

GLOBAL HEALTH CARE POLICY POLICY WORDINGS

SECTION A) PREAMBLE

Whereas the Insured described in the Policy Schedule hereto (hereinafter called the 'Insured' or "Policyholder" or "Insured Person" or "Proposer") has made to Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Co. Ltd.) (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal, which shall be the basis of this Contract and is deemed to be incorporated herein, containing certain undertakings, declarations, information / particulars and statements, which is hereby agreed to be the basis of this Contract and be considered as incorporated herein, for the insurance Contract hereinafter contained and has paid the premium specified in the Policy Schedule hereto as consideration for such insurance Contract, now the Company agrees, subject always to the Policy Schedule and the following terms, conditions, exclusions, and limitations of the Policy, and in excess of the amount of the Deductible / Co-Payment, to indemnify the Insured in respect of an admissible claim in the manner and to the extent hereinafter stated.

SECTION B) DEFINITIONS - STANDARD DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits. If any word starts with Capital alphabet but is not defined in the Standard Definitions or Specific Definitions, then such word shall be interpreted as per the headings of the respective clauses /points in these Policy Wordings.

1. **Accident:**

An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Any one Illness:**

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

3. **AYUSH Hospital:**

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

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

4. **AYUSH Day Care Centre:**

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical /para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on Day Care Treatment basis without Inpatient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the Insurance Company's authorized representative.

5. **Cashless Facility:**

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

6. Condition Precedent:

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

7. Congenital Anomaly:

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly- Congenital Anomaly which is not in the visible and accessible parts of the body.
- b. External Congenital Anomaly- Congenital Anomaly which is in the visible and accessible parts of the body.

8. Co-Payment:

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

9. Cumulative Bonus:

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

10. Day Care Centre:

A Day Care Centre means any institution established for Day Care Treatment of Illness and / or injuries or a medical set-up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under:

- i. has qualified nursing staff under its employment;
- ii. has qualified Medical Practitioner (s) in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

11. Day Care Treatment:

Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
- ii. Which would have otherwise required a Hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

12. Deductible:

Deductible means a cost sharing requirement under a health insurance Policy that provides that the insurer will not be liable for a specified amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the insurer. A Deductible does not reduce the Sum Insured.

13. Dental Treatment:

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

14. Disclosure to information norm:

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

15. Domiciliary Hospitalization:

Domiciliary hospitalization means medical treatment for an Illness/disease/injury, which in the normal course would require care, and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- iii. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- iv. the patient takes treatment at home on account of non-availability of room in a hospital.

16. Emergency Care:

Emergency care means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured person's health.

17. Grace Period:

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

18. Hospital:

A Hospital means any institution established for Inpatient care and Day Care Treatment of Illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 OR under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
- iii. has qualified Medical Practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

19. Hospitalization:

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

20. Illness:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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

21. Injury:

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

22. Inpatient Care:

Inpatient care means treatment for which the Insured has to stay in a Hospital for more than 24 hours for a covered event.

23. Intensive Care Unit:

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

24. ICU Charges:

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

25. Kidney Failure Requiring Regular Dialysis:

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

26. Maternity expenses:

Maternity expenses means;

- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization);
- b. expenses towards lawful medical termination of pregnancy during the Policy Period.

27. Medical Advice:

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

28. Medical Expenses:

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

29. Medical Practitioner/Doctor/ Physician:

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy or Ayurvedic and or such other authorities set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license and acceptable to Us.

30. Medically Necessary Treatment:

Medically necessary treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- i. is required for the medical management of the Illness or Injury suffered by the Insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a Medical Practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

31. Migration:

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

32. Network Provider:

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

33. New Born Baby:

New Born Baby means baby born during the Policy Period and is aged up to 90 days.

34. Non- Network Provider:

Non-Network Provider means any Hospital, Day Care Centre or other provider that is not part of the Network.

35. Notification of Claim:

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

36. OPD treatment

OPD treatment means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day Care Treatment or Inpatient.

37. Portability:

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

38. Pre-Existing Disease:

Pre-Existing Disease means any condition, ailment or Injury or disease,

- i. That is/are diagnosed by a physician within 36 months prior to the effective date of the Policy issued by the insurer; or
- ii. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy or its reinstatement.

39. Pre-Hospitalization Medical Expenses:

Pre-Hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured, provided that,

- i. Such Medical Expenses are incurred for the same condition for which the Insured's Hospitalization was required; and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

40. Post-Hospitalization Medical Expenses:

Post-Hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the Insured is discharged from the Hospital provided that,

- i. Such Medical Expenses are for the same condition for which the Insured's Hospitalization was required; and
- ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

41. Reasonable and Customary Charges:

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

42. Qualified Nurse:

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

43. Renewal:

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

44. Room Rent:

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

45. Surgery or Surgical Procedure:

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

46. Unproven/Experimental Treatment:

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

SECTION B) DEFINITIONS - SPECIFIC DEFINITIONS

1. Accidental:

Accidental shall be construed as per definition of Accident in Standard Definitions.

2. Act of Terrorism:

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

3. AYUSH Treatment:

AYUSH Treatment refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

4. Bajaj General Network Hospitals / Network Hospitals/Network Providers:

Bajaj General Network Hospitals / Network Hospitals/Network Providers means the Hospitals which have been empanelled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit Our website.

5. Bajaj General Diagnostic Centre:

Bajaj General Diagnostic Centre means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

6. Alternate/Complementary treatment:

Alternate/Complementary treatment refers to therapeutic and diagnostic treatment that exists outside of traditional Western medicine viz. chiropractic treatment, osteopathy, Chinese herbal medicine, acupuncture and podiatry as practiced by approved therapists.

7. Dental prescription drugs outside India:

Dental prescription drugs outside India refers to those prescribed by a dentist for the treatment of dental inflammation or infection. The prescription drugs must be proven to be effective for the condition and recognized by the pharmaceutical regulator in a given country. They do not include mouthwashes, fluoride products, antiseptic gels and toothpastes.

8. Dental prostheses outside India:

Dental prostheses outside India includes crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary treatment required.

9. Dental surgery outside India:

Dental surgery outside India includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as apicoectomy and dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit. Dental surgery does not cover surgical treatment that relates to dental implants.

10. Dental treatment outside India:

Dental treatment outside India includes an annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.

11. Dependent:

Dependent means a family member who is Your spouse, children and parents/parents-in-law.

12. Dependent child:

A child is considered a dependent for insurance purposes up to the day before his/her 25th birthday. If enrolled in full time education a child is considered as dependent up to the day before his/her 30th birthday provided he is financially dependent on the proposer.

13. Diagnostic tests:

Diagnostic tests refers to investigations such as x-rays or blood tests, undertaken to determine the cause of the presented symptoms.

14. Emergency and Emergency Treatment:

Emergency and Emergency Treatment shall be accordingly taken/interpreted as per definition of Emergency Care read with this definition. Provided however only treatment commencing within 24 hours of the Emergency event will be covered.

15. Emergency Inpatient Dental Treatment arising from an Accident:

Emergency Inpatient Dental Treatment arising from an Accident refers to acute Emergency Dental Treatment that is due to a serious Accident and requires admission to Hospital. The treatment must take place within 24 hours of the Emergency event. Cover does not extend to follow-up Dental Treatment, dental surgery, dental prostheses, orthodontics or periodontics.

16. Emergency Treatment outside area of cover:

Emergency treatment outside area of cover is treatment for medical emergencies which occur during business or holiday trips outside Your area of cover. Cover is provided for up to six weeks per trip within the maximum benefit amount. It includes treatment required due to an Accident or the sudden beginning or worsening of a severe Illness which presents an immediate threat to Your health. Treatment by a Doctor must start within 24 hours of the Emergency event. Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth. You must tell Us if You are going to be outside Your area of cover for more than six weeks.

17. Endorsement:

Endorsement means any writing on a Policy Schedule or Policy, in addition to its normal Policy Schedule/ Policy wording/ Standard Terms and Conditions which supplements or modifies its Policy Schedule/ Policy Wording/Standard Terms and Conditions. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/ MOU laying down various service levels shall not be treated as Endorsement.

18. Family history:

Family history exists where a parent, grandparent, sibling, child, aunt or uncle has been previously diagnosed with the medical condition in question.

19. Home Country:

Home country is a country for which You hold a current passport or which is Your principal country of residence.

20. Hospital (for International Cover):

Hospital for international practice is any establishment which is licensed as a medical or surgical Hospital in the country where it operates and where the patient is permanently supervised by a Doctor.

The following are not considered Hospitals: "rest and nursing homes, spas, cure-centres and health resorts."

21. Inpatient:

Inpatient shall be construed as per Standard Definition of Inpatient Care.

22. Inpatient cash benefit:

In-patient cash benefit is payable when You receive Inpatient treatment free of charge for a medical condition that is covered by Us. Cover is limited to the amount and maximum number of nights specified in the Table of Benefits and is payable after You are discharged from Hospital.

23. Limit of Indemnity:

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Policy Schedule during the Policy Period and in the aggregate for the person(s) named in the Policy Schedule during the Policy Period, and means the amount stated in the Policy Schedule against each Cover.

24. Living donor medical costs:

Living donor medical costs refer to the expenses We pay up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that, The organ donor is any person whose organ has been made available in accordance and in compliance with the local regulation and the organ donated is for the use of the Insured; and

We have accepted an Inpatient Hospitalization claim for the Insured under In-patient Hospitalization treatment for organ transplant.

25. Local (Road) ambulance:

Local (Road) ambulance is ambulance transport that is required for an Emergency or out of medical necessity, to the nearest available and appropriate Hospital or licensed medical facility.

26. Medical Consumable:

Medical consumable and equipment include syringes, needles, sutures, staples, packaging, tubing, catheters, medical gloves, gowns, masks, adhesives and sealants for wound dressing and a whole host of other devices and tools used with a Hospital or surgical environment.

27. Medical Practitioners/Doctor (for International Cover):

Medical Practitioners/Doctor for international practice are Doctors who are licensed to practice medicine under the law of the country in which Medically Necessary Treatment is given and where they are practicing within the limits of their license.

28. Medical Practitioner fees:

Medical Practitioner fees refers to non-surgical treatment performed or administered by a Medical Practitioner.

29. Medical underwriting:

Medical underwriting is the assessment of insurance risk based on information that You give Us when applying for cover. Our underwriting team uses this information to decide the terms of Our offer.

30. Mental Illness:

Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

31. Named Insured/ Insured/Insured Person:

Insured means the persons, or his Family Members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of first Global Health Care Policy.

32. Network:

Network shall be construed as per the Standard Definition of Network Provider.

33. 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.

34. Oral and maxillofacial surgical procedures outside India:

Oral and maxillofacial surgical procedures outside India refers to surgical treatment on the mouth, jaws, face or neck performed in a Hospital by an oral and maxillofacial surgeon for: oral pathology, temporomandibular joint disorders, facial bone fractures, congenital jaw deformities, salivary gland diseases and tumours. Unless You hold an International Dental Plan, We do not cover the following procedures even if they are performed by an oral and maxillofacial surgeon:

- Surgical removal of impacted teeth
- Surgical removal of cysts.
- Orthognathic surgeries for the correction of malocclusion.

35. Organ transplant:

Organ transplant refers to the following organ or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea.

36. Periodontics (for international practice):

Periodontics refers to Dental Treatment related to gum disease.

37. Podiatry:

Podiatry refers to Medically Necessary Treatment carried out by a State Registered podiatrist.

38. Policy or Contract/ Global Health Care Policy:

Policy or Contract means the Proposal, the Policy Schedule, along with these Terms and Conditions issued to the Insured and any annexures and/or Endorsements attaching to and / or forming part thereof either at the commencement of Policy Period or during the Policy Period.

39. Policy Schedule or Schedule:

Policy Schedule means the Policy Schedule and any annexure or Endorsements to it, if any, as issued by the Company, which forms part of Policy.

40. Policy Period:

Policy Period means period from risk inception date [RID] to risk end date [RED], as mentioned in the Policy Schedule.

41. Policy Year:

Policy Year means the period of 12 months.

42. Prescribed physiotherapy:

Prescribed physiotherapy refers to treatment provided by a registered physiotherapist following referral by a Doctor. Physiotherapy is initially restricted to 12 sessions per condition, after which treatment must be reviewed by the Doctor who referred You. If You need further sessions, You must send Us a new progress report after every set of 12 sessions, indicating the medical necessity for more treatment. Physiotherapy does not include therapies such as Rolwing, massage, Pilates, Fango and Milta.

43. Prescription drugs:

Prescription drugs refers to products which You can't buy without a prescription and are to treat a confirmed diagnosis or medical condition or to compensate a lack of vital bodily substances. Examples are antibiotics, sedatives, etc. Prescription drugs must be clinically proven to be effective for the diagnosed condition. They must also be recognised by internationally accepted medical guidelines.

44. Principal country of residence:

Principal country of residence is the country where You and Your dependents (if applicable) live for more than six months of the Policy year.

45. Psychiatrist:

Psychiatrist is a registered Medical Practitioner who specializes in psychiatry, the branch of medicine devoted to the diagnosis, prevention, study, and treatment of mental disorders.

46. Rehabilitation:

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.

Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute illness, injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 14 days of discharge from acute medical and/or surgical treatment.

47. Rehabilitation Hospital/unit/facility:

Rehabilitation Hospitals/unit/facility, also referred to as Inpatient rehabilitation Hospitals, are devoted to the rehabilitation of patients with various neurological, musculoskeletal, orthopedic and other medical conditions following stabilisation of their acute medical issues.

48. Single Private room:

Single Private Room means a single occupancy air-conditioned room with an attached washroom/toilet. Deluxe, executive rooms and suites are not covered.

49. Specialist:

Specialist is a licensed Doctor possessing the additional qualifications and expertise necessary to practise as a recognised specialist in diagnostic techniques, treatment and prevention in a particular field of medicine.

50. Specialist fees:

Specialist fees refers to non-surgical treatment performed or administered by a specialist.

51. Speech therapy:

Speech therapy refers to treatment carried out by a qualified speech therapist to treat diagnosed physical impairments. This includes conditions such as nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate).

52. Sum Insured or SI:

Sum Insured or SI means the amount stated in the Policy Schedule against each relevant Section, which shall be the Company's maximum liability under this Policy (regardless of the number of the amount of Claims made) for any one Claim and in the aggregate for all Claims under such Section.

53. Surgical appliances and materials:

Surgical appliances and materials are those required for surgeries. They include artificial body parts or devices such as joint replacement materials, bone screws and plates, valve replacement appliances, endovascular stents, implantable defibrillators and pacemakers.

54. Therapist:

Therapist refers to a chiropractor, osteopath, Chinese herbalist, acupuncturist, physiotherapist, speech therapist, occupational therapist or oculomotor therapist, who is qualified and licensed under the laws of the country in which treatment takes place.

55. You, Your, Yourself, Your Family:

You, Your, Yourself, Your Family named in the Policy Schedule means the Insured or Insured's Family Members who are beneficiaries that We insure as set out in the Schedule.

56. We, Us, Our, Ours, Company:

We, Us, Our, Ours, Company means the Bajaj General Insurance Limited.

SECTION C) BENEFITS COVERED UNDER THE POLICY

Type of Policy: Individual

Tenure of Policy: 1 year

Scope of cover:

The Company hereby agrees to pay Reasonable and Customary expenses in respect of an admissible claim, for any or all of the following covers subject to the Sum Insured, limits, Deductibles, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

PART A- COVERAGE- Domestic (Within India Only, for Imperial and Imperial Plus Plans)

I. IN-PATIENT BENEFITS FOR DOMESTIC COVER

1. In-patient Hospitalization Treatment:

If You are advised Hospitalization within India by a Medical Practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to,

- i. Room rent and Boarding expenses as provided by the Hospital/Nursing Home without any sub limit.
- ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- 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. Dialysis, Chemotherapy, Radiotherapy, Physiotherapy.
- vii. Medicines & Drugs.
- viii. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents.
- ix. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
- x. Emergency Inpatient Hospitalization for Dental Treatment arising from an Accident.

2. Pre-Hospitalization:

The Medical Expenses incurred during the 60 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

3. Post-Hospitalization:

The Medical Expenses incurred during the 180 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

4. Local (Road) Ambulance:

We will pay the reasonable cost, specified in the Policy Schedule, incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency or out of medical necessity.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring

You 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. Subject otherwise to the terms, conditions and exclusions of the Policy.

5. Day Care Procedures:

We will pay You the medical expenses as listed under Section C, Part A I-1- In-patient Hospitalization Treatment for Day care procedures/ Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the Annexure I of Policy wordings.

6. Living Donor Medical Costs:

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

1. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured, and
2. We have accepted an Inpatient Hospitalization claim for the Insured under In-Patient Hospitalization Treatment (Section C, Part A I-1).

7. Annual Preventive Health Check-up:

After each renewal of Global Health Care Policy with Us, You will be entitled for an Annual Preventive Health Check-up. We will reimburse the amount as per the limits specified in the Policy Schedule.

You may approach Us for the arrangement of the Health Check-up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- healthcheck@bajajgeneral.com.

Note: Payment under this benefit will not reduce the base sum Insured mentioned in Policy Schedule.

8. AYUSH Hospitalization Expenses:

If You are Hospitalized for not less than 24 hrs, in an AYUSH Hospital which is a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

- i. In-patient Treatment- Medical Expenses for AYUSH treatment;
- ii. Room rent, boarding expenses;
- iii. Nursing care Consultation fees;
- iv. Medicines, drugs and Medical consumables, AYUSH treatment procedures;
- v. Our maximum liability is up to In-patient Hospitalization Sum Insured.

The claim will be admissible under the Policy provided that, the Illness/Injury requires Inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis.

9. Air Ambulance:

We will pay for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest Hospital. The claim would be reimbursed up to the limits specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

Return transportation to the client's home by air ambulance is excluded.

10. Mental Illness Treatment:

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule. The above coverage is subject to fulfilment of following conditions:

- a. Mental Illness treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- b. The Hospitalization is for Medically Necessary Treatment.
- c. All day-care or Inpatient admissions must include prescription medication related to the condition.
- d. The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental Illness, where persons with mental Illness are admitted for treatment.

Exclusions: Mental Illness Treatment does not cover:

- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions.
- c. Alternate treatment other than Allopathic treatments and AYUSH therapies are not covered.
- d. For autism spectrum disorder, admissions, stays or day care treatment at specialized educational facilities are not covered.
- e. Out-patient Treatment for Mental Illness.

11. Rehabilitation:

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It aims to restore original form or function after an acute illness, injury or surgery. Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy.

We will pay You up to the limits specified in the Policy Schedule for the cost of In-patient Rehabilitation provided

- it is carried out by a Medical Practitioner specializing in rehabilitation; and
- it is carried out in a licensed rehabilitation Hospital or unit;
- We have accepted an Inpatient Hospitalization claim for the Insured under In-Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment;
- the treatment could not be carried out on an out-patient basis.

12. Modern Treatment Methods and Advancement in Technologies:

We will pay the Customary and Reasonable expenses for the Modern Treatment Methods as mentioned in Annexure III subject to the Sum Insured, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

TABLE OF BENEFITS FOR DOMESTIC COVER:

Cover	Imperial Plan			Imperial Plus Plan		
In patient Hospitalization Treatment Limits	INR 3,750,000	INR 5,600,000	INR 7,500,000	INR 11,200,000	INR 18,750,000	INR 37,500,000
In patient benefits						
Hospital accommodation (Room rent and ICU)	At Actual					
Pre-hospitalization	60 days					
Post Hospitalization	180 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living donor medical costs	INR 500,000					
Annual Preventive Health Check-Up (only offered at renewal)	INR 5,000					
AYUSH Hospitalization Expenses	Up to Sum Insured					
Air Ambulance*	INR 500,000	INR 675,000	INR 750,000	INR 750,000	INR 750,000	INR 750,000
Mental Illness Treatment	Up To Sum Insured					
Rehabilitation	INR 50,000					
Modern Treatment Methods and Advancement in Technologies	Up to Sum Insured					

Note: The total Sum Insured payable under all the above covers will not exceed the In-patient Hospitalization Treatment Limits.

PART B- COVERAGE- International

I. IN-PATIENT BENEFITS FOR INTERNATIONAL COVER

1. In-patient Hospitalization Treatment:

If You are advised Hospitalization by a Medical Practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to,

- Room rent and Boarding expenses up to a Single Private Air-Conditioned Room.
- If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- Nursing Expenses as provided by the Hospital.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Therapist, Specialists Fees.
- Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
- Dialysis, Chemotherapy, Radiotherapy, Physiotherapy.
- Prescription drugs and materials.
- Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents.
- Relevant laboratory diagnostic tests, X-ray, and other Radiology tests and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
- Emergency Inpatient Hospitalization for Dental Treatment arising from an Accident.

This cover is subject to the Sum Insured, sub-limits, Deductibles, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

The Deductible is Optional and the amount will apply as specified in the Policy Schedule, if opted.

2. Pre-Hospitalization:

The Medical Expenses incurred during the 45 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.).

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

3. Post-Hospitalization:

The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

4. Local (Road) Ambulance:

We will pay the reasonable cost, specified in the Policy Schedule, incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency or out of medical necessity.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring.

You 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.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

5. Day Care Procedures:

We will pay You the medical expenses as listed under Section C, Part B, I-1 - In-patient Hospitalization Treatment for Day Care Procedures / Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the annexure I of Policy wordings.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

6. Living Donor Medical Costs:

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with the local regulation and the organ donated is for the use of the Insured, and
- ii. We have accepted an Inpatient Hospitalization claim for the Insured under In-patient Hospitalization treatment.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

7. Air Ambulance (Applicable to Imperial Plan only):

We will pay for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness/Accident to the nearest Hospital. The claim would be reimbursed up to the limits as specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C, Part B, I-1).

Return transportation to the client's home by any mode of transport is excluded.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. To avail this service, You must contact Us on +353 1 630 1301. From this point onwards, We will organize and coordinate for the Air Ambulance until You arrive safely at Your destination of care. If ambulance services are not organized by Us, We reserve the right to decline all costs incurred.

8. Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only):

If You contract any Illness/ sustain any Injury which necessitates Emergency Hospitalization, We will pay reasonable and customary expenses up to the limits specified in the Policy Schedule, for Your Medical Evacuation to the nearest appropriate medical centre (which may or may not be in Your home country) by ambulance, helicopter or airplane provided that:

- The medical evacuation should be requested by Your Doctor, and will be carried out in the most economical way that is appropriate to Your medical condition.
- We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C, Part B, I-1).
- adequately screened blood is unavailable in an Emergency.
- necessary treatment is not available locally.

If You can't travel for medical reasons following discharge from an Inpatient episode of care, We will cover the reasonable cost of hotel accommodation in a private en-suite room for up to seven days.

If You are evacuated to the nearest appropriate medical centre for ongoing treatment, We will cover the reasonable cost of hotel accommodation in a private en-suite room. This cost must be more economical than the cost of a series of journeys between the nearest appropriate medical centre and Your principal country of residence.

Following completion of treatment, We will also cover the cost of Your return trip (i.e. one way ticket) at economy rates to Your principal country of residence.

Exclusions (Applicable to Medical Evacuation):

- costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person.
- travel costs for accompanying person.
- travel costs of Insured family members in the event of an evacuation.

Where adequately screened blood is not available locally, We will, where appropriate, try to locate and transport screened blood and sterile transfusion equipment, if this is advised by the treating Doctor and Our own medical experts. We and Our agents accept no liability if We are unsuccessful or if contaminated blood or equipment is used by the treating authority.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. You must contact Us on +353 1 630 1301 at the first indication that You need an evacuation. From this point onwards, We will organize and coordinate the evacuation until You arrive safely at Your destination of care. If evacuation services are not organized by Us, We reserve the right to decline all costs incurred.

9. Mental Illness Treatment:

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule.

The above coverage is subject to fulfilment of following conditions:

- Mental Illness treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- The Hospitalization is for Medically Necessary Treatment.
- All day-care or Inpatient admissions must include prescription medication related to the condition.
- The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental Illness, where persons with mental Illness are admitted for treatment.

Exclusions: Mental Illness Treatment does not cover:

- Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions.
- Alternate treatment other than Allopathic treatments are not covered.
- For autism spectrum disorder, admissions, stays or day care treatment at specialized educational facilities are not covered.
- Out-patient Treatment for Mental Illness.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

10. Rehabilitation:

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It aims to restore original form or function after an acute illness, injury or surgery. Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy.

We will pay You up to the limits specified in the Policy Schedule for the cost of In-patient Rehabilitation provided

- it is carried out by a Medical Practitioner specializing in rehabilitation; and
- it is carried out in a licensed rehabilitation Hospital or unit;
- We have accepted an Inpatient Hospitalization claim for the Insured under In-Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment;
- the treatment could not be carried out on an out-patient basis.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

11. Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age (Applicable to Imperial Plus Plan only):

We will pay for reasonable accommodation costs of one parent for the duration of the Insured child's admission to Hospital for eligible treatment under Section C, Part B.1-Inpatient Hospitalization Treatment, up to the limit specified in the Policy Schedule. If a suitable bed is not available in the Hospital, We will contribute the equivalent of the daily room rate in a three-star hotel towards any hotel costs incurred.

This benefit would be applicable for the duration of Hospitalization of the Insured child. The Policy will not cover sundry expenses such as meals, phone calls or newspapers.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

12. Emergency treatment outside area of cover (Applicable to Imperial Plus Plan only if "Excluding USA" cover is opted):

We will pay the Customary and Reasonable expenses, up to the limit specified in the Policy Schedule, incurred for treatment of medical emergencies which occur during business or holiday trips outside Your area of cover. Cover is provided for up to six weeks per trip within the Sum Insured limit. It includes treatment required due to an Accident or the sudden beginning or worsening of a severe illness which presents an immediate threat to Your health.

Treatment by a Doctor must start within 24 hours of the Emergency event.

Exclusion:

Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

13. Medical repatriation (Applicable to Imperial Plus Plan only):

If the necessary treatment for which You are covered isn't available locally You can choose to be medically evacuated to Your home country for treatment, instead of to the nearest appropriate medical centre. This only applies when Your home country is within Your geographical area of cover. Following completion of treatment, We will also cover the cost of Your return trip (i.e. one way ticket) at economy rates, to the country from where you were repatriated.

The return journey must take place within one month after treatment has been completed.

If You contract any illness/ sustain any injury which necessitates Hospitalization, We will pay reasonable and customary expenses up to the limits specified in the Policy Schedule, if You choose to be medically repatriated to Your home country for treatment, instead of to the nearest appropriate medical centre, provided that:

- Your home country is within Your geographical area of cover.
- Where ongoing treatment is required, We will cover hotel accommodation costs.
- Repatriation in the event of unavailability of adequately screened blood.

If medical necessity prevents an immediate return trip following discharge from an Inpatient episode of care, We will cover the reasonable cost of hotel accommodation costs up to seven days.

Exclusions:

- travel costs for accompanying person.
- travel costs of Insured family members in the event of repatriation.
- travel costs of Insured members to be with a family member who is at peril of death or who has died.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. You must contact Us on +353 1 630 1301 at the first indication that repatriation is required. From this point onwards We will organise and coordinate all stages of the repatriation until You arrive safely at Your destination of care. If the repatriation is not organised by Us, We reserve the right to decline all costs incurred.

14. Repatriation of mortal remains (Applicable to Imperial Plus Plan only):

Repatriation of mortal remains is the transportation of the Insured deceased remains from the principal country of residence to the country of burial. We cover costs such as: embalming, a container legally appropriate for transportation, shipping and the necessary government authorisations. Cremation costs will only be covered if the cremation is required for legal purposes. We do not cover costs incurred by anyone accompanying the remains.

Exclusions:

- i. Expense incurred for any person accompanying the remains is not covered.
- ii. This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. To avail this service, You must contact Us on +353 1 630 1301. From this point onwards, We will organize and coordinate for the Repatriation of Mortal remains. If these services are not organized by Us, We reserve the right to decline all costs incurred.

15. In-patient cash benefit (Applicable to Imperial Plus Plan only):

We will pay Daily Cash Benefit as specified in the Policy Schedule for maximum 25 nights when You receive Inpatient treatment free of charge for a medical condition that is covered by Us.

This benefit is payable after You are discharged from Hospital.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

16. Palliative care (Applicable to Imperial Plus Plan only):

We will pay the Reasonable and Customary expenses incurred, up to the limit specified in the Policy Schedule, on diagnosis of a Terminal Illness, for any ongoing treatment, given on the advice of a Medical Practitioner, that aims to alleviate the physical/psychological suffering associated with progressive, incurable Illness and to maintain quality of life. It includes Inpatient, day-care and out-patient treatment. We will pay for physical care, psychological care, Hospital or hospice accommodation, nursing care and prescription drugs.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

17. Modern Treatment Methods and Advancement in Technologies:

We will pay the Customary and Reasonable expenses for the Modern Treatment Methods as mentioned in Annexure III subject to the Sum Insured, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

II. OUT-PATIENT BENEFITS FOR INTERNATIONAL COVER (Applicable to Imperial Plus Plan only)

1. Out-patient Treatment:

If You consult a consultant/Medical Practitioner on Outpatient basis for the Illness/ Injury contracted during the Policy Period, We will pay You Out Patient expenses up to the limits specified in the Policy Schedule for

- a. Medical Practitioner fees.
- b. Specialist fees.
- c. Diagnostic tests.
- d. Prescription drugs.

Exclusions:

- a. During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under out-patient except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- b. Out-patient Dental Treatment expenses will not be covered.

2. Physiotherapy Benefit:

We will pay the expenses incurred towards Prescribed Physiotherapy taken on Out-patient basis for Illness/Injury contracted during the Policy Period, maximum up to the limit specified in the Policy Schedule, provided that,

- The treatment is referred by a Doctor or prescribed by a Specialist consultant for Muskulo- skeletal /Neurological diseases / Injuries or other Systemic diseases.
- The treatment should be carried out by a registered physiotherapist in a Hospital or a clinic as defined under the Policy.
- Physiotherapy is initially restricted to 12 sessions per condition, after which treatment must be reviewed by the Doctor who referred You. If You need further sessions, You must send Us a new progress report after every set of 12 sessions, indicating the medical necessity for more treatment.

Exclusion:

- During the first year of Global Health Care Policy with Us, 90 days waiting period would be applicable for all claims under Physiotherapy Benefit except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- Physiotherapy does not include therapies such as Rolfing, massage, Pilates, Fango and Milta.

3. Alternate/Complementary Treatment Expenses:

If You consult a therapist on Outpatient basis for the Illness/ Injury contracted during the Policy Period, We will pay You Out Patient expenses up to the limits specified in the Policy Schedule for Alternate treatment methods namely chiropractic treatment, osteopathy, Chinese herbal medicine, acupuncture and podiatry as practiced by approved therapists.

Exclusions:

During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Alternate / Complementary Treatment Expenses except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

III. DENTAL PLAN BENEFITS (Optional):

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Health Care Policy is extended to pay the expenses incurred for the below mentioned Dental related covers with a mandatory Co-Payment of 20% on each and every claim, subject to terms, conditions and definitions, exclusions, up to the limit specified in the Policy Schedule.

1. Dental treatment outside India:

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for Dental Treatment which includes annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.

2. Dental surgery outside India:

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for Dental Surgery which includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as apicoectomy, Surgical removal of cysts, Orthognathic surgeries for the correction of malocclusion and dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit.

Exclusions:

Dental surgery does not cover surgical treatment that relates to dental implants. Dental Prostheses, dental implants, orthodontics.

3. Periodontics outside India:

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for treatment related to gum disease.

Exclusions applicable to Dental Plan Benefits:

- During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

TABLE OF BENEFITS FOR INTERNATIONAL COVER:

Certain benefits would require You to seek pre-approval at least 72 hours prior to admission or availing the benefit in case of planned treatments. For more details, please refer the Section E 45.

Cover	Imperial Plan			Imperial Plus Plan		
In patient Hospitalization Treatment Limits	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000	USD 1,000,000
Deductible options	0 / USD 500 / USD 1,000 (on annual aggregate basis)					
In patient benefits						
Hospital accommodation /Room rent	Single Private Air-Conditioned Room					
Hospital accommodation /ICU	At Actual					
Pre-hospitalization	45 days					
Post Hospitalization	90 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living donor medical costs	USD 30,000			USD 50,000		
Air Ambulance*	USD 7,500			NA	NA	NA
Air Ambulance + Medical Evacuation*	NA			Up to Inpatient Sum insured	Up to Inpatient Sum insured	Up to Inpatient Sum insured
Mental Illness Treatment	Up To Sum Insured					
Rehabilitation	USD 750			USD 2,300		
Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age	NA			Up to Sum Insured		
Emergency treatment outside area of cover	NA			Up to Sum Insured for maximum 6 Weeks per trip		
Medical repatriation*	NA			Up to Sum Insured		
Repatriation of mortal remains*	NA			USD 13,500		
Inpatient cash Benefit	NA	USD 175 Per night up to max 25 nights				
Palliative care	NA	Up to Sum Insured				
Modern Treatment Methods and Advancement in Technologies	Up to Sum Insured					
Note: The total Sum Insured payable under all the above covers will not exceed the In-patient Hospitalization Treatment Limits						
*The covers will be on cashless basis only						
Out-patient benefits						
Cover	Imperial Plan			Imperial Plus Plan		
In patient Hospitalization Treatment Limits	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000	USD 1,000,000
Maximum out-patient plan benefit for international treatments only				USD 1,600	USD 2,400	USD 4,200
Out-patient Treatment (Medical Practitioner fees Specialist fees Diagnostic tests Prescription drugs) Note: Excluding out-patient Dental Treatment				USD 1,000	USD 1,500	USD 2,500
Physiotherapy Benefit (Prescribed Physiotherapy)				USD 300	USD 450	USD 850
Alternate/Complementary Treatment Expenses (Chiro practice treatment, osteopathy, Chinese herbal medicine, acupuncture and podiatry)				USD 300	USD 450	USD 850
Dental plan benefits (optional)						
Cover	Imperial Plan			Imperial Plus Plan		
Maximum dental plan benefit for international treatments only	USD 300	USD 450	USD 600	USD 2300		
Dental treatment outside India	20%Co-Payment			20%Co-Payment		
Dental surgery outside India	20%Co-Payment			20%Co-Payment		
Periodontics outside India	20%Co-Payment			20%Co-Payment		

SECTION D) EXCLUSIONS- STANDARD EXCLUSIONS APPLICABLE TO PART A- DOMESTIC COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

1) Pre-Existing Diseases (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 Global Health Care Policy with Us.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer.

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 Global Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- 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 is as below,

1. Any type gastrointestinal ulcers	2. Cataracts
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Fissure in ano
7. Hernia of all types	8. Haemorrhoids, piles
9. Hydrocele	10. Dysfunctional uterine bleeding
11. All types of sinuses	12. Endometriosis
13. Fibromyoma	14. Uterine Prolapse
15. Hysterectomy	16. Surgery on ears/tonsils/ adenoids/ paranasal sinuses
17. Stones in the urinary and biliary systems	18. Diseases of gall bladder including cholecystitis
19. Surgery on all internal or external tumours /cysts /nodules /polyps of any kind including breast lumps with exception of Malignant tumor or growth	20. All forms of Cirrhosis
21. Pancreatitis	22. Gout and rheumatism
23. Tonsillitis	24. Chronic Kidney Disease
25. Surgery for varicose veins and varicose ulcers	26. Joint replacement surgery
27. Alzheimer's Disease	28. Surgery to correct deviated nasal septum
29. Surgery for vertebral column disorders (unless necessitated due to an Accident)	30. Congenital internal diseases or anomalies
31. Hypertrophied turbinate	32. Bariatric Surgery
33. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	34. Genetic disorders
35. Parkinson's Disease	

3) 30-day waiting period (Code - Excl03):

- Expenses related to the treatment of any Illness within 30 days 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 has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4) Investigation & Evaluation (Code- Excl04):

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5) Rest Cure, rehabilitation and respite care (Code -Excl05):

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

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

6) Obesity/Weight Control (Code- Excl06):

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

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

7) Change-of-gender treatments (Code- Excl07):

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

8) Cosmetic or plastic Surgery (Code- Excl08):

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

9) Hazardous or Adventure sports: (Code -Excl09):

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10) Breach of law (Code -Excl10):

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

11) Excluded Providers (Code -Excl11):

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

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

14) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Treatment. (Code - Excl14)

15) Refractive Error (Code -Excl15):

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

16) Unproven Treatments (Code -Excl16):

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

17) Sterility and Infertility (Code -Excl17):

Expenses related to sterility and infertility. This includes:

- Any type of contraception, sterilization.
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.
- Gestational Surrogacy.
- Reversal of sterilization.

18) Maternity (Code -Excl18):

- Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

SECTION D) EXCLUSIONS- SPECIFIC EXCLUSIONS APPLICABLE TO PART A- DOMESTIC COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement.

- Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified.
- Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock.
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
- Treatment for any other system other than modern medicine (allopathy) and AYUSH Therapies.
- External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
- Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
- All non-medical Items as per Annexure II.
- Circumcision unless required for the treatment of Illness or Accidental bodily Injury.
- Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
- Alternate/ Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
- Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
- Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
- Dental veneers and related procedures, unless medically necessary.
- Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
- Doctor's fees for the completion of a Claim Form or other administration charges.
- Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
- Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
- Treatment required as a result of medical error.

- 22) Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
- 23) Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
- 24) Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
- 25) Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
- 26) Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
- 27) Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.
- 28) The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:
 - Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial Surgical procedures, which are covered within the overall limit of Your In-patient Plan.
 - Dietician fees.
 - Expenses for one person accompanying an evacuated/repatriated person.
 - Out-patient treatment Prescribed medical aids Preventive treatment.
 - Travel costs of Insured family members in the event of an evacuation/repatriation.
 - Travel costs of Insured family members in the event of the repatriation of mortal remains.
 - Travel costs of Insured members to be with a family member who is at peril of death or who has died.
- 29) Exclusions applicable to Mental Illness Treatment:
 - a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
 - b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions.
 - c. Alternate treatment other than Allopathic treatments and AYUSH therapies are not covered.
 - d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
 - e. Out-patient Treatment for Mental Illness.

SECTION D) EXCLUSIONS- STANDARD EXCLUSIONS APPLICABLE TO PART B- INTERNATIONAL COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

A. Applicable for Part B-I (IN-PATIENT BENEFITS FOR INTERNATIONAL COVER)

1) Pre-Existing Diseases (Code-Excl01):

- a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Global Health Care Policy with Insurer.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. 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.
- d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2) Specified disease/procedure waiting period (Code-Excl02):

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Global Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. 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.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. 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.

f. List of specific diseases/procedures is as below,

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Fissure in ano
7. Hernia of all types	8. Haemorrhoids, piles
9. Hydrocele	10. Dysfunctional uterine bleeding
11. All types of sinuses	12. Endometriosis
13. Fibromyoma	14. Uterine Prolapse
15. Hysterectomy	16. Surgery on ears/ tonsils/ adenoids/ paranasal sinuses
17. Stones in the urinary and biliary systems	18. Diseases of gall bladder including cholecystitis
19. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth	20. All forms of Cirrhosis
21. Pancreatitis	22. Gout and rheumatism
23. Tonsillitis	24. Chronic Kidney Disease
25. Surgery for varicose veins and varicose ulcers	26. Joint replacement surgery
27. Alzheimer's Disease	28. Surgery to correct deviated nasal septum
29. Surgery for vertebral column disorders (unless necessitated due Accident)	30. Congenital internal diseases or anomalies
31. Hypertrophied turbinate	32. Bariatric Surgery
33. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	34. Genetic disorders
35. Parkinson's Disease	

3) 30-day waiting period (Code-Excl03):

- Expenses related to the treatment of any Illness within 30 days 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 has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4) Investigation & Evaluation (Code-Excl04):

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5) Rest Cure, rehabilitation and respite care (Code-Excl05):

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes.
- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6) Obesity/Weight Control (Code-Excl06):

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

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

7) Change-of-gender treatments (Code-Excl07):

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

8) Cosmetic or plastic Surgery (Code-Excl08):

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

9) Hazardous or Adventure sports: (Code-Excl09):

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10) Breach of law (Code-Excl10):

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

11) Excluded Providers (Code-Excl11):

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

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

14) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Procedure. (Code-Excl14)

15) Refractive Error (Code-Excl15):

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16) Unproven Treatments (Code-Excl16):

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

17) Sterility and Infertility (Code-Excl17):

- a. Expenses related to sterility and infertility. This includes:
- b. Any type of contraception, sterilization.
- c. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.
- d. Gestational Surrogacy.
- e. Reversal of sterilization.

18) Maternity (Code-Excl18):

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

SECTION D) EXCLUSIONS-SPECIFIC EXCLUSIONS APPLICABLE TO INTERNATIONAL COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

B. Applicable to Part B-I, B-II, B-III

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement.

- 1) Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified.
- 2) Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock.
- 3) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
- 5) Treatment for any other system other than modern medicine (allopathy).
- 6) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 7) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 8) Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 9) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
- 10) All non-medical Items as per Annexure II.
- 11) Circumcision unless required for the treatment of Illness or Accidental bodily Injury.
- 12) Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
- 13) Alternate/Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
- 14) Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
- 15) Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
- 16) Dental veneers and related procedures, unless medically necessary.
- 17) Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
- 18) Doctor's fees for the completion of a Claim Form or other administration charges.
- 19) Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
- 20) Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
- 21) Treatment required as a result of medical error.
- 22) Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
- 23) Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
- 24) Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
- 25) Treatment in the USA if We believe that cover was taken out with the purpose of travelling to the USA to get treatment for a condition or symptoms You were aware of:
 - i. before being Insured with Us.
 - ii. before having the USA in Your region of cover.
 If We paid any claims in these circumstances, We reserve the right to seek reimbursement from You.
- 26) Treatment outside the geographical area of cover unless for emergencies or authorised by Us.
- 27) Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
- 28) Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
- 29) Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.

30) The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:

- Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial surgical procedures, which are covered within the overall limit of Your In-patient Plan.
- Dietician fees.
- Expenses for one person accompanying an evacuated/repatriated person.
- Home delivery.
- Infertility treatment.
- Laser eye treatment.
- Out-patient treatment.
- Prescribed glasses and contact lenses including eye examination.
- Prescribed medical aids.
- Preventive treatment.
- Routine maternity, Routine Delivery and newborn care and Complications of childbirth Travel costs of Insured family members in the event of an evacuation/repatriation.
- Travel costs of Insured family members in the event of the repatriation of mortal remains.
- Travel costs of Insured members to be with a family member who is at peril of death or who has died Vaccinations.

31) Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only):

- a. costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person.
- b. travel costs for accompanying person.
- c. travel costs of Insured family members in the event of an evacuation.

32) Mental Illness Treatment:

- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions.
- c. Alternate treatment other than Allopathic treatments are not covered.
- d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
- e. Out-patient Treatment for Mental Illness.

33) Emergency treatment outside area of cover:

Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth.

34) Medical repatriation:

- a. travel costs for accompanying person.
- b. travel costs of Insured family members in the event of repatriation.
- c. travel costs of Insured members to be with a family member who is at peril of death or who has died.

35) Repatriation of mortal remains:

Expense incurred for any person accompanying the remains is not covered.

C. Applicable to Part B-II (OUT-PATIENT BENEFITS FOR INTERNATIONAL COVER)

1. Out-patient Treatment:

- a. During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under out- patient except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- b. Out-patient Dental Treatment expenses will not be covered.

2. Alternate/Complementary Treatment:

During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Alternate/ Complementary Treatment except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

3. Physiotherapy Benefit:

- a. During the first year of Global Health Care Policy with Us, 90 days waiting period would be applicable for all claims under Physiotherapy Benefit except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- b. Physiotherapy does not include therapies such as Rolfing, massage, Pilates, Fango and Milta.

D. Applicable for Part B-III (DENTAL PLAN BENEFITS FOR INTERNATIONAL COVER)

During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Dental Plan Benefits except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals. Dental surgery does not cover surgical treatment that relates to dental implants. Dental Prostheses, dental implants, orthodontics.

SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS

1. Disclosure of Information:

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

(Explanation- "Material facts" for the purpose of this Policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.)

2. Condition Precedent to Admission of Liability:

The terms and conditions of the Policy must be fulfilled by the Insured for the Company to make any payment for claim(s) arising under the Policy.

3. Claim Settlement. (provision for Penal interest):

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

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

4. Complete Discharge:

Any payment to the Policyholder, Insured or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Multiple Policies:

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

6. Fraud:

If any claim made by the Insured, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured or by his agent or the Hospital/Doctor/any other party acting on behalf of the Insured, with intent to deceive the Insurer or to induce the Insurer to issue an insurance Policy,

- a. the suggestion, as a fact of that which is not true and which the Insured does not believe to be true;
- b. the active concealment of a fact by the Insured having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such actor omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving Fraud is upon the Insured, if alive, or beneficiaries.

7. Cancellation:

(A) Cancellation by the Policyholder:

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -

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

2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

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

(C) Cancellation by the Company:

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

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

8. Migration:

The Insured will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link:

<https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

9. Portability:

The Insured will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health insurer, the proposed Insured will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. Insurer is free to consider proposal for portability even if the policyholder has approached within 15 days from the renewal date of the existing policy, but in all such cases acquiring insurer shall ensure that there is no break in policy.

For Detailed Guidelines on portability, kindly refer the link:

<https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

10. Renewal of Policy:

- i. Your Policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by You, provided this policy is not withdrawn and also subject to conditions stated at "Moratorium Period" of this Schedule.
- ii. We shall not deny the renewal of this policy on the ground that You have made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policy.
- iii. We shall condone a delay in renewal up to the Grace Period (30 days) from the due date of renewal without considering such condonation as a Break in Policy.
- iv. For this policy, the loadings on renewal premium shall be at portfolio and not based upon any individual policy claim experience. However, discount in premium may be provided by Us to You for good claims experience.
- v. We shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc. at renewal stage where there is no change in Sum Insured offered. Provided that where there is an improvement in the risk profile, We may endeavour to recognize that for removal of loadings at the point of renewal.
- vi. In case the product is withdrawn, the policyholder shall be provided with suitable alternative options for migration, as per applicable regulatory provisions.

11. Withdrawal of Policy:

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the Policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the Policy has been maintained without a break.

12. Moratorium Period:

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

13. Premium Payment in Instalments (Wherever applicable):

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

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

14. Possibility of Revision of Terms of the Policy Including the Premium Rates:

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

15. Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The Insured shall be allowed free look period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to,

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured, a

deduction towards the proportionate risk premium for period of cover; or

- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

16. Nomination:

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

17. Grievance Redressal Procedure:

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

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

In case of any grievance the insured person may contact the Company through,

Toll free: 1800-209-5858 (free calls from BSNL/MTNL lines only).

1800-102-5858 (free calls from Bharti users – mobile /landline) or 020-30305858.

E-mail: careforyou@bajajgeneral.com

Fax: 020-66026667

Courier: Bajaj General Insurance,

Bajaj Insurance House, Airport Road Yerawada, Pune 411006.

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

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

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

SECTION E) GENERAL TERMS AND CONDITIONS - SPECIFIC TERMS AND CONDITIONS

1. Conditions Precedent:

- a) The due observance and fulfilment of the terms and conditions of the Policy, by the Insured, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.
- b) The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.
- c) Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. Records to be Maintained:

The Insured shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as

the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

3. Automatic change in Coverage under the Policy

The coverage for the Insured shall automatically terminate:

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

4. Territorial Jurisdiction:

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

5. Notice & Communication:

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

6. Insured:

Only those persons named as the Insured in the Policy Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 7 days written notice to be received by Us.

7. Communications:

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

8. Paying a Claim:

- a. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- b. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

9. Basis of Claims Payment (For Domestic Cover only):

- a. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- b. The Day Care Procedure listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
- c. We shall make payment in Indian Rupees only.

10. Basis of Claims Payment (For International Cover only):

Currency: Please specify the currency You wish to be paid in. On rare occasions, We may not be able to make a payment in that currency due to international banking regulations. If this happens, We will identify a suitable alternative currency. If We have to make a conversion from one currency to another, We will use the exchange rate that applied on the date the invoices were issued, or on the date that We pay Your claim. Please note that We reserve the right to choose which currency exchange rate to apply.

11. Cost Sharing:

- a. You shall bear 20% of Co-Payment for each and every claim payable under Section C Part B III- Dental Plan Benefits (Optional cover) and Our liability, if any, shall only be in excess of that sum.

- b. If opted, an aggregate Deductible as specified in the Policy Schedule will apply for expenses under Inpatient plan benefits outside India.

12. Cumulative Bonus (For Domestic Cover only):

If You renew Your Global Health Care Policy with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 20% of Domestic Cover's base Sum Insured per annum, but:

- a. The maximum cumulative increase in the Limit of Indemnity will be limited to 100% of Domestic Cover's base Sum Insured.
- b. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy, under the circumstances described in cancellation clause stated under the Policy.
- c. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent Global Health Care Policy shall be reduced by 20%, save that the limit of indemnity applicable shall be preserved.

13. Changing country of residence:

It is important to let Us know when You change Your country of residence. This may affect Your cover, the availability of the services included in Your plan or Your premium, even if You are moving to an area within Your Network, as Your existing plan may not be valid there. Cover in some countries is subject to local health insurance restrictions, particularly for residents of that country. It is Your responsibility to ensure that Your health cover is legally appropriate. If You are not sure, please get independent legal advice, as We may no longer be able to cover You.

The cover We provide is not a substitute for local compulsory health insurance.

14. Withdrawal of Policy:

- a. In the likelihood of this Policy/product being withdrawn in future, the Company will intimate the Insured about the same 90 days prior to expiry of the Policy Period.
- b. Insured will have the option to Migrate to similar Policy, if available, with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break.
- c. If the Company has no alternative or similar products then the Insured may opt for any Health Indemnity products available with the Company with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break.

15. Endorsements (Changes in Policy):

- a. This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.
- b. The Policyholder may be changed only at the time of renewal. The new Policyholder must be the legal heir/immediate family member of Policyholder. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.
- c. The Policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

16. Terms and conditions of the Policy:

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

17. Change of Sum Insured:

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

18. Sum Insured Enhancement:

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

19. Inclusion of members under the Policy:

Where an Insured is added to this Policy, either by way of Endorsement or at the time of renewal, the pre-existing

disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the New/included Insured.

20. Territorial Limits & Governing Law (for Domestic Cover only):

- We cover medical expenses for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Schedule.
- The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.
- Subject to Arbitration clause, the competent court in India shall have exclusive jurisdiction under this Policy.

21. Territorial Limits & Governing Law (for International Cover only):

- We cover medical expenses for treatment availed World-wide outside of India (including or excluding USA as specified in the Policy Schedule).
- You may specify the currency You wish to be paid in. On rare occasions, We may not be able to make a payment in that currency due to international banking regulations. If this happens, We will identify a suitable alternative currency. If We have to make a conversion from one currency to another, We will use the exchange rate that applied on the date the invoices were issued, or on the date that We pay Your claim.
- Please note that We reserve the right to choose which currency exchange rate to apply.
- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Schedule.
- Your Policy is exclusively governed by the Indian Law and Indian Courts jurisdiction.
- The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

22. Economic sanctions (for International Cover only):

Cover is not provided if any element of the cover, benefit, activity, business or underlying business violates any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.

23. Circumstances outside Our control (force majeure):

We will always do Our best for You, but We are not liable for delays or failures in Our obligations to You caused by things which are outside of Our reasonable control. Examples are extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots, explosions, strikes or other labour unrest, civil disturbances, sabotage and expropriation by governmental authorities.

- 24.** The wordings "The Policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India." In the Standard Terms and Conditions shall not be applicable to this Policy as this Policy also covers the international Health coverage.

25. Additional conditions as to Migration and or Portability:

Migration and or Portability will be allowed only if the Insured is having the existing health policy which covers both the Domestic and International health cover.

If the Insured has an existing Domestic Health Indemnity Policy and wants to opt for Global Health Care Policy, then the Global Health Care Policy will be provided but accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without a break will be available only for Domestic Health Indemnity Covers.

26. Discounts:

- Employee Discount: 20% discount on published premium rates to employees of Bajaj General & its group companies, this discount is applicable only if the Policy is booked in direct code.
- Online/Direct Business Discount: Discount of 5% will be offered in this product for policies underwritten through direct/online channel. Note: this discount is not applicable for Employees who get employee discount.
- Family Discount: 5% family discount shall be offered if 2 or more eligible Family Members are covered under a single Policy.
- Voluntary Deductible: The customer can opt for aggregate deductible on International Inpatient Benefits and avail discount as below,

Deductible	Imperial Plan	Imperial Plus Plan
USD 500	5%	4%
USD 1000	9%	6%

SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES

27. Claims Procedure for Domestic Cover:

All Claims will be settled by In house claims settlement team of the Company and no TPA is engaged. However, the Company reserves to engage TPA at any time, at the sole discretion of the Company.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a Cashless Facility to Our liability, You must comply with the following:

A. Cashless Claims Procedure:

Cashless treatment is available at Network Hospitals.

In order to avail of cashless treatment, the following procedure must be followed by You or your representative:

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

B. Reimbursement Claims Procedure:

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

- You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of Hospitalization in case of Emergency Hospitalization and 48 hours prior to Hospitalization in case of planned Hospitalization.
- You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.
- You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- In the event of the death of the Insured, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*.
- If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.

*Note: In case You are claiming for the same event under an indemnity-based Policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to

Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

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

Please send the documents on below address,

Bajaj General Insurance Limited, 2nd Floor, Bajaj Finserv Building, Behind Weikfield IT park,
Off Nagar Road, Viman Nagar, Pune 411014.
Contact no. Toll free: 1800-103-2529, 1800-209-5858.

28. Claims Procedure for International Cover- Reimbursement Claims and Pre-authorization Process for International Cover:

A. Medical claims:

Before submitting a claim to Us, please pay attention to the following points:

Claiming deadline: You must submit all claims no later than 30 days after the date of discharge from the Hospital.

Claim Submission: You must submit a separate claim for each person claiming and for each medical condition being claimed for.

Supporting documents: When You send Us copies of supporting documents (e.g. medical receipts), please make sure You keep the originals. We have the right to request original supporting documents/receipts for auditing purposes up to 12 months after settling Your claim. We may also request proof of payment by You (e.g. a bank or credit card statement) for medical bills You have paid. We advise that You keep copies of all correspondence with Us as We cannot be held responsible for correspondence that fails to reach Us for any reason outside of Our control.

Deductibles: If the amount You are claiming is less than the Deductible figure in Your plan, You can Send Us each claim every time You receive treatment. Once You reach the Deductible amount, We will start reimbursing You.

Attach all supporting receipts and/or invoices with Your claim.

Currency: Please specify the currency You wish to be paid in. On rare occasions, We may not be able to make a payment in that currency due to international banking regulations. If this happens, We will identify a suitable alternative currency. If We have to make a conversion from one currency to another, We will use the exchange rate that applied on the date the invoices were issued, or on the date that We pay Your claim.

Please note that We reserve the right to choose which currency exchange rate to apply.

Reimbursement: We will only reimburse (within the limit of Your Policy) eligible costs after considering any Treatment Guarantee requirements, Deductibles or co-payments outlined in the Table of Benefits.

Reasonable and customary cost: We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If We consider a claim to be inappropriate, We reserve the right to decline Your claim or reduce the amount We pay.

Deposits: If You have to pay a deposit in advance of any medical treatment, We will reimburse this cost only after treatment has taken place. This is only applicable where deposit amount was deducted from the final bill issued by the medical provider to us.

Providing information: You and Your dependents agree to help Us get all the information We need to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating Doctor. We may, at Our own expense, request a medical examination by Our Doctors if We think it's necessary. All information will be treated confidentially. We reserve the right to withhold benefits if You or Your dependents do not support Us in getting the information We need.

B. Seeking treatment?:

We understand that seeking treatment can be stressful. Follow the steps below so We can look after the details – while You concentrate on getting better.

Check Your level of cover:

First, check that Your plan covers the treatment You are seeking. Your Table of Benefits will confirm what is covered. However, You can always call Our Helpline if You have any queries.

24/7 International Helpline number +353 1 630 1301.

Some treatments require Our pre-approval:

Certain benefits under this policy for International Cover would require You to seek pre-approval at least 72 hours prior to admission or availing the benefit in case of planned treatments. The pre-approval process helps Us assess each case, organize everything with the Hospital before Your arrival and make direct payment of Your Hospital bill easier, where possible. If You make a claim without obtaining Our pre-approval the following will apply:

- i. If the treatment received is subsequently proven to be medically unnecessary, We reserve the right to decline Your claim in accordance with the policy terms and conditions.
- ii. If the treatment is subsequently proven to be medically necessary, we will process the claim basis on reasonable and customary expenses up to 80% of the coverage, subject to the policy terms and conditions.

List of coverage which require prior approval are as below.

- i. In-patient Hospitalization Treatment (Section C, Part B, I-1).
- ii. Day Care Procedures (Section C, Part B, I-5).
- iii. Living Donor Medical Costs (Section C, Part B, I-6).
- iv. Mental Illness Treatment (Section C, Part B, I-9).
- v. Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age (Applicable to Imperial Plus Plan only) (Section C, Part B, I-11).
- vi. Palliative care (Applicable to Imperial Plus Plan only) (Section C, Part B, I-16).

Claiming for Your out-patient, dental and other expenses

If Your treatment *does not require Our pre-approval*, You can simply pay the bill and claim the expenses from Us. In this case, follow these steps:

1. Receive Your medical treatment and pay the medical provider.
2. Get an invoice from Your medical provider. (This should state Your name, treatment date(s), the diagnosis/medical condition that You received treatment for, the date of onset of symptoms, the nature of the treatment and the fees *charged*.)
3. Claim back Your eligible costs via Our MyHealth app or online portal (www.allianzcare.com/en/myhealth). Simply enter a few key details, add Your invoice(s) and press 'submit'.

Getting Inpatient treatment:

Download a Treatment Guarantee Form from Our website: www.allianzcare.com/members (Link provided is subject to change. Final version to be communicated to members upon Policy issuance)

Complete the form and send it to Us at least five working days before treatment. You can send it by email, fax or post to the address shown on the form.

We contact the Hospital to organise payment of Your bill directly, where possible.

We can also take Treatment Guarantee Form details over the phone if treatment is taking place within 72 hours. Please note that We may decline Your claim if pre-approval is not obtained.

If it's an Emergency:

Get the Emergency treatment You need and call Us if You need any advice or support.

If You are Hospitalised, either You, Your Doctor, one of Your dependants or a colleague needs to call Our Helpline (within 48 hours of the Emergency) to inform Us of the Hospitalisation. We can take Treatment Guarantee Form details over the phone when You call Us.

24/7 International Helpline number +353 1 630 1301.

29. Conditions Precedent:

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

consider *Your* claim Insured.

Only the Insured mentioned in the Policy Schedule shall be covered under the Policy. Cover under the Policy shall be withdrawn from Insured upon such Insured giving 7 days written notice to be received by Us.

30. Additional Conditions for Fraud: in case of Fraud, the premium paid shall be forfeited.

31. Communications:

Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Schedule. Any communication meant for You will be sent by Us to *Your* address shown in the Policy Schedule.

32. Claim Assistance:

In event of a claim during the Insured's overseas trip, He/She shall contact on Our toll-free numbers or email ids available on Policy Wording. We provide assistance through Our In-house Team or may seek assistance from overseas assistance partners.

33. Nationality:

Indian nationals residing in India would be considered for this Policy.

34. Additional conditions for Arbitration:

- a. If any dispute or difference shall arise as to the quantum to be paid under the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- b. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.
- d. It is also hereby further expressly agreed and declared that if the Insurer shall disclaim/repudiate the claim and the liability to the Insured/Insured's Legal Heirs for any claim under the Policy issued to the Insured, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit or proceeding before a competent Court of law in India or any other competent statutory forum/tribunal in India, then all benefits/indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Insurer shall also stand discharged.
- e. The seat and venue of the Arbitration shall be Pune. This condition remains valid, should the Policy become void.
- f. In the event that the Arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of the Policy.

35. Additional Grievance Redressal Procedure:

Welcome to Bajaj General and Thank You for choosing Us as *Your* Insurer.

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

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +917507245858
2. Branches for resolution of Your grievances / complaints, the Branch details can be found on Our website www.bajajgeneralinsurance.com/branch-locator.html
3. Register Your grievances / complaints on Our website www.bajajgeneralinsurance.com/about-Us/customer-service.html
4. E-mail:
 - a) Level 1 Write to careforyou@bajajgeneral.com and for senior citizens to seniorcitizen@bajajgeneral.com
 - b) Level 2 In case You are not satisfied with the response given to You at Level 1 You may write to Our Grievance Redressal Officer at ggro@bajajgeneral.com
 - c) Level 3 If in case, Your grievance is still not resolved, and You wish to talk to Our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and Our care specialist will call You back
5. If You are still not satisfied with the decision of the Insurance Company, You may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with

list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

Grievance Redressal Cell for Senior Citizens,

Senior Citizen Cell for Insured Beneficiary who are Senior Citizens 'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly.

Health toll free number: 1800-103-2529.

Exclusive Email address: seniorcitizen@bajajgeneral.com

Complaints and dispute resolution procedure for International Cover:

Our Helpline is always the first number to call if You have any comments or complaints. If We can't resolve the problem on the phone, please email or write to Us:

[For designer Phone icon]: +353 1 630 1301.

[For designer Email icon]: client.services@allianzworldwidecare.com

[For designer Address Icon]: Customer Advocacy Team, General Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

We will handle Your complaint according to Our internal complaint management procedure. For details see: [For designer web icon:] www.allianzcare.com/complaints-procedure

You can also contact Our Helpline to obtain a copy of this procedure. The contact details of the ombudsman offices are mentioned in: <https://www.bajajgeneralinsurance.com/download-documents/health-insurance/OMBUDSMAN-ADDRESS.pdf>

Annexure I - List Of Day care Procedures

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty (Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinatectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles A) Injection Sclerotherapy B) Piles banding
15 Endoscopic Stapedectomy	
16 Fenestration of the inner ear	218 Liver Abscess- catheter drainage
17 Incision and drainage of perichondritis	219 Fissure in Ano- fissurectomy
18 Septoplasty	220 Fibroadenoma breast excision
19 Vestibular Nerve section	221 Oesophageal varices Sclerotherapy
20 Thyroplasty Type I	222 ERCP - pancreatic duct stone removal
21 Pseudocyst of the Pinna - Excision	223 Perianal abscess I&D
22 Incision and drainage - Haematoma Auricle	224 Perianal hematoma Evacuation
23 Tympanoplasty (Type II)	225 Fissure in anosphincterotomy
24 Keratosis removal under GA	226 UGI scopy and Polypectomy oesophagus
25 Reduction of fracture of Nasal Bone	227 Breast abscess I& D
26 Excision and destruction of lingual tonsils	228 Feeding Gastrostomy
27 Conchoplasty	229 Oesophagoscopy and biopsy of growth oesophagus
28 Thyroplasty Type II	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
29 Tracheostomy	231 ERCP - Bile duct stone removal
30 Excision of Angioma Septum	232 Ileostomy closure
31 Turbinatectomy	233 Colonoscopy

34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b) Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targetedtherapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdocheotomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy (Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy (Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening

84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopicmeniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 Externalmould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 After loading Catheter Brachytherapy	297 Closed reduction and external fixation
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy/ surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Kneecap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendontransfer procedure
129 URSLwith lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA

133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of accidental causticstrictureoesophageal
143 Excision of urethral prolapse	343 Presacral Teratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 Sternomastoid Tenotomy
147 Vesicoureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery forpelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Andersonhynesoperation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
152 injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tearrepair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopicadhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrialshunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision

183 Thoracoscopy assisted empyema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett'sOesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomytube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair(excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	Critical care
194 Colonscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath (peripherally inserted central catheter)
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath (peripherally inserted central catheter)
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
202 Sigmoidoscopy w / stent	
203 US + coeliac node biopsy	

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

Annexure II:-List I: List of Non-Medical Items

LIST OF NON-MEDICAL ITEMS NOT PAYABLE	
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BUDS
5	CARRY BAGS
6	EMAIL / INTERNET CHARGES
7	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
8	LAUNDRY CHARGES
9	MINERAL WATER
10	SANITARY PAD
11	TELEPHONE CHARGES
12	GUEST SERVICES
13	DIAPER OF ANY TYPE
14	TELEVISION CHARGES
15	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
16	BIRTH CERTIFICATE
17	CERTIFICATE CHARGES
18	COURIER CHARGES
19	MEDICAL CERTIFICATE
20	MEDICAL RECORDS
21	PHOTOCOPIES CHARGES
22	SUGAR FREE Tablets
23	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS)
24	CONVEYANCE CHARGES
25	DIABETIC FOOT WEAR
26	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
27	ATTENDANT CHARGES

Annexure III: Indicative list of Modern Treatment Methods and Advancement in Technologies

A.	Uterine Artery Embolization and HIFU
B.	Balloon Sinuplasty
C.	Deep Brain stimulation
D.	Oral chemotherapy
E.	Immunotherapy- Monoclonal Antibody to be given as injection
F.	Intra vitreal injections
G.	Robotic surgeries
H.	Stereotactic radio surgeries
I.	Bronchial Thermoplasty
J.	Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
K.	IONM -(Intra Operative Neuro Monitoring)
L.	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Annexure IV: ICD codes for Mental Illness*

ICD Code	Description
F00-F09	Organic, including symptomatic, mental disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F50-F59	Behavioural syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behaviour
F80-F89	Disorders of psychological development
F90-F98	Behavioural and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

*As per ICD-10 classification of Mental and Behavioral Disorders F10-F19 consist of Mental and behavioral disorders due to psychoactive substance use which are not covered under "Mental Illness Treatment" and hence not listed in Annexure IV: ICD codes for Mental Illness.