Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
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BAJAJ GENERAL
CARINGLY YOURS

PROSPECTUS

MY HEALTH COMPANION

Who can be covered under the policy?

For the purpose of Individual Sum Insured Policy- includes the Insured; his/her lawfully wedded spouse, dependent children, dependent parents, dependent parents-in-law.
For the purpose of Family Floater policy- includes the Insured; his/her lawfully wedded spouse and dependent children.
For Parents/ Parents in law separate floater Policy can be taken

What type of plans are available?

Individual and Floater Policy

What is the entry age eligibility under the policy?

3 months to 65 years

SCOPE OF COVER

Subject to the terms, conditions, exclusions, waiting periods and limits specified in this Policy and the Policy Schedule, Insured Person shall be entitled to receive the benefits specified below during the Policy Year.

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. Annual Health Check-up
5. Tele Consultation
6. Accidental OPD
7. Diet & Nutrition Sessions
8. Emotional Wellness Sessions
9. Value Added Services

Benefit	Start (₹5,000 OPD Wallet)	Smart (₹10,000 OPD Wallet)	Prime (₹15,000 OPD Wallet)	Elite (₹25,000 OPD Wallet)
In-clinic Doctor Consultation	₹ 2,500	₹ 5,000	₹ 7,500	₹ 10,000
Prescribed Diagnostics	₹ 2,500	₹ 5,000	₹ 7,500	₹ 10,000
Dental OPD	-	-	-	₹ 5,000
Annual Health Check-up (1 Voucher for Individual Policy 2 vouchers for Floater Policy)	Essential Package	Classic Package	Silver Package	Smart Plus Package
Tele Consultation	Unlimited GP	Unlimited GP + 5 Specialities	Unlimited GP + 10 Specialities	Unlimited All 20+ Specialities
Accidental OPD	₹ 5,000	₹ 10,000	₹ 15,000	₹ 25,000
Diet & Nutrition Sessions	4 Sessions	8 Sessions	12 Sessions	Unlimited

Emotional Wellness Sessions	2 Sessions	4 Sessions	6 Sessions	10 Sessions
Smart Face Scan	2 Scans	4 Scans	8 Scans	12 Scans
Value Added Services	✓	✓	✓	✓

A benefit shall be available only where it is expressly shown as covered in the Policy Schedule. Benefit under this Policy will be facilitated through a Network Provider or Service Provider appointed or engaged by Us and the Insured Person may avail such benefit through the applicable service delivery process communicated by Us. Availability of a particular Network Provider, healthcare professional, facility, appointment slot or mode of service shall be subject to the applicable network and operational availability.

1. In-clinic Doctor Consultation

Coverage:

If the Insured Person is requires medical consultation for any Illness or Injury during the Policy Period, Insured Person may avail an in-person consultation with an Medical Practitioner/ Physician/Doctor/AYUSH practitioner from prescribed network centres of concerned Service Provider up to the limit as specified under this Policy.

The consultation may be availed on a Cashless basis through the Service Provider in accordance with the process defined under Service Delivery Process.

Exclusions for "In-Clinic Doctor Consultation":

The following shall not be covered under this benefit:

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this cover/section.
2. If the In-clinic Doctor consultation cover is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
3. Claims related to Routine antenatal check-ups, pregnancy screening tests, delivery expenses, postnatal care, medicines and fertility treatment shall not be covered. However, consultations for Pregnancy Related Complications would be covered.
4. Dietician/nutritionist consultations/sessions will not be covered under this cover/benefit.
5. Panchakarma or any therapeutic AYUSH procedures.
6. Wellness, preventive or rejuvenation therapies, yoga classes, meditation programs, naturopathy retreats or wellness packages.
7. 30-day Waiting Period (Code-Excl03)
    a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
    b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
    c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
8. Pre-Existing Diseases Waiting Period (Code- Excl02)
    a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first My Health Companion Policy with Us.
    b. The PED waiting period would be as specified on the Policy Schedule.
    c. If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.
    d. Coverage under the My Health Companion Policy after the expiry of the waiting period as specified in the Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

9. Dental consultations are not covered under this benefit. They are covered only under the Dental OPD benefit, available in the ELITE plan.
10. Physiotherapist — Only the consultation fee of a physiotherapist is covered. Physiotherapy sessions / therapy charges are not covered.
11. Ophthalmologist — Consultation is covered. Eye testing for spectacles, refraction, spectacles, contact lenses and vision-correction procedures are not covered.

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

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

	General Surgeon	Covered
	Vascular Surgeon	Covered
	Infectious disease specialist	Covered

* Expenses for consultations with Cosmetologist or Cosmetic & Plastic Surgeon are excluded, unless following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured/ Insured Member. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

2. Prescribed Diagnostics- Pathology & Radiology Expenses

Coverage:

Where an eligible Medical Practitioner prescribes a pathology or radiology investigation to diagnose, monitor or evaluate an Illness or Injury of an Insured Person, We shall cover the cost of such prescribed investigation, subject to the applicable limit specified in the Policy Schedule.

The investigation may be availed on a Cashless basis from prescribed network centres of a Service Provider in accordance with the Service Delivery Process.

If the Prescribed Diagnostics-Pathology or radiology lab is not available in the prescribed network of the Service Provider, Insured Person can take a prior-approval of the Insurer to undertake the prescribed investigations at another eligible diagnostic facility. Upon such authorisation, We shall reimburse the admissible expenses actually incurred, subject to submission of the required documents and up to the applicable Benefit limit specified in the Policy Schedule as per reimbursement process as defined under Service Delivery Process. The investigation expenses would be payable up to the limit specified on the Policy Schedule. The Insured Person should undergo the prescribed investigation within 30 days from the date of the Doctor prescription.

Exclusions for "Prescribed Diagnostics – Pathology & Radiology Expenses"

The following shall not be covered under this benefit:

1. If the cover is not availed in the respective Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
2. Claims related to Routine antenatal check-ups, pregnancy screening tests, delivery expenses, postnatal care, medicines and fertility treatment shall not be covered. However, investigations for Pregnancy Related Complications would be covered.
3. Any preventive/ screening health tests shall not be covered under this benefit.
4. Invasive tests shall not be covered. Please refer Annexure I for the list of Invasive tests.
5. 30-day Waiting Period (Code-Excl03)
    a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
    b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
    c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. Pre-Existing Diseases Waiting Period (Code- Excl02)
    a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry 12 months of continuous coverage after the date of inception of the first My Health Companion Policy with Us.
    b) The PED waiting period would be as specified on the Policy Schedule.
    c) If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations then Waiting Period for the same would be reduced to the extent of prior coverage.
    d) Coverage under the Policy after the expiry of the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

3. Dental OPD

Coverage:

If an Insured Person requires dental consultation or treatment due to any dental ailment during the Policy Period, We shall cover the eligible Dental OPD services specified under this benefit, up to the applicable limit specified in the Policy Schedule. The Insured Person may avail the dental consultation or treatment from a dentist who is appropriately qualified and registered in accordance with applicable law ("Dentist") from prescribed network centres of the Service Provider.

This benefit shall ordinarily be available on a Cashless basis through dentists/dental facilities forming part of the prescribed network of the Service Provider and in accordance with the procedure specified under the Service Delivery Process. The availability of a particular Dentist or dental facility shall be subject to the applicable network and appointment availability.

If the required Dentist is not available in the prescribed network of the Service Provider, Insured Person can take a prior-approval of the Insurer to avail the covered dental service from an appropriately qualified and registered Dentist outside such network. Upon such authorisation, We shall reimburse the admissible expenses actually incurred, subject to submission of the required documents up to the applicable benefit limit and as per reimbursement process as defined under Service Delivery Process. Such reimbursements will be capped for respective services as per the table below. However, this capping will apply only for reimbursement claims.

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
RCT with composite POR	5000
Third molar RCT	5000
Repeat RCT	5000
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
Disimpassion	5000
Extraction – wisdom tooth – upper jaw	3000
Extraction – wisdom tooth – lower jaw	5000
Extraction – Impacted/Surgical removal	5000
Extraction – Root canal treated teeth -Nonsurgical	3000
Extraction – Root canal treated teeth -surgical	5000
Crown	
Ni-Cr Metal crown	3000
Co-Cr Metal crown	4500

RFM (Ceramic)	5000
CAD CAM PFM	5000
Zirconia	5000
Brux zir	5000
Lava / Porcera / E-max	5000
Paediatric dentistry	
Extraction of primary teeth	750
Pulpectomy	4000

Exclusions for "Dental OPD":

The following shall not be covered under this benefit:

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items not mentioned under this coverage are excluded.
2. Any cosmetic level scaling/polishing, bleaching, cap of teeth, braces, aligner, and tooth replacement, any other cosmetic and aesthetic treatment.
3. This benefit cannot be availed outside the prescribed network of dentists and hospitals.
4. If the benefit under this cover is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
5. 30-day Waiting Period (Code-Excl03)
    a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
    b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
    c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. Pre-Existing Diseases Waiting Period (Code- Excl02)
    a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first My Health Companion Policy with Us.
    b) The PED waiting period would be as specified on the Policy Schedule.
    c) If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.
    d) Coverage under the Policy after the expiry of the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

4. Annual Preventive Health Check-up cover

Coverage:

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

Essential

Test	Component
Complete Blood Count	Absolute Basophils Count, Absolute Eosinophil Count, Absolute Lymphocyte Count, Absolute Monocyte Count, Absolute Neutrophil Count, Basophils, Eosinophils, Hemoglobin (Hb), Lymphocytes, MCH, MCHC, MCV, Mentzer Index (MCV/RCC), Monocytes, MPV (Mean Platelet Volume), Neutrophils, PCV (Haematocrit), Platelet Count (Thrombocyte Count), RBC Count, RDW-CV, RDW (Red Cell Distribution Width), WBC - Total Counts (Leucocytes)
Diabetic Profile	Fasting Blood Sugar

Lipid Profile	Serum Cholesterol
Kidney Function Tests	Serum Creatinine

Classic

Test	Component
Hemogram	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume (MCV), Immature Granulocytes (IG), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage (IG%), Nucleated Red Blood Cells %, Haematocrit (PCV), RDW-SD, RDW-CV, Total RBC, Total Leucocytes Count, Mean Corpuscular Haemoglobin (MCH), Monocytes
Diabetic Profile	Fasting Blood Sugar, HbA1C
Liver Function Test	Albumin Serum, Bilirubin - Indirect Serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine Routine	Colour, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Lipid Profile	VLDL, HDL/LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non-HDL Cholesterol Serum, LDL/HDL Ratio, CHOL/HDL Ratio, Cholesterol - Total Serum, Triglycerides Serum
Bone Health	Calcium
Thyroid Profile	T3 - Total Tri Iodothyronine, TSH Ultra-sensitive, T4 - Total Thyroxine
Kidney Function Tests	Blood Urea Nitrogen (BUN), Creatinine - Serum
ESR	ESR

Silver

Test	Component
Hemogram	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume (MCV), Immature Granulocytes (IG), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage (IG%), Nucleated Red Blood Cells %, Haematocrit (PCV), RDW-SD, RDW-CV, Total RBC, Total Leucocytes Count, Mean Corpuscular Haemoglobin (MCH), Monocytes
Diabetic Profile	Fasting Blood Sugar, HbA1C
Liver Function Test	Bilirubin - Total, Serum Alb/Globulin Ratio, Serum Globulin, Gamma Glutamyl Transferase (GGT), Alanine Transaminase (SGPT), Alkaline Phosphatase, Aspartate Aminotransferase

	(SGOT), Albumin - Serum, Bilirubin (Indirect), Protein - Total, Bilirubin - Direct
Complete Urine Routine	Crystals, Urinary Leucocytes, Urobilinogen, Colour, Epithelial Cells, Urinary Protein, Urine Ketone, Urine Blood, Urinary Glucose
Lipid Profile	VLDL, HDL/LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non-HDL Cholesterol Serum, LDL/HDL Ratio, CHOL/HDL Ratio, Cholesterol - Total Serum, Triglycerides Serum
Iron Deficiency	Total Iron Binding Capacity (TIBC), % Transferrin Saturation, Iron
Thyroid Profile	Thyroid Stimulating Hormone (TSH), Total Triiodothyronine (T3), Total Thyroxine (T4)
Kidney Function Tests	Calcium, Uric Acid, Creatinine - Serum, BUN / Sr. Creatinine Ratio, Blood Urea Nitrogen (BUN)
Stool Routine & Microscopic Examination	Colour, Consistency, Mucus, Blood, Pus Cells, RBC, Cysts, Parasites, OVA, Others
Hs-CRP	High-Sensitivity C-Reactive Protein
VITAMIN B	Vitamin B12 (Cyanocobalamin)
VITAMIN D	Vitamin D Total - 25 Hydroxy
ESR	ESR

Smart Plus

Test	Component
Infection Screening [Hemogram + Esr]	Absolute Basophils Count, Absolute Eosinophil Count, Absolute Lymphocyte Count, Absolute Monocyte Count, Absolute Neutrophil Count, ESR (Automated), Hemoglobin (Hb), MCH, MCHC, MCV, MPV (Mean Platelet Volume), PCV (Haematocrit), Platelet Count, WBC – Total Counts, RDW (Red Cell Distribution Width), Neutrophils, Eosinophils, Lymphocytes, Monocytes, Basophils, RDW-CV, Mentzer Index (MCV/RCC), Red Blood Cells, RDWI, PDW, P-LCR, P-LCC
Blood Group & Rh Typing	Blood Group ABO & Rh Typing
Lipid Profile	Total Cholesterol, HDL Cholesterol (Direct), LDL Cholesterol (Direct), Triglycerides, Non-HDL Cholesterol, VLDL, LDL/HDL Ratio, Chol/HDL Ratio, HDL/LDL Ratio, Apolipoprotein A1, Apolipoprotein B, Apo Ratio A1/B, hs-CRP
Liver Health	Albumin, Alkaline Phosphatase, Bilirubin (Direct), Bilirubin (Total), Bilirubin (Indirect), GGTP (Gamma GT), Total Proteins, SGOT/AST, SGPT/ALT, Globulin, A/G Ratio, SGOT/SGPT Ratio
Urine Routine & Microscopy	Volume, Colour, Transparency, Deposit, pH, Specific Gravity, Sugar, Protein/Albumin, Ketones/Acetone, Blood, Leucocyte Esterase, Bilirubin, Nitrite, Urobilinogen, Pus/WBC Cells, Epithelial Cells, RBC Cells, Casts, Crystals, Yeast Cells, Amorphous Deposits, Bacteria, Protozoa
Kidney Health	Urea (Serum), Blood Urea Nitrogen, Creatinine, Uric Acid, BUN/Creatinine Ratio, Urea/Creatinine Ratio
Diabetes Profile	Glucose Fasting (BSF), Average Blood Glucose, HbA1C (Glycosylated Haemoglobin)
Anaemia Profile [Iron]	Iron (Serum), TIBC, UIBC (Serum), Transferrin Saturation, Serum Ferritin

Allergy Profile	C-Reactive Protein, Lactate Dehydrogenase (LDH) Serum
Bone Health	Calcium, Phosphorus, RA Factor (Rheumatoid)
Electrolyte Profile	Sodium, Potassium, Chloride
Vitamins Profile	T3, T4, TSH (Thyroid Stimulating Hormone)
Thyroid Profile	ESR
Cancer Marker	Alpha-Fetoprotein (AFP)

2. The health check-up can be availed on a cashless basis in the prescribed list of hospitals or diagnostic centers, which can be accessed from the Insurer's website or digital application of the Insurer/Service Provider.
3. The list of tests listed above cannot be changed.

Exclusions for "Annual Preventive Health Check-up Cover"
The following shall not be covered under this benefit:

1. Preventive health check-up cannot be availed outside the prescribed list of Hospitals or diagnostic centers.
2. Home collection facility will be available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.
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 this Policy.
6. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

5. Tele Consultation

Coverage:
During the Policy Period, If an Insured Person is suffering from any Illness or Injury, he/she may avail teleconsultation from the Medical Practitioner/AYUSH practitioner listed on the digital platform/application made available by Us or the Service Provider, subject to the applicable number of consultations, limits and conditions as per opted plan specified in the Policy Schedule.

Teleconsultation may be provided through video, audio, or chat channel. The Insured Person may select from the specialties and Medical Practitioners available on the digital platform/application at the relevant time.

This cover shall be provided in compliance with applicable law, including Telemedicine Practice Guidelines dated 25th of March 2020 as amended from time to time. This is a cashless benefit and shall be available only through the digital platform/application specified by Us or the Service Provider.

Conditions/Exclusions for "Tele Consultation"
The following shall not be covered under this benefit:

1. Tele consultation outside the digital platform/application of Insurer or concerned Service Provider, in-clinic/physical consultation is not covered under this cover of Policy.
2. Teleconsultation benefit is not transferrable to any other person/member unless such person/member is covered under this Policy.
3. If the Tele Consultation is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
4. Wellness, preventive or rejuvenation therapies, yoga classes, meditation programs, naturopathy retreats or wellness packages.
5. Each Insured Beneficiary may book or utilize a maximum of 10 consultations per month.
6. Each Insured Beneficiary may utilize a maximum of 2 consultations per day.
7. Only 1 consultation per day with the same doctor is permitted for an Insured Beneficiary.
8. The maximum consultation fee covered shall be ₹2,000 per consultation.
9. Reimbursement of expenses incurred for teleconsultation benefit is excluded.
10. 30-day Waiting Period (Code-Excl03)
    a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
    b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
    c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

6. Accidental OPD

Coverage:
Where an Insured Person sustains an Injury solely and directly as a result of an Accident occurring during the Policy Period, We shall cover the eligible outpatient medical expenses reasonably and necessarily incurred for below listed consultations/treatment of such Injury, up to the limit as per plan specified in the Policy Schedule.

The below listed consultations/treatment may be availed from a Medical Practitioner /AYUSH practitioner in person either through the prescribed network centres of concerned Service Provider or any Clinic/ Hospital of Your choice up to the limit as specified under this Policy.

1. Emergency medical consultations and First Aid treatment.
2. Wound management, including suturing, dressing, splinting, plaster/cast application and removal.
3. Joint stabilization, reduction of minor dislocations, and removal of superficial foreign bodies.
4. Medically Necessary intramuscular or intravenous injections, including tetanus prophylaxis and anti-rabies prophylaxis following an accident.
5. Diagnostic investigations directly related to the accidental injury, including X-rays and other medically indicated diagnostic tests.
6. Medically Necessary follow-up outpatient consultations for the treatment of the same accidental injury, subject to the limits and conditions of this Policy.

Exclusions for "Accidental OPD":
The following shall not be covered under this benefit:

1. Treatment for injuries that did not arise from an Accident occurring during the Policy Period.

2. Chronic orthopedic conditions, degenerative diseases and arthritis.
3. Rehabilitation and long-term physiotherapy.
4. Cosmetic or reconstructive procedures.
5. Sports overuse injuries.
6. Prosthetic devices and implants.
7. Supplements & vitamins, Medicines

7. Diet & Nutrition Consultation Sessions

Coverage:

During each Policy Year, to maintain a balance between good nutrition and diet, an Insured Person shall be entitled to avail the consultation from a Dietician or Nutritionist listed on the digital platform/application made available by Us or the Service Provider, via video, audio, or chat channel, up to the limit as per opted plan specified in the Policy Schedule.

This is a cashless service and can only be availed through the prescribed network of Service Provider.

Conditions/Exclusions for "Diet & Nutrition Consultation Sessions":

1. Consultation with the dietician is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Dietician & Nutritionist consultation benefit is not transferrable.
3. If the benefit is not availed in the Policy Year the benefit cannot be carried forward to the subsequent Policy Year.
4. Reimbursement of dietician & nutritionist consultation expenses is excluded from the scope of the Policy.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

8. Emotional Wellness Sessions

Coverage:

During each Policy Year, an Insured Person shall be entitled to avail the emotional wellbeing services wherein an Insured Person can consult an emotional health coach/psychologist listed on the digital platform/application made available by Us or the Service Provider, via video, audio, or chat channel, up to the limit as per opted plan specified in the Policy Schedule.

This is a cashless service and can only be availed through the prescribed network of Service Provider.

Conditions and Exclusions for "Emotional Wellness Sessions":

1. Consultation with the emotional health coach/psychologist is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Emotional wellbeing benefit is not transferrable.
3. If the benefit is not availed in the Policy Year the benefit cannot be carried forward to the subsequent Policy Year.
4. Reimbursement of emotional health coach/psychologist consultation expenses is excluded from the scope of this product.
5. 30-day Waiting Period (Code-Excl03)

a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

9. Value Added Services

The Insured Person may access the following Value Added Services through the digital platform/application made available by the Service Provider. Unless expressly stated otherwise in the Policy Schedule, these services are facilitation/wellness services and do not constitute an indemnity, reimbursement or monetary benefit payable under the Policy.

Smart Face Scan:

The Insured Person may voluntarily access Smart Face Scan, a technology-enabled wellness assessment feature through the Service Provider's application, which may use the camera of the Insured Person's compatible device to generate certain wellness-related indicators or insights.

Emergency Ambulance Assistance:

At the request of an Insured Person, the Service Provider will assist in locating, booking and/or coordinating an ambulance service, subject to availability of ambulance service providers at the relevant location and time. The actual ambulance charges shall be borne by the Insured Person.

Network Partner Discount:

An Insured Person may be eligible to avail discounts offered by participating network providers on Doctor Consultation, Lab test, Annual Health Check-Up & Dental Procedures, as communicated through the Service Provider's Platform from time to time.

Conditions applicable for Value Added Services cover

i. Any output generated through Smart Face Scan service is intended solely for general wellness/informational purposes and is not intended to constitute, and shall not be relied upon as, medical diagnosis, medical advice, medical screening or a substitute for consultation with an appropriately qualified healthcare professional.
ii. While availing Emergency Ambulance Assistance, neither the Insured Person nor any other person should delay seeking emergency medical assistance while attempting to access this facilitation service.
iii. The applicable discount, participating network providers and eligible services may vary, subject to the terms communicated for the service. A network partner discount does not constitute a claim payment or reimbursement by Us and shall not increase the Sum Insured or benefit limit under the Policy.

➢ Service Delivery Process

Kindly download Our Company's App, where you will be able to locate the step-by-step guide for availing the benefits under the My Health Companion Policy.

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

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