Policy Wordings – Optional Benefit

On payment of additional premium the following benefits shall be added to the Policy coverage

Optional Benefit No. 1 – Room Rent Limit

Room and boarding expenses are subject to a limit as specified in the table below.

Options available

Options	Details
I	No room rent limit (Default option)
II	1% of Sum Insured Per day limit option and 2% of Sum Insured Per day limit option for ICU
III	2% of Sum Insured Per day limit option and 4% of Sum Insured Per day limit option for ICU

Applicable to Option II & III: If the Insured Person gets admitted to a room with daily rent higher than the room rent limit mentioned above then the total eligible Hospital bill will be settled on a pro rata basis in the same ratio as the ratio of the room rent limit allowed to the actual daily room rent.

Optional Benefit No. 2 – Pre-hospitalisation Expenses

The coverage under Pre-Hospitalisation benefit is as per limit specified in the table below.

Pre-hospitalisation Expenses	[XX] Days*

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.

Pre-hospitalisation Expenses	*15 Days	60 Days	90 Days

*The premium will be suitably reduced.

Optional Benefit No. 3 – Post-hospitalisation Expenses

The coverage under Post Hospitalisation benefit is subject to the limit as specified in the table below

Post - hospitalisation Expenses	[XX] Days*

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.

Post-hospitalisation Expenses	*30 Days	90 Days	180 Days

*The premium will be suitably reduced.

Optional Benefit No. 4 – Hospital Daily Cash

If an Insured Person suffers an Illness or an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an in-patient, then

i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised subject to maximum number of days as specified in the below table, and

Benefit	Description	
Hospital Daily Cash	Per Day Amount (Rs.)*	Maximum No. of Days *
	XXXX	XX

ii) Our maximum liability shall be restricted to the amount mentioned in the table above and limit for the benefit will apply on individual basis.

iii) We will pay twice the Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i) above for the period when the Insured Person is in Intensive Care Unit.

iv) Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to Cumulative Bonus or Health Check-up benefit, if applicable.

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.

Per day Amount (Rs.)	50 per day	100 per day	150 per day	200 per day	250 per day	300 per day
	400 per day	500 per day	750 per day	1000 per day	1500 per day	2000 per day
	2500 per day	3000 per day	3500 per day	4000 per day	4500 per day	5000 per day

Maximum No. Of Days	15	30	60	90	180

Optional Benefit No. 5 – Preventive Health Checkup (For every claim free Year)

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up as per details below

i. If no claim has been made in respect of Section 1 under this Policy, then at each claim free renewal We will pay the amount mentioned below towards the cost of a preventive medical check-up
ii. This benefit is available ONLY to those Insured Persons who were insured in the previous Policy Year.
iii. In case of family floater, if any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family
iv. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus, if applicable.

Option 1

Plan	1 L – 15.00 L
Individual Plan	Upto 1% of Sum Insured per Insured Person, at the end of every Policy Year subject to max of Rs 7500
Family Floater Plan	Upto 1% of Sum Insured per Policy, at the end of every Policy Year subject to max of Rs 7500

Option 2

Rs 500 to Rs 7500 (in multiples of 500) on per member basis for individual policy and policy basis for floater policies.

IMPORTANT: This benefit is not available for expenses incurred on a preventive health check-up in the first policy year. This benefit will NOT be carried forward if it is not claimed and would not be provided if the Group Assurance Health Plan Insurance Policy is not renewed further

Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Optional Benefit No. 6 – Preventive Health Check-up Benefit (At every renewal irrespective of claim status)

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up as per details below

i. At the end of each year We will pay upto the amount mentioned below towards the cost of a preventive medical check-up.
ii. This benefit is available ONLY to those Insured Persons who were insured in the previous Policy Year.
iii. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus, if applicable.

Option 1

Plan	1 L – 15.00 L
Individual Plan	Upto 1% of Sum Insured per Insured Person, at the end of every Policy Year subject to max of Rs 7500
Family Floater Plan	Upto 1% of Sum Insured per Policy, at the end of every Policy Year subject to max of Rs 7500

Option 2

Rs 500 to Rs 7500 (in multiples of 500) on per member basis for individual policy and policy basis for floater policies.

IMPORTANT: This benefit is not available for expenses incurred on a preventive health check-up in the first policy year. This benefit will NOT be carried forward if it is not claimed and would not be provided if the Group Assurance Health Plan Insurance Policy is not renewed further

Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease

Optional Benefit No. 7 – Co-payment

If opted, a Co-payment of [X%] shall apply to all claims admitted under Section 1)a) of Policy. The Insured Person shall bear percentage as specified , of the eligible claim amount under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned.

Copayment	10%	15%	20%	30%

Optional Benefit No. 8 – Reduction / waiver of Pre-existing Disease waiting Period

The waiting period for Pre-existing Conditions have been reduced to [XX]* months instead of 48 months as provided under Section 2 A)iii) of Policy wording.

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Waiting Period	Waived	12 months	24 months	36 months

Optional Benefit No. 9 –Reduction / waiver of 24 months waiting period for listed conditions

The waiting period for listed disease/conditions under Section 2 A)ii) of Policy wordings have been reduced to [XX]* months instead of 24 months.

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Waiting Period	Waived	12 months

Optional Benefit No. 10 – 30 days waiting period waiver

Waiting period of 30 days under Section 2 A)i) of Policy wording has been waived .

Optional Benefit No. 11 – AYUSH Benefit

The coverage under this Policy is extended to reimburse the Medical Expenses incurred for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy provided that the treatment has been undergone in

i. government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health; or

ii. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH); or

iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria

   a. has at least fifteen in-patient beds;
   b. has minimum five qualified and registered AYUSH doctors;
   c. has qualified paramedical staff under its employment round the clock;
   d. has dedicated AYUSH therapy sections;
   e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

and exclusion 2 B. xii) a) stands deleted for all Insured Persons to this extent, provided that:

i. Our maximum liability will be limited to the amounts specified in the table below

Benefit	Description
AYUSH Benefit	[XX]% of In-patient Sum Insured*

ii. This limit will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy

iii. We will not cover treatment, costs or expenses where hospitalisation is for evaluation and or for investigation purpose only, any treatment availed outside India.

Any claim made in respect of this benefit will be subject to In-patient Sum Insured and will affect entitlement to a Cumulative Bonus and Health Check-up benefit, if applicable.

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the Table above.

Ayush Benefit	10% of In-patient Sum Insured	25% of In-patient Sum Insured	50% of In-patient Sum Insured	100% of In-patient Sum Insured

Optional Benefit No. 12 – E-Opinion in respect of Critical Illness

We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if:

- The Insured Person suffers a Critical Illness during the Policy Period; and
- He requests an E-opinion; and

The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner.

"Critical Illness" includes Cancer of specified severity, Open Chest CABG, Myocardial Infarction (First Heart Attack of specific severity), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with persisting symptoms, Permanent Paralysis of Limbs and Stroke resulting in permanent symptoms,

We will not pay for:

i) More than one claim for this benefit in a Policy Year.
ii) More than one claim for the same Critical Illness.
iii) Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.

Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus and Health Checkup benefit, if applicable.

Optional Benefit No. 13 – Restore Benefit

If the Base Sum Insured and Cumulative Bonus (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Base Sum Insured) will be automatically available for the particular Policy Year, provided that:

a) The Restore Sum Insured will be enforceable only after the Base Sum Insured and Cumulative Bonus (if any) have been completely exhausted in that year; and
b) The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1;
c) The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current Policy Year under Section 1;
d) The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year;
e) This benefit would only be offered where Base Sum Insured is 1 lac and above.

f) If the Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
g) If the Policy is a Family Floater, then the Restore Sum Insured will be available for all Insured Person in the Policy for subsequent claims in the balance Policy period.

Optional Benefit No. 14 – Double Restore Benefit

If the Base Sum Insured and Cumulative Bonus (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of Base Sum Insured) will be automatically available for the particular Policy year.

Subsequently, if the Restore Sum Insured as stated above gets exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Double Restore Sum Insured (equal to 100% of Base Sum Insured) will be automatically available for the particular Policy Year provided that:

a) The Restore or Double Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1;
b) The Restore or Double Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current Policy Year under Section 1;
c) The Restore or Double Restore Sum Insured will only be applied once for the Insured Person during a Policy Year;
d) This benefit would only be offered where Base Sum Insured is 1 lac and above.
e) If the Restore or Double Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
f) If the Policy is a Family Floater, then the Restore 0r Double Restore Sum Insured will be available for all Insured Person in the Policy for subsequent claims in the balance Policy period.

Optional Benefit No. 15 – Cumulative Bonus

i. A Cumulative Bonus of 10% will be applied on the Sum Insured for next Policy Year by automatically increasing the Sum Insured under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break. The maximum Cumulative Bonus shall not exceed [XX%]* of the Sum Insured in any Policy Year.

ii. In relation to a Family Floater Policy, the Cumulative Bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.

iii. If a Cumulative Bonus has been applied and a claim is made, then in the following Policy Year We will automatically decrease the Cumulative Bonus by 10% of the Sum Insured There will be no impact on the Inpatient Sum Insured, only the accrued Cumulative Bonus will be decreased.

iv. If the Insured Persons in the expiring Policy are covered on individual basis and thus have accumulated the No Claim Bonus for each member in the expiring Policy, and such expiring Policy is renewed with Us on a Family

Floater basis, then the No Claim Bonus to be carried forward for credit in the Policy would be the least No Claim Bonus amongst all the Insured Persons.

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Maximum Cumulative Bonus	50%	100%

Optional Benefit No. 16 – Daily Cash for choosing shared Accommodation

Daily cash amount will be payable per day as per table below, if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.

Sum Insured	Limit (Rs)
[XXXX]	Rs. [XX] per day maximum of Rs. [XXXX]

We will not pay for:

i) Daily Cash Benefit for time spent by the Insured Person in an intensive care unit
ii) Claims which have NOT been admitted under Section 1 a).
iii) Any other exclusion applied in Section 2A and Section 2B

Shared Accommodation means hospitalization in a Hospital room with two or more In-patient beds

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Sum Insured (Rs) per day	500 per day	800 per day	1000 per day	1500 per day	2000 per day

Maximum Number of Days	6	10	15

Optional Benefit No. 17 – Critical Illness

We will pay the Critical Illness Sum Insured as a lump sum in addition to Our Payment under this Policy, provided that:

a) The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
b) The Insured Person survives atleast 30 days following such diagnosis,
c) This benefit is payable once during the Policy Period and would terminate on the occurrence of the first Critical Illness. The Insured Person shall receive the sum insured as per applicable guidelines post which the benefit will cease and coverage under this benefit would not be renewed any further. However the other insured members (if any) will continue to be covered under this benefit if opted.
d) This benefit is offered only on Individual Sum Insured basis.
e) Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus and Health Checkup benefit, if applicable.

We will not make payment if:

a) The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the Commencement Date and the Insured Person has not previously been insured continuously and without interruption under this Policy.

S.No*	Critical Illness*
Waiting Period	90 days
Survival Period	30 days

Important terms You should know:
Survival period means the period after an insured event that the insured person has to survive before a claim is payable

Please refer to Section 4 (Definition 12) of Policy wordings for the definitions of the Critical Illnesses and also exclusions specifically applicable to the critical illness covered.

***For regulatory reference**
Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Sum insured basis	Upto 100% of base SI, subject to min of 50000 and max of 15 Lacs	
Number of CI	4	12
Waiting Period	90 days	
Survival Period	30 days	

Option 1	**Option 2**
1.Cancer of specified severity	1.Cancer of specified severity
2. Myocardial Infarction (First Heart Attack of specific severity)	2.Myocardial Infarction (First Heart Attack of specific severity)
3.Stroke resulting in Permanent Symptoms	3.Stroke resulting in Permanent Symptoms
4.Major Organ/Bone Marrow Transplant	4.Major Organ/Bone Marrow Transplant
	5. Open Chest CABG
	6. Open Heart Replacement or Repair of Heart Valves
	7. Kidney Failure Requiring Dialysis
	8. Coma of Specified Severity
	9. Permanent Paralysis of Limbs
	10. Motor Neuron Disease with Permanent Symptoms
	11. Multiple Sclerosis with Persisting Symptoms
	12. Major Head Trauma

Optional Benefit No. 18 – Critical Illness (Indemnity based)

An additional limit of Rs [XX]* shall be available for coverage of expenses incurred on Inpatient and Day Care treatment of the below listed number of critical illnesses.

- [XX]*
- [XX]*

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Critical Illness (Rs)	100000	200000	300000	400000	500000	750000	1000000	1500000

The following listed critical Illnesses would be mentioned above as opted by the customer

Option 1	Option 2
1.Cancer of specified severity	1.Cancer of specified severity
2. Myocardial Infarction (First Heart Attack of specific severity)	2.Myocardial Infarction (First Heart Attack of specific severity)
3.Stroke resulting in Permanent Symptoms	3.Stroke resulting in Permanent Symptoms
4.Major Organ/Bone Marrow Transplant	4.Major Organ/Bone Marrow Transplant
	5. Open Chest CABG
	6. Open Heart Replacement or Repair of Heart Valves
	7. Kidney Failure Requiring Dialysis
	8. Coma of Specified Severity
	9. Permanent Paralysis of Limbs
	10. Motor Neuron Disease with Permanent Symptoms
	11. Multiple Sclerosis with Persisting Symptoms
	12. Major Head Trauma

Optional Benefit No. 19 – Double Sum Insured for Critical Illness (Indemnity based)

We will increase the Sum Insured for an insured person by 100% if he is diagnosed as suffering from a critical Illness under this Policy, provided that:

i) The insured person is first diagnosed as suffering from a critical illness during the Policy period, and
ii) The benefit is utilised only by the insured person diagnosed with the critical illness, and
iii) We have accepted an inpatient hospitalisation claim under in-patient treatment benefit

For this benefit Critical Illness means :

- [XX]*
- [XX]*

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Option 1	Option 2
1.Cancer of specified severity	1.Cancer of specified severity
2. Myocardial Infarction (First Heart Attack of specific severity)	2.Myocardial Infarction (First Heart Attack of specific severity)
3.Stroke resulting in Permanent Symptoms	3.Stroke resulting in Permanent Symptoms
4.Major Organ/Bone Marrow Transplant	4.Major Organ/Bone Marrow Transplant
	5. Open Chest CABG
	6. Open Heart Replacement or Repair of Heart Valves
	7. Kidney Failure Requiring Dialysis
	8. Coma of Specified Severity
	9. Permanent Paralysis of Limbs
	10. Motor Neuron Disease with Permanent Symptoms
	11. Multiple Sclerosis with Persisting Symptoms
	12. Major Head Trauma

Optional Benefit No. 20 – Double Sum Insured for Cancer of specified severity (Indemnity based)
We will increase the Sum Insured for an insured person by 100% if he is diagnosed as suffering from cancer of specified severity under this Policy, provided that:

i) The Insured Person is first diagnosed as suffering from a cancer during the Policy period, and
ii) The benefit is utilised only by the Insured Person diagnosed with the illness, and
iii) We have accepted an inpatient hospitalisation claim under in-patient treatment benefit

Cancer of specified severity means:

- A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- The following are excluded:
  a) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
  b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  c) Malignant melanoma that has not caused invasion beyond the epidermis;
  d) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  f) Chronic lymphocytic leukaemia less than RAI stage 3
  g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  h) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
  i) All tumors in the presence of HIV infection.

Optional Benefit No. 21 – Outpatient Benefit

The coverage under this Policy is extended to reimburse expenses incurred on Outpatient Treatment for the Insured Persons mentioned in the Policy Schedule, provided that

i. You have renewed the Policy consecutively without a break for the period as stated in the table below

Benefit	Maximum Sum Insured (Rs.)
Out-patient Benefit with waiting period of [X]years	XXXXXXX

i. Our maximum liability shall be limited to the amount specified in the table above. This limit will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy and
ii. The condition of minimum Hospitalisation of 24 hours as an in-patient under Benefit 1 a) stands deleted.
iii. For the purpose of this endorsement Out-patient Treatment means medical treatment taken by an Insured Person without him being Hospitalised for 24 hours.
iv. The reimbursement of claims under this extension shall be done only once during each Policy Year of the Policy Period. No claim will be admissible which is made 30 days after the expiry of Policy.
v. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus and Health Check-up, if applicable.

***For regulatory reference**

Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned above.

Sum Insured (Rs)

1000	2000	3000	4000	5000

Waiting Period

1 year	2 years	3 years

Optional Benefit No. 22 – Health and Wellness Portal

Health and Wellness services to be offered to the Insured Person through an integrated portal providing solutions on healthy living, health and lifestyle information.

Optional Benefit No. 23 – Geographical Premium

For the purpose of policy issuance, the premium will be computed based on point of sale location

The premium that would be applicable zone wise and the cities defined in each zone are as under:

• Zone 1- Delhi NCR/Mumbai MMR- Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida ,Mumbai, Navi Mumbai , Thane, Kalyan, Dombivali, Bhayandar, Ulhasnagar, Bhiwandi, Vasai,Virar

• Zone 2- Rest of India- All other cities The premium will be modified in case of mid-term address change involving migration from one zone to another and would be calculated on pro-rata basis. Also, We will not apply any co-payment where an Insured Person pays premium in Zone 2 and avails treatment in a Zone 1.