the Policy Period up to Sum Insured of Inpatient Hospitalisation Treatment cover, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover of Policy. This cover shall not be available outside the geographical boundaries of India, even where Cover has been opted.

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

Note: If this Optional Cover is opted by You, then exclusion point no 8 in "III. General Exclusion-Specific" under "SECTION D) WAITING PERIOD AND EXCLUSIONS" of this Policy will be deemed to be inoperative to the extent coverage provided under this optional cover.

11. Genesis

If this cover is opted by You, You may add your future spouse as an Insured Person under the Policy upon marriage, and upon addition of such spouse, all the waiting periods already completed by You under this Policy, namely Initial Waiting Period, Pre-Existing Disease waiting period, specified disease/ procedure waiting period, as applicable, will be credited to the spouse to the extent completed by You as on the date of addition of the spouse.

Special conditions applicable to Genesis:

- i. This optional cover may be opted for only during the first two Policy Years from the inception of first Policy with us (irrespective of the Policy Period). Such that:
 - a. Where the Policy issued with a Policy Period of one year and is continuously renewed for a successive one-year periods, the Insured Person has to opt for this optional cover either at the time of Policy Inception or the first Renewal. This Optional Cover shall not be applicable and available in case the Insured Person wishes to opt for this cover at the time of second Renewal and thereafter.
 - b. Where the Policy is issued with a Policy Period of 2, 3, 4 or 5 years, the cover may be opted for only at the time of Policy inception itself to avail the benefit and thereafter this cover shall not be available and cannot be opted for.
- ii. Only a spouse whom you marry after commencement of this optional cover can be added under this benefit.
- iii. You shall submit a valid marriage certificate to Us to add Your spouse as an Insured Person under the Policy.
- iv. The spouse can be added anytime during the Policy Period or at Renewal, provided a request for addition is made within 30 days from the date of marriage.
- v. The spouse must be added as an Insured Person within 30 days from the date of the marriage.
- vi. Benefit under this optional cover shall be available only where the spouse is not more than 30 years of age on the date of addition to the Policy.

12. Smart Tenure

If the Insured has opted for this cover, then in the case of multi-year Policy, the annual Sum Insured under Policy for Insured Person(s) will be combined for the entire Policy Period. Such combined Sum Insured will be available as a single cumulative limit for all admissible claims during the Policy Period.

(For example: For a 5-year Policy with an annual Sum Insured of Rs 5 Lakhs, the combined Sum Insured available would be Rs 25 Lakhs (Rs 5 Lakhs x 5 Years).

Illustrations:

Scenario 1: 5-year Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1 st Year	20 Lakhs	Payable under Smart Tenure
2 nd Year	5 Lakhs	Payable under Smart Tenure
3 rd Year	1 Lakhs	Payable under Sum Insured Reinstatement

Scenario 2: 5-year Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1 st Year	25 Lakhs	Payable under Smart Tenure
2 nd Year	5 Lakhs	Payable under Sum Insured Reinstatement

Scenario 3: 5-year Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1 st Year	10 Lakhs	Payable under Smart Tenure

2 nd Year	10 Lakhs	Payable under Smart Tenure
3 rd Year	5 Lakhs	Payable under Smart Tenure
4 th Year	10 Lakhs	5 Lakhs Payable under Sum Insured Reinstatement

This cover shall be subject to the following conditions:

- The combined Sum Insured may only be utilized for expenses arising out of any of the following applicable covers under the Policy: In-patient Hospitalisation Treatment, Day Care Treatment, Modern Treatment Methods and Advancement in Technologies, Pre & Post Hospitalisation Medical Expense, AYUSH Hospitalization Cover, Organ donor expenses and Road Ambulance.
- Any balance Sum Insured will be carried forward to the remaining Policy Period as depicted in Scenario above.
- Only the Sum Insured of "In-patient Hospitalisation Treatment Cover" of the Policy shall be considered for calculating combined Sum Insured under Policy under this optional cover.
- This cover is applicable only for Hospitalization claims arising within India.
- Any claim paid under the Policy that reduces the Sum Insured will correspondingly reduce the combined Sum Insured available under this cover.
- If this optional cover is opted, then the Insured is not eligible to opt for Health Limitless, Global Cover optional covers.
- If this cover is opted, the facility of payment of Premium in instalments shall not be available and the entire amount of applicable premium shall be paid in full.

13. Health Limitless

If this cover is opted, We will indemnify You against the Medical Expenses incurred in respect of Hospitalization of the Insured Person for any one admissible claim under In-Patient Hospitalisation Treatment / Day Care Treatment/ AYUSH Hospitalization cover during the lifetime of this optional cover, without any limits on the Annual Sum Insured, subject to the terms, conditions and exclusions of the Policy and this optional cover.

This optional cover shall be subject to the following conditions:

- This optional cover may be opted for only during the first two Policy Years from the inception of first Policy with us (irrespective of the Policy Period). Such that:
 - Where the Policy issued with a Policy Period of one year and is continuously renewed for a successive one-year periods, the Insured Person has to opt for this optional cover either at the time of Policy Inception or the first Renewal. This Optional Cover shall not be applicable and available in case the Insured Person wishes to opt for this cover at the time of second Renewal and thereafter.
 - Where the Policy issued with a Policy Period of 2, 3, 4 or 5 years, the cover may be opted for only at the time of Policy inception itself to avail the benefit and thereafter this cover shall not be available and cannot be opted for.
- This benefit under this cover shall be available and applicable only for one admissible claim during the lifetime of this optional cover, irrespective of Policy Period or Policy type (whether issued on Individual or Floater basis) and should be admissible under Inpatient Hospitalisation Treatment/Day Care Treatment/ AYUSH Hospitalization. Except to the extent expressly modified by this Optional cover, all the conditions applicable to the basic covers under Policy shall be applicable to this optional cover.
- Once a claim has been made under this Optional Cover, the cover will cease to exist and cannot be opted again upon subsequent Renewals.
- Voluntary Co-payment or Voluntary Aggregate Deductible, if opted by the You, shall be applicable to the underlying claim under this cover.
- This Optional Cover shall not be available where the Policy provides an Unlimited Sum Insured.

14. Global Cover

If this cover is opted, and if Insured Person is 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 in the Policy Schedule.

- Room and Boarding expenses as per the limit/category specified on the Policy Schedule.
- 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

1. The Sum Insured for this cover would be over and above the In-patient Hospitalization Sum Insured.
2. You will have to choose from a range of mandatory co-payment options-0%, 20%, 30%, 40% & 50%
3. The Insured Person can be diagnosed anywhere in the world and can go for treatments anywhere in the world.
4. This benefit is available under cashless and reimbursement.
5. The following benefits will be considered for Global Cover also: Road Ambulance, In-patient treatment hospitalization, Pre and Post hospitalization, Organ Donor.
6. Age Shield will be impacted, if a claim is paid under this benefit.
7. This optional benefit is not available to Non-Indian citizens & people who are not permanent residents of India.
8. Sum Insured Reinstatement, Cumulative Bonus/ Super Cumulative Bonus, Health Limitless or Inflation Protector accrued cannot be used for payment of claims under Global Cover.
9. We will cover up to standard private room only.
10. 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.

Base Sum Insured	Global Cover Limit
5 Lac	5 Lac
10 Lac	10 Lac
Unlimited	5 Cr

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

15. Inflation Protector

The Inflation Protector Cover is designed to protect the Sum Insured against rising inflation by linking the Sum Insured under the basic cover to the Consumer Price index (CPI). If this cover is opted, the Sum Insured of basic cover under the Policy will increase on a cumulative basis at each Renewal based on the inflation rate for previous year. The inflation rate will be computed as the average CPI for the entire calendar year, as published by the National Statistical Office (NSO) under the Ministry of Statistics and Programme Implementation (MoSPI).

This Optional Cover shall not be available where the Policy provides an Unlimited Sum Insured.

The percentage increase applies only on the Sum Insured and not on Cumulative Bonus or any other covers which increase the Sum Insured.

If, at the time of renewal, the Insured Person opts out of this cover, any increase in the Sum Insured accrued under this cover up to the expiring Policy Year will be forfeited.

For example,

Year	Sum Insured	Opted for Inflation Protector	Inflation Protector at Renewal Computation*	Overall Inflation Protector
0	INR 5,00,000	Yes	Not applicable	Not applicable
1	INR 5,00,000	Yes	5,00,000 × 6% = 30,000	INR 30,000

2**	INR 10,00,000	Yes	$5,00,000 \times 6\% = 30,000$	INR 30,000 + INR 30,000 = INR 60,000
3	INR 10,00,000	Yes	$10,00,000 \times 6\% = 60,000$	INR 60,000 + INR 60,000 = INR 1,20,000
4	INR 10,00,000	No	Nil as customer opted out of the Optional Cover	Nil

* Inflation Protector computation is based on 6% of the applicable Sum Insured at renewal.

** Sum Insured increased from INR 5,00,000 to INR 10,00,000.

16. Home Nursing Benefit

If this cover is opted and if we have paid a claim for In-patient Hospitalization Treatment and on advice of the Medical Practitioner if a Registered Nurse is engaged for post-hospitalization care, We will pay fixed per day benefit of INR 2,000/5000 per day amount as specified in Policy Schedule for a period up to 10 days subject to the below conditions:

- Home Nursing must be recommended by Medical Practitioner with valid medical certificate stating the reason for providing Nursing Care at Home.
- The benefit will not be paid for more than 10 days per Policy Year.
- Claim for Home Nursing shall be paid only if we have paid a claim for In-patient hospitalization Treatment cover.
- Insured Person was Hospitalized in preceding 10 days period for the same Illness/Injury.
- A valid bill with number of days of service utilization along with dates should be provided at the time of claims.

17. Accident Shield

a. Death

If the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in death of the Insured Person within 12 months from the date of the Accident then, We agree to pay an amount basis the Base Sum Insured opted and as specified below for this benefit, to the Nominee of the Insured Person named in the Schedule.

Disappearance:

In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident.

If at any time, after the payment of the Accidental death benefit pursuant to Disappearance, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company and the person who received such benefit shall repay to the Company the amount paid under this benefit.

b. Permanent Total Disability

If during the Policy Period, the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Total Disability within twelve (12) months from the date of Accident, then the Company agrees to pay an amount equivalent to the base Sum Insured as stated in the Policy Schedule.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Loss of the sight of both eyes
- Physical separation of or the loss of ability to use both hands or both feet
- Physical separation of or the loss of ability to use one hand and one foot
- Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

c. Permanent Partial Disability

If, during the Policy Period, the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in permanent partial disability within twelve (12) months from the date of Accident, then

the Company agrees to pay the percentage shown in the table below applied to the Permanent Partial Disability Sum Insured shown under the section III of the Policy Schedule

Hearing of both ears	75%
An arm at the shoulder joint	70%
A leg above mid-thigh	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A leg up to mid-thigh	60%
A hand at the wrist	55%
A leg up to beneath the knee	50%
An eye	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
Hearing of one ear	30%
A thumb	20%
An index finger	10%
Sense of smell	10%
Sense of taste	5%
Any other finger	5%
A large toe	5%
Any other toe	2%

If the permanent partial disability is not listed in the above table, then the percentage of permanent partial disability as certified by the Government Civil Surgeon shall be considered for assessment of the claim. The Company will pay the percentage of permanent partial disability specified in such certificate, applied to the permanent partial disability Sum Insured as stated under the respective section of the Policy Schedule.

If more than one type of Permanent Partial Disability has resulted due to Accidental Injury, the aggregate claim amount payable for all such disabilities put together shall not exceed the Permanent Partial Disability Sum Insured as specified in the Policy Schedule.

Note:

- If we become liable to make payment under a, b or c, then this cover will cease as far as the Insured Person is concerned.
- Benefit available up to 2 times the Sum Insured; for Unlimited Sum Insured, coverage is capped at ₹50 lakhs.
-

Base Sum Insured	Accident Shield Limit
5 Lac	10 Lac
10 Lac	20 Lac
Unlimited	50 Lac

18. High End Diagnostics

Under this cover, we will reimburse You for the medical expenses incurred in respect of the Insured Person, on an OPD basis, for the following diagnostics tests, if medically necessary and prescribed by the Medical Practitioner as a part of a diagnosis or treatment of any Illness or Injury, up to a maximum of INR 25,000 in aggregate in a Policy Year.

- i. Brain Perfusion Imaging
- ii. CT guided biopsy
- iii. CT urography
- iv. Digital Subtraction Angiography (DSA)
- v. Liver Biopsy
- vi. Magnetic Resonance Cholangiography Scan
- vii. PET CT
- viii. PET MRI
- ix. Renogram

Note: Only the Initial waiting period of 30 days shall apply from the date of commencement of this optional cover.

19. Annual Preventive Health Check-up cover

Under this cover, each eligible Insured Person(s) can avail one Preventive Health Check-up in each Policy Year, on a cashless basis only, at the prescribed network centres of Our Service Provider, subject to the terms and conditions of this Optional Cover.

The Preventive Health Check-up shall comprise the medical tests specified below, based on the Age and other applicable eligibility criteria of the Insured Person.

Medical Tests Applicable for Insured Persons who are of Age 18 years or above on the Policy Period Start Date

Sum Insured	List of Medical Tests
≤ ₹10 Lakhs	Complete Blood Count (CBC), Urine Routine, ESR, ABO Group & Rh Type, Blood Sugar Fasting, Cholesterol, Cholesterol Direct LDL, Cholesterol-HDL, Triglycerides, Total Cholesterol/HDL Ratio, Creatinine, Blood Urea Nitrogen (BUN), BUN/Creatinine Ratio, Uric Acid
> ₹10 Lakhs	Complete Blood Count (CBC), Urine Routine, ESR, ABO Group & Rh Type, Blood Sugar Fasting, Cholesterol, Cholesterol Direct LDL, Cholesterol-HDL, Triglycerides, Total Cholesterol/HDL Ratio, Creatinine, Blood Urea Nitrogen (BUN), BUN/Creatinine Ratio, Uric Acid, TMT

Medical Tests Applicable for Insured Persons Below 18 Years of Age

List of Medical Tests
Physical Examination (Height, Weight, and Body Mass Index (BMI), Eye Examination, Dental Examination, GP Doctor Consultation, Urine Examination (Routine and Microscopic)

Conditions and Exclusions for Annual Preventive Health Check -up cover

1. This benefit of Preventive Health Check -up cover is available only on a cashless basis through the prescribed network centres of Our Service Provider. No reimbursement shall be payable for any preventive health check-up undertaken outside such prescribed network centres
2. Home collection facility will be available only at selected locations. For locations where home sample collection is not available, the Insured Person will have to physically go at the network centre and take the tests.
3. The complete list of tests as given above has to be completed in a single appointment.

4. If the health check-up is not availed in the Policy Year during the Policy Period, the benefit cannot be carried forward to the subsequent Policy Year.
5. Reimbursement of preventive health check-up expenses is excluded from the scope of the Policy.
6. Initial 30 days waiting period is applicable for investigations related to Illness during the first year of Policy Period. This waiting period is not applicable for renewals.

20. Preferred Provider Network Discount

If this cover is opted, then the Insured Person is entitled for a discount on the premium payable under the Policy, provided that he/she avails Medical Treatment in PPN hospital as per list available on the digital platform of Insurer or website, subject to following conditions and criteria:

- i. The In-patient Hospitalization claim should be availed on cashless basis.
- ii. Co-payment for each and every claim payable under the In-patient Hospitalization Treatment cover shall be applicable, in case
 - a. Hospitalization and Medical Treatment is taken in Hospital other than listed under the PPN.
 - b. Reimbursement claims availed in Hospitals listed in PPN or Hospitals other than listed under the PPN.

Option	Co-pay	Discount
A	20%	14%
B	10%	7%

Note- Kindly refer to the Company's website for list of PPN hospitals.

21. Compassionate Visit

Under this optional cover, if an Insured Person is hospitalized for more than 5 consecutive days for an admissible claim under the In-patient Hospitalisation Treatment cover, we will pay a lump sum amount towards expenses incurred for one return journey by economy class air ticket/ railway ticket for one immediate family member of Insured Person.

This benefit shall be subject to the following conditions:

- The journey shall be between the place of residence of the immediate family member and the place where the Insured Person is Hospitalised.
- This benefit shall be available only where the place of residence of the immediate family member is different from the place of residence of the Insured Person.
- For the purpose of this optional cover, "Immediate Family member" means the Insured Person's Spouse, Children, Parents, and Parents-in-law

22. Convalescence Benefit

Under this cover, if Insured Person is continuously Hospitalised for more than 10 consecutive days, We will pay a fixed benefit amount specified against this Optional Cover in the Policy Schedule.

This benefit shall be subject to the following conditions:

- We will pay this benefit, if the claim in respect of such Hospitalization of Insured Person is admissible and paid by Us under the In-patient Hospitalisation Treatment Cover of the Policy.

23. Dependent Accommodation Benefit

Under this cover, If an Insured Person is continuously Hospitalised for more than 3 consecutive days, We will pay a per day benefit amount specified in the Policy Schedule towards accommodation of one Immediate Family Member who is accompanying or attending to the Hospitalised Insured Person.

The benefit shall be payable for a maximum of 10 days in one Policy Year, for each admissible Hospitalisation, subject to the maximum limit, if any, specified in the Policy Schedule.

This benefit shall be subject to the following conditions:

- We will pay this benefit, if the claim in respect of such Hospitalization of Insured Person is admissible and paid by Us under the In-patient Hospitalisation Treatment Cover of the Policy.
- "Immediate Family member" means the Insured Person's Spouse, Children, Parents, and Parents-in-law.
- We will pay for one Immediate Family Member only.

24. Critical Illness Cover

If an Insured Person is first diagnosed during the Policy Period as suffering from any of the Critical Illnesses listed under this optional cover, which fulfils the applicable definition and criteria as defined under this optional cover, We will pay the lump sum amount as specified in Critical Illness section in the Policy Schedule, subject to the applicable Waiting Period and survival period.

A Waiting Period of 90 days from the commencement of this optional cover with Us shall apply, subject to the continuity provisions of this Policy. The survival period applicable to this Optional Cover shall be 0 days from the date of diagnosis.

Critical Illness Benefit will be equivalent to the In-patient Hospitalization Sum Insured opted; for Unlimited Sum Insured, coverage is capped at ₹50 lakhs.

Base Sum Insured	Critical Illness Limit
5 Lac	5 Lac
10 Lac	10 Lac
Unlimited	50 Lac

Critical Illness Covered	
Cancer of Specified Severity	Apallic Syndrome
Kidney Failure Requiring Regular Dialysis	Aplastic Anaemia
Major Organ /Bone Marrow Transplant	Blindness
Multiple Sclerosis with Persisting Symptoms	Cardiomyopathy
Myocardial Infarction (First Heart Attack of Specific Severity)	Deafness
Open Chest CABG	End Stage Lung Failure
Permanent Paralysis of Limbs	Goodpasture's Syndrome
Primary (Idiopathic) Pulmonary Hypertension	Loss Of Independent Existence
Stroke Resulting in Permanent Symptoms	Loss Of Limbs
Surgery of Aorta	Loss Of Speech
Alzheimer's Disease	Medullary Cystic Disease
Benign Brain Tumour	Motor Neuron Disease with Permanent Symptoms
Coma of Specified Severity	Multiple System Atrophy
End Stage Liver Failure	Muscular Dystrophy
Open Heart Replacement or Repair of Heart Valves	Myasthenia Gravis

Primary Parkinson's Disease	Pneumonectomy
Third Degree Burns	Progressive Scleroderma
Angioplasty	Progressive Supranuclear Palsy
Pulmonary Artery Graft Surgery	Lupus Erythematosus
Refractory Heart Failure	Major Head Trauma

Note: the conditions listed in table above are as defined in Annexure III of this Policy Wordings.

25. Chronic Disease Management Program

If You have disclosed any of the following Illnesses and the same have been accepted by Us, then We will make available to such Insured Person access to the Chronic Disease Management Program through Our designated Service Provider on a cashless basis.:

1. Diabetes
2. Lipid Disorder
3. Thyroid Disorder
4. Kidney Function
5. Liver Function

Under this Chronic Disease Management Program, the following services shall be made available through Our designated Service Provider:

COVERAGE	DETAILS
Annual Health Check-up (AHC)	1 Basic AHC Package
Fitness Videos Access	Yes
Tele Consultation- Specialist	1 Session
Tele Consultation- GP / Internal Medicine	3 Sessions
Lab Test (Profile)	Any 2
Smart Face Scan	4 Face Scans
Diet Consultations	6 Sessions
Managed Care AI Models	Yes
Step Tracker	Yes
Smart Health Insight	Yes

This benefit is subject to the following conditions:

1. This Optional Cover is available only to Insured Persons of age 18 years and above.
2. You can opt for this Optional Cover at Renewals subject to the Your declaration and Our acceptance of any of Illness specified above.
3. The health check-ups under this Optional Cover can be availed only through Our Bajaj General App.
4. The Service Provider shall be assigned by Us once We receive Your request to avail a health check-up under this Optional Cover.
5. Utilization of this health check-up will not impact the Sum Insured.
6. We reserve the right to modify, add, or restrict any Network Providers/Service Providers at our sole discretion. You are advised to check the updated list of Network Providers and Service Providers on Our website.
7. We may extend this optional cover to additional chronic conditions/Illnesses from time to time, subject to applicable regulatory requirements and the terms communicated by Us.
8. The services under this Optional Cover are intended to assist the Insured Person in management of the specified Chronic condition/Illness and are not intended to replace medical diagnosis, emergency medical care or treatment by a qualified Medical Practitioner. Any medical advice, diagnosis, prescription or

treatment shall remain the professional responsibility of the Medical Practitioner or healthcare professional providing such service. The Insured Person should consult an appropriate Medical Practitioner before acting upon any health-related recommendation provided under this benefit. We shall not be responsible for any loss, damage, or adverse outcome arising out of or in connection with any opinion, advice, professional medical judgment, diagnosis prescription, or any actual or alleged errors, omissions, or representations made by the Medical Practitioner or healthcare professional delivering the services under this Optional Cover.

26. Disease wise sublimit

If this cover is opted, We shall limit the claim arising out of Hospitalization event including Pre and Post Hospitalization leading to Procedures including its complications up to sub-limits as mentioned in below table provided that claim(s) is admissible as "In-patient Hospitalization Treatment" under this policy.

If You opt for this coverage, You shall be eligible for a discount on the premium payable under the Base Policy.

Medical Condition	Sublimit on the Treatment
Myxedema	Max ₹1,00,000
Parathyroid Disorders	Max ₹1,00,000
Liver Cyst Surgery	Max ₹1,50,000
Aneurysm - Treated	Max ₹1,00,000
Atrial Fibrillation/Flutter	Max ₹1,50,000
ICD Implantation	Max ₹1,50,000
Cardiomyopathy	Max ₹1,00,000
Cardiomegaly	Max ₹1,00,000
Heart Failure	Max ₹1,00,000
Left Ventricular Hypertrophy	Max ₹1,00,000
Endocarditis	Max ₹1,50,000
Pericarditis	Max ₹1,25,000
Peripheral Vascular Disease	Max ₹1,50,000
Glomerulonephritis	Max ₹1,25,000
Nephropathy	Max ₹1,25,000
Nephrotic Syndrome	Max ₹1,25,000
Chronic Kidney Disease	Max ₹1,25,000
SAH	Max ₹1,50,000
SDH	Max ₹1,50,000
Vertebral Canal Stenosis	Max ₹1,50,000
Slip Disc with Neurological Complication	Max ₹1,00,000
Early onset of DM & Type 1 DM, Hb1AC ≤10	Max ₹1,25,000
IDDM	Max ₹1,25,000
Uncontrolled diabetes, ≤55 years, >8 to ≤10	Max ₹1,25,000
Uncontrolled diabetes, >55 years, >9 to ≤10	Max ₹1,25,000
COPD	Max ₹1,00,000
Asthma on Steroids	Max ₹1,00,000
Diabetes Complication - Retinopathy	Max ₹50,000
Liver Haemangioma	Max ₹1,00,000
Bone Cyst	Max ₹1,00,000

27. Renewal Premium Waiver Benefit

In event of Insured Person diagnosed with Critical illness or suffers an Accidental Death during the Policy Period, (who is also an Insured Person during the Policy Period due to Accidental Injury or Illness, we will waive/pay the renewal premium of Policy for the dependant Insured Person(s) covered under the Policy for same coverages. The renewal premium as per My Infinite Care premium table is payable only for one Policy Year for the dependent Insured Person(s) for same sum insured. Benefit under this cover will be given only in case the claim for renewal of the Policy under this cover is made within Policy Period or within Grace Period.

28. NRI Discount

If this cover is opted, Insured shall be entitled for a discount of 25%/ 35% on the premium payable under the Policy for Insured Person(s), subject to compliance with the conditions listed below.

- The Insured shall submit a declaration confirming that Insured Person(s) are Non-Resident Indians / Overseas citizens of India based abroad in entirety for the Policy Year.
- The Insured 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.
- 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.
 - such other reasonable documents as may be required by Us for verification of eligibility in accordance with applicable law.
- 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.
- All waiting periods, as per the Policy terms and conditions, shall continue to apply to the Insured Person covered under this cover. This cover does not reduce, modify, or waive any waiting periods.
- If the Insured Person ceases to reside outside India, 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 Person(s) shall promptly intimate the Company of any change in the residency status.
- Global Cover benefit under the Policy shall not be available to Insured Person(s) availing this cover or to Non-Resident Indian/ Overseas citizens of India.

35% - 5 & 10 lakhs SI

25%- Unlimited SI

29. Teleconsultations

If this Optional Cover is opted, We will make available to the Insured Person access to unlimited teleconsultations during the Policy Year with qualified and registered Medical Practitioners, including General Practitioners and/or Specialists, through designated digital platform of the Company and/or Service Provider, by such permitted modes of teleconsultation (including Voice/Video Call/Chat etc.) as may be available from time to time.

Teleconsultations shall be provided in accordance with applicable telemedicine requirements and shall be subject to availability of the relevant Medical Practitioner/Specialist.

30. NRI Package

If this Optional Cover is opted and specified in the Policy Schedule, the eligible Insured Person shall be entitled to the following benefits during the Policy Period, subject to the terms, conditions, limits and exclusions of the Policy and this optional cover applicable to each benefit:

Benefit	Coverage
Online Consultation	Priority teleconsultation access to top general physicians and specialists experts.
OPD	OPD In Person Consultation with GP and Specialists (Per Consultation Capping of INR 1000)
	Prescribed Diagnostics
	Prescribed Pharmacy (Event Capping INR 1000/Prescription)
Physiotherapy	Prescribed Physiotherapy (Event Capping 1000/Prescription)
Dental and Vision Services	Consultation with Ophthalmologist and Dentists

Dermatologist Consultations and Minor Dermatology Treatments	Covers medically necessary minor skin procedures, including wart and skin lesion removal, cautery, cryotherapy, injections, cyst and nail procedures, and incision and drainage.
Annual Health Check-Up	Comprehensive pathology and radiology tests for Male/female including ECG TMT / 2D Echo Chest X-Ray USG Abdomen and cancer screening
Discounted Emergency Services (Up to 10%)	Priority access to fully equipped ambulance services with specialised medical professionals, ensuring swift and seamless support in critical situations.
Wellness trackers, Podcasts and Videos	Curated digital wellness suite offering expert-led podcasts, guided meditation and premium tools to track, improve and elevate your overall wellbeing.
HRA	Comprehensive, clinically validated digital assessment that evaluates health risks and delivers customised insights for proactive health management.
Home Care	At-home nursing services and doorstep delivery of medical equipment, ensuring hospital-grade care in the comfort of your home.
Discounted Health care Devices (Up to 30%)	Save up to 30% on essential medical devices such as BP monitors, glucometers and more.
Discounted Supplements	Customers get access to health supplements, vitamins, minerals, nutraceuticals and wellness products at discounted prices.
Discounted Diagnostics and Pharmacy	Up to 40% Discount in Diagnostics, Up to 20% Discount in Pharmacy
Elder concierge services	Dedicated concierge support to assist elderly members with booking and coordinating OPD services, including doctor consultations, diagnostics, pharmacy, dental, vision, physiotherapy, and other eligible healthcare services.
Assistance in International air evacuation and repatriation	We/Our Service Provider will arrange transportation under appropriate medical supervision, by an appropriate mode of assistance to the nearest medical facility capable of providing the required care.

31. OPD Care Plus

If this Optional Cover is opted, Insured Person shall be entitled to receive the benefits specified below during the Policy Year subject to the terms, conditions, exclusions, waiting periods and limits specified in this Policy and the Policy Schedule.

The details as to nature of each benefit together with the applicable monetary limit, number of consultations/sessions/vouchers, frequency or other utilisation limit, shall be as per the plan opted by Insured Person and specified in the under respective cover and Policy Schedule. The benefits available under this Policy, to the extent opted for and specified in the Policy Schedule, are:

1. In-Clinic Doctor Consultation
2. Prescribed Diagnostics- Pathology & Radiology

3. Dental OPD
4. Vision- Prescribed Lens (up to INR 2,500 per Policy Year per Insured Person)
5. Prescribed Pharmacy up to 20% of the OPD Care Plus Limit
6. Teleconsultation
7. Accidental OPD
8. Diet & Nutrition Sessions
9. Emotional Wellness Sessions
10. Smart Face Scan

Variant A - With pharmacy, dental & vision

Benefit - PHARMACY + DENTAL + VISION	₹ 5,000	₹ 10,000	₹ 15,000	₹ 20,000	₹ 25,000	₹ 50,000	₹ 75,000	₹ 1 00,000
Doctor Consultation (In-clinic, GP + Specialist)	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Prescribed Investigations - Pathology & Radiology	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Prescribed Pharmacy - capped at 20% of wallet SI	1,000	2,000	3,000	4,000	5,000	10,000	15,000	20,000
Dental Wellness - consultation, X-ray & procedures	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Vision - prescribed lenses (capped)	₹ 2,500	₹ 2,500	₹ 2,500	₹ 2,500	₹ 2,500	₹ 2,500	₹ 2,500	₹ 2,500
Accidental OPD (Day 1 - no waiting)	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Tele Consultation (all specialties)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diet & Nutrition, Emotional Wellness & Smart Face Scan	Included	Included	Included	Included	Included	Included	Included	Included

Variant B - With pharmacy and excluding Dental & Vision

Benefit - PHARMACY, NO DENTAL / VISION	₹ 5,000	₹ 10,000	₹ 15,000	₹ 20,000	₹ 25,000	₹ 50,000	₹ 75,000	₹ 1,00,000
Doctor Consultation (In-clinic, GP + Specialist)	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Prescribed Investigations - Pathology & Radiology	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Prescribed Pharmacy - capped at 20% of wallet SI	1,000	2,000	3,000	4,000	5,000	10,000	15,000	20,000
Dental Wellness - consultation, X-ray & procedures	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Vision - prescribed lenses	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded

Accidental OPD (Day 1 – no waiting)	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Tele Consultation (all specialties)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Diet & Nutrition, Emotional Wellness & Smart Face Scan	Included	Included	Included	Included	Included	Included	Included	Included

Note:

- A 20% co-payment will be applicable for claims made on reimbursement basis.
- Under In-clinic Doctor Consultation, reimbursement claim will be capped per consultation: GP ₹600 • Specialist ₹1,000 • Super-Specialist ₹1,500
- OPD Care Plus premium shall not exceed 33% of the base policy premium.
- The following dental services shall be covered under this benefit, subject to the applicable limits, sub-limits, frequency limits and other conditions specified in the Policy Schedule.

Procedure	Capping amount
Consultation charges	500
IOPA/X-ray	
IOPA	250
Digital X ray	400
Root canal treatment	
RCT with GIC /Miracle /SF POR	5000
	6000
RCT with composite POR	As per OPD SI or sub-limit whichever is lower
	9500
Third molar RCT	As per OPD SI or sub-limit whichever is lower
	10,000
Repeat RCT	As per OPD SI or sub-limit whichever is lower
Post and core	4000
Restoration /Filling	
GIC	1000
Silver filling	2000
Composite	3000
Diastema Closure	3500
Anterior Fracture Repair	3000
Extraction	
Mobile tooth	700
Firm tooth	1000
Badly carious/Surgical/Erupted wisdom	2500
	12000
Disimpaction	As per OPD SI or sub-limit whichever is lower
Extraction – wisdom tooth – upper jaw	3000
Extraction – wisdom tooth – lower jaw	5000
	6000
Extraction – Impacted/Surgical removal	As per OPD SI or sub-limit whichever is lower
Extraction – Root canal treated teeth -Nonsurgical	3000
	6000
Extraction – Root canal treated teeth -surgical	As per OPD SI or sub-limit whichever is lower

Paediatric dentistry	
Extraction of primary teeth	750
Pulpectomy	4000

32. Gym and Wellness

If this optional cover is opted, the Insured Person, who is above 12 years of age, may avail unlimited visits to the Fitness Centres in a Policy year at the network of the designated Service Provider.

The services availed would be subject to the following conditions:

1. The services will be available only at Fitness center empanelled on the network of designated Service Provider. Choice of the Insured in utilizing the services of Fitness Center will be entirely his/her own and Company will have no liability towards the quality of services provided by the Fitness Centers.
2. The Company shall not be responsible for any disputes or loss sustained by Insured Person during or on account of availing the services or arising between the Insured Person and the Fitness center.
3. Any unutilized sessions cannot be carried forward to the next Policy Year.

33. Waiting Period Options

If this optional cover is opted for by You and specified in the Policy Schedule, the applicable waiting period under the Policy shall be modified in accordance with the option selected and specified in the Policy Schedule, subject to the terms and conditions of this Optional Cover.

A. Change in Pre-existing Disease Waiting Period -

If this cover is opted, then the default waiting period of 36 months applicable for pre-existing diseases under the Policy shall be revised and replaced by the following waiting period selected by You and specified in the Policy Schedule which shall apply to claims relating to Pre-Existing Diseases and considered as the waiting period for claims incurred on In-patient Hospitalisation under the Section C.

Option 1. 12 months

Option 2. 24 months

B. Change in Specific Disease Waiting Period -

If this cover is opted, then the default waiting of 24 months applicable for Specific diseases under the Policy shall be revised and replaced by the following waiting period selected by You and specified in the Policy Schedule which shall apply to claims relating to Specific Disease and be considered as the waiting period for claims incurred on In-patient Hospitalisation under the Section C.

Option 1. 12 months

34. Room Modifier

If this Optional Cover is opted, We will provide You the option to modify the Room Rent eligibility as opted and specified in the Policy Schedule from the following:

- i. Any room category: Room Rent eligibility shall be modified to any room category without any restriction; Or
- ii. Twin Sharing Room: Room Rent eligibility shall be modified to Twin Sharing Room
Or
- iii. Room rent of 1% of Sum Insured maximum up to INR 5000/day

SECTION D) WAITING PERIOD AND EXCLUSIONS - STANDARD 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)

- Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first My Infinite Care Policy and the Policy Schedule with Us. The PED 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 increased.
- If the Insured 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.
- 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)

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first My Infinite Care 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.
- 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.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- If the Insured 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.
- List of specific diseases/ procedures/ surgeries/ treatments is as below:

List of specific diseases/ procedures/ surgeries/ treatments	
1. Any type of 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 eyesight 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)

- 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.
- This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
- The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

➤ Discounts

i. Zone Discount

Below discount will be applicable based on residential address of the proposer or insured person

Residence Zone	Zone Discount
1A	10%
2	30%
3	32.5%

There are three Zones for Premium payment

Zone 1: Delhi NCR, Mumbai (MMR), Surat, Mathura, Aligarh

Zone 1A: Telangana, Ahmedabad, Vadodara, Nashik

Zone 2: Pune, Indore, Bengaluru Urban, Rest of Gujarat

Zone 3: Rest of India

ii. Credit Score Discount

The discount at the rates mentioned below is available at inception of Policy basis the credit score of Insured Person and the same discount will continue for all subsequent renewals. This discount can be availed only if Proposer is also one of the Insured Persons under the Policy. Credit Score discount is not applicable for NRIs/ OCIs. This will not apply to policies where premium is paid in instalments. This relativity is applicable only for Direct Business (excluding Employee where no commission is paid) basis the customer's Credit Score.

Credit Score		Discount
Below Normal	649 & below	0%
Normal	650-749	1%
Good	750-799	7.50%
Excellent	800 & above	15%

iii. 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.

- 4% discount is applicable if Policy is opted for 2 years.
- 8% discount is applicable if Policy is opted for 3 years.
- 9% discount is applicable if Policy is opted for 4 years.
- 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. However, the discount will apply if premium is paid in instalments as per Accelerated EMI option.

iv. Discount on Parents / Parent-in-laws Policy

If the Proposer purchases a policy for self/family and then purchases another health policy within 20 days (co-terminus or max within 1 month from time of first purchase) for his parents/ parents-in-law, then a one-time discount of 2.5% (for single parent / parent-in-law policy) & 7.5% (for 2 parents/ parents-in-law policy) under floater / multi-individual policy will be provided.

v. Cross Sell Discount

This discount is a limited time discount for customers of the Company having valid motor insurance policy issued by the Company. If such customer buys a Company's motor policy and buys a Company's health policy within 30 days, then they will be entitled to get 5% discount on the premium of health policy.

vi. Early Renewal Discount

A discount of 2.5% on applicable renewal Premium shall be allowed where the Policy is renewed with Us 30 or more days prior to the actual Risk Expiry Date.

vii. Vintage Discount

Discount at below rates will be allowed to customers purchasing their first My Infinite Care policy and on its renewals with the Company.

From third renewal onwards premium will be as per Rate Chart.

Policy Age	Tenure	Vintage Discount
New Business	1	30%
New Business	2	25%
New Business	3	20%
New Business	4	15%
New Business	5	12%
1st Renewal	1	20%
1st Renewal	2	15%
1st Renewal	3	10%
1st Renewal	4	8%
1st Renewal	5	6%
2nd Renewal	1	10%
2nd Renewal	2	5%
2nd Renewal	3	3%
2nd Renewal	4	3%
2nd Renewal	5	2%
3rd Renewal onwards	1	0%
3rd Renewal onwards	2	0%
3rd Renewal onwards	3	0%
3rd Renewal onwards	4	0%
3rd Renewal onwards	5	0%

- viii. **Auto-debit Discount on renewal**
Discount of 2.5% on the applicable Renewal Premium will be allowed from 1st Renewal onwards, if the Renewal Premium is successfully paid through NACH or standing instruction (auto debit facility) (where payment is made either by direct debit of bank account or credit card)
- ix. **Discount in lieu of commission**
Maximum up to 16% of the policy premium in lieu of lower commission.
- x. **Add-on cover Discount**
Discount of 5% will be allowed if the customer has opted for 4 or more optional coverages. This discount is applicable only on optional covers' premium.
- i. **Walk to Win**
At each Renewal of Base Policy with Us, You 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%
15,000 steps daily for 24 days of every month, for minimum 9 months in a policy year	15%
20,000 steps daily for 24 days of every month, for minimum 9 months in a policy year	20%
25,000 steps daily for 24 days of every month, for minimum 9 months in a policy year	30%

Eligibility Criteria:

1. This discount and criteria is applicable for member's 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.

➤ **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 10% or 20% or 30% or 40% or 50% 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 Insured Person will be eligible for discount on the Policy Premium as per the table below.

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 by Insured Person subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise.

Deductible / SI	5L	10L	Unlimited
10,000	10%	4%	4%
20,000	19%	12%	10%
30,000	29%	21%	16%
40,000	38%	29%	21%
50,000	48%	37%	27%

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 Infinite Care (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

Annexure I: List of Day Care Procedures

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.	Keratinosis 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.	Turbinoectomy
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 eyeball.
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.	Gamma knife 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.	After loading Catheter Brachytherapy
99.	Conditioning Radiotherapy 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.	Cystoscopic Litholapaxy

131.	ESWL
132.	Haemodialysis
133.	Bladder Neck Incision
134.	Cystoscopy & Biopsy
135.	Cystoscopy and removal of polyp
136.	Suprapubic cystostomy
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 empyema drainage |

Gastroenterology

- | | |
|------|---|
| 183. | Pancreatic pseudocyst EUS & drainage |
| 184. | RF ablation for Barrett's esophagus |
| 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. | Colonoscopy 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.	Oesophageal varices Sclerotherapy
221.	ERCP - pancreatic duct stone removal
222.	Perianal abscess I&D
223.	Perianal hematoma Evacuation
224.	Fissure in Ano sphincterotomy
225.	UGI scopy and Polypectomy of the oesophagus
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.	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 cardio myotomy (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 kneecap 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 Kneecap
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 kneecap 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.	Presacral Teratomas Excision
343.	Removal of vesical stone
344.	Excision Sigmoid Polyp
345.	Sternomastoid Tenotomy
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 fistulae 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 Para ovarian 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 Para tubal 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 of rectovaginal 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 |

NOTE:

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

Annexure II: For Consumables Plus

List I: List of Non-Medical Items

SL No	Item	
1	BABYFOOD	Not Payable
2	BABYUTILITIESCHARGES	Not Payable
3	BEAUTYSERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRYBAGS	Not Payable
8	EMAILINTERNETCHARGES	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	SERVICE CHARGES 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 FOOTWEAR	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
67	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	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTHPASTE
13	TOOTHBRUSH
14	BED PAN

15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT 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	INCIDENTAL EXPENSES / MT SC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER 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 SHIELD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUZE 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	TOURNIQUET
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 PEROXIDE\SPIRIT\DISINFECTION ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABS
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III- Critical Illness Definitions

1. Cancer of Specified Severity

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The diagnosis must be supported by histological evidence of malignancy and confirmed by a Medical Practitioner who is a specialist.

The following are excluded:

- All tumours classified as carcinoma in situ, dysplasia, borderline malignancy, or non-invasive cancers.
- Early-stage prostate cancer unless specified severity criteria are met.
- Chronic lymphocytic leukemia less than RAI Stage III.
- Any skin cancer other than invasive malignant melanoma.

2. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, resulting in the necessity for regular renal dialysis or kidney transplantation. The diagnosis must be confirmed by a Nephrologist.

3. Major Organ / Bone Marrow Transplant

The actual undergoing of transplantation as the recipient of:

- Heart
- Lung
- Liver
- Kidney
- Pancreas
- Bone Marrow

The transplant must be medically necessary and confirmed by an appropriate specialist.

4. Multiple Sclerosis with Persisting Symptoms

Unequivocal diagnosis of Multiple Sclerosis by a Neurologist with evidence of neurological abnormalities and resulting in permanent impairment of motor or sensory function persisting continuously for at least 6 months.

5. Myocardial Infarction (First Heart Attack of Specified Severity)

Death of a portion of the heart muscle as a result of inadequate blood supply, evidenced by all of the following:

- Typical clinical symptoms consistent with acute myocardial infarction.
- New characteristic ECG changes.
- Elevation of cardiac biomarkers to accepted diagnostic levels.

Other acute coronary syndromes are excluded.

6. Open Chest CABG

Actual undergoing of open chest coronary artery bypass graft surgery to correct narrowing or blockage of one or more coronary arteries. The necessity for surgery must be confirmed by a Cardiologist.

7. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs due to injury or disease of the brain or spinal cord, present continuously for at least 6 months.

8. Primary (Idiopathic) Pulmonary Hypertension

Primary pulmonary hypertension with substantial right ventricular enlargement established by cardiac catheterization, resulting in permanent physical impairment and classified as NYHA Class III or IV.

9. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae, including infarction, hemorrhage, or embolism from an extracranial source. Diagnosis must be confirmed by imaging studies and neurological deficit must persist for at least 3 months.

10. Surgery of Aorta

The actual undergoing of surgery for a disease of the aorta requiring excision and replacement of the diseased portion with a graft. Aorta refers to the thoracic and abdominal aorta but excludes its branches.

11. Alzheimer's Disease

A definite diagnosis of Alzheimer's Disease by a Neurologist resulting in significant cognitive impairment and inability to perform Activities of Daily Living independently, with permanent symptoms.

12. Benign Brain Tumour

A non-malignant tumour in the brain causing permanent neurological deficit, confirmed by imaging studies and requiring surgical intervention or resulting in permanent impairment.

13. Coma of Specified Severity

A state of unconsciousness with no reaction to external stimuli or internal needs persisting continuously for at least 96 hours, requiring life support measures and resulting in permanent neurological deficit.

14. End Stage Liver Failure

Permanent and irreversible failure of liver function resulting in all of the following:

- Permanent jaundice
- Ascites
- Hepatic encephalopathy
- Portal hypertension

Diagnosis must be confirmed by a Gastroenterologist/Hepatologist.

15. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart surgery to replace or repair one or more heart valves due to valve defects or abnormalities.

16. Primary Parkinson's Disease

Unequivocal diagnosis of idiopathic Parkinson's Disease by a Neurologist with permanent inability to perform at least three Activities of Daily Living without assistance.

17. Third Degree Burns

Third degree (full thickness) burns involving destruction of the entire skin thickness and covering at least 20% of the total body surface area, as measured by the Rule of Nines or Lund-Browder Chart.

18. Angioplasty

Actual undergoing of balloon angioplasty with or without stent placement to correct narrowing of one or more major coronary arteries, with angiographic evidence of significant obstruction of at least 70%.

19. Pulmonary Artery Graft Surgery

The actual undergoing of surgery requiring thoracotomy for disease of the pulmonary artery to excise and replace the diseased portion with a graft.

20. Refractory Heart Failure

End-stage heart disease resulting in chronic heart failure despite optimal medical therapy and classified as NYHA Class IV, confirmed by a Cardiologist.

21. Apallic Syndrome

Universal necrosis of the brain cortex with preservation of the brain stem resulting in a persistent vegetative state. The diagnosis must be confirmed by a Neurologist, and the condition must persist continuously for at least 30 days.

22. Aplastic Anaemia

Chronic persistent bone marrow failure resulting in anemia, neutropenia, and thrombocytopenia requiring treatment with blood transfusions, immunosuppressive therapy, or bone marrow transplantation.

23. Blindness

Total, permanent, and irreversible loss of sight in both eyes, evidenced by corrected visual acuity of 3/60 or less or visual field of less than 10 degrees.

24. Cardiomyopathy

Impaired ventricular function due to cardiomyopathy resulting in permanent physical impairment categorized as NYHA Class III or IV and confirmed by a Cardiologist.

25. Deafness

Total and irreversible loss of hearing in both ears with hearing threshold exceeding 90 decibels across speech frequencies.

26. End Stage Lung Failure

End-stage chronic respiratory disease resulting in chronic hypoxemia and requiring permanent oxygen therapy, confirmed by a Respiratory Physician.

27. Goodpasture's Syndrome

Autoimmune disorder characterized by progressive glomerulonephritis and pulmonary hemorrhage leading to permanent renal impairment, confirmed by biopsy and specialist evaluation.

28. Loss of Independent Existence

Permanent inability to perform at least three of six Activities of Daily Living without physical assistance for a continuous period of at least 6 months.

29. Loss of Limbs

Total and irreversible loss by physical separation or permanent loss of use of two or more limbs above the wrist or ankle joints.

30. Loss of Speech

Total and irreversible loss of the ability to speak due to illness or injury, persisting continuously for at least 6 months.

31. **Medullary Cystic Disease**
Inherited kidney disease characterized by progressive tubulointerstitial nephropathy and reduced renal function leading to chronic kidney failure.
32. **Motor Neuron Disease with Permanent Symptoms**
Unequivocal diagnosis of motor neuron disease characterized by degeneration of motor neurons resulting in permanent neurological deficit and functional impairment.
33. **Multiple System Atrophy**
Progressive neurodegenerative disorder diagnosed by a Neurologist with autonomic dysfunction and motor impairment resulting in significant functional disability.
34. **Muscular Dystrophy**
Genetically determined progressive muscular degeneration resulting in permanent functional impairment and confirmed by clinical and laboratory evidence.
35. **Myasthenia Gravis**
Autoimmune neuromuscular disorder characterized by severe muscle weakness resulting in permanent functional impairment despite treatment and confirmed by a Neurologist.
36. **Pneumonectomy**
Actual undergoing of complete surgical removal of an entire lung due to disease or injury, certified as medically necessary by a specialist.
37. **Progressive Scleroderma**
Systemic sclerosis causing widespread fibrosis of skin and internal organs with significant and irreversible impairment of cardiopulmonary or renal function.
38. **Progressive Supranuclear Palsy**
Progressive neurodegenerative disease diagnosed by a Neurologist resulting in severe impairment of balance, movement, and Activities of Daily Living.
39. **Systemic Lupus Erythematosus with Lupus Nephritis**
A definitive diagnosis of Systemic Lupus Erythematosus associated with lupus nephritis Class III, IV, V, or mixed classifications confirmed by renal biopsy.
40. **Major Head Trauma**
Accidental head injury resulting in permanent neurological deficit persisting for at least 6 months and confirmed by a Neurologist, causing significant impairment in daily functioning.