

Edelweiss Health Insurance

New Born Care Add on

YOUR POLICY IN DETAIL



Edelweiss Health Insurance

New Born Care Add on - Policy Wording

Taking baby steps to great health!

Section 1

Definitions

For the purpose of interpretation and understanding of this Policy, the Company has defined below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in standard English language dictionaries. The words and expressions defined in the Insurance Act 1938, IRDA Act 1999, regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate:

1. **Age** means the completed age of the Insured Person as on his last birthday.
2. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
3. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
4. **Company (also referred as We/Us/EGIC)** means Edelweiss General Insurance Company Limited.
5. **Congenital anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - i. **Internal congenital anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body.
 - ii. **External congenital anomaly** - Congenital anomaly which is in the visible and accessible parts of the body.
6. **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 hours because of technological advancement, and
 - ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

7. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

8. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:

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

9. **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.

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

- i. **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;

- ii. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
 - b. it needs ongoing or long-term control or relief of symptoms;
 - c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - d. it continues indefinitely;
 - e. it recurs or is likely to recur.

11. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

12. **Insured Person (also referred as Insured)** means person named as insured in the Policy Schedule.

13. **Maternity expenses** means:

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- ii. Expenses towards lawful medical termination of pregnancy during the policy period.

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

15. **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 Person;
- 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.

16. **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 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.

17. **Newborn baby** means baby born during the Policy Period and is aged up to 90 days.

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

19. **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 or in-patient.

20. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

21. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

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

22. **Policy** means these Policy terms and conditions and Appendices thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which form part of the Policy and shall be read together.

23. **Policyholder** (also referred as You) means the person named in the Policy Schedule as the Policyholder.

24. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.

25. **Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.

26. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

27. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

28. **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.

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

30. **Sum Insured** means the amount specified in the Policy Schedule, for which premium is paid by the Policyholder.

31. **Third Party Administrator or TPA** means any person who is

licensed under the IRDAI (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.

32. **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 2

We're sure You understand that the Newborn Care Add-on is an additional coverage and can only be taken along with the Edelweiss Health Insurance Policy, and not separately.

Below are the terms and conditions for Newborn Care Add-on, along with the Policy terms & conditions and changes to Your Edelweiss Health Insurance Policy.

The new born baby of the Insured shall be covered from the baby's date of the birth, for whichever option You have selected under base Edelweiss Health Insurance Policy which has 3 variants viz Silver, Gold and Platinum (individual and floater), (as mentioned in the policy schedule) and the maximum limit of liability under this Add-on cover is, within the basic Sum Insured or Maternity Sum Insured as requested by the Policy Holder. The cover would be provided to any two children subject to one child per year.

You can choose from the Sum Insured options below:

- 1) Baby covered from day one, up to the maternity Sum Insured (for Edelweiss Health Gold and Edelweiss Health Platinum only).
- 2) Baby covered from day one up to the entire base Sum Insured, as requested by the Insured for all Variants (Silver, Gold, Platinum).

I. The A, B, C of your policy

The words and terms used in this document have specific meanings.

1. Baby/ Newborn baby means a baby who is born during the Policy Period, and aged between 1 day and 90 days, both days included.
2. 'Add-on' means these additional terms and conditions, read along with such other documents forming a part of the Edelweiss Health Insurance Policy.
3. Policy/Health Insurance Policy means the Edelweiss Health Insurance Policy that We've issued to You, of which this cover forms a part.

II. What You get?

Since You've paid the additional premium as mentioned in your Schedule, We will cover Your baby from day one for whichever option you have selected **(as mentioned in policy schedule)**.

We will cover the baby's in-patient hospitalization for an Illness or Injury during the Policy Period which needs hospitalization in a hospital in India, on the advice of a medical practitioner.

Pre-Post hospitalization expenses for Your baby will be payable as per the base Policy, upto maternity limit/full Sum Insured as opted by You.

Policy period / coverage for Newborn Care is for a period of 90 days i.e from date of birth to 90 days of baby's age any time during the base policy period.

III. Special conditions for this Add-on cover (Other than those of the Basic Policy)

1. This Add-on can be opted only with the Edelweiss Health Insurance Policy that We've already issued you for the first time or at the renewal

of the Policy.

2. You can't pass on the benefits of this Add-on to someone else.
3. You can't cancel this Add-on solely, the Policy needs to be cancelled, except at the time of renewal of the Policy but if the policy is within free look period, then the customer can cancel the add-on without the base policy being cancelled. If you cancel your Edelweiss Health Insurance Policy, this Add-on shall also stand cancelled along with it.

Cancellation

1. The Company may at any time, cancel this Policy on grounds as specified below by giving 15 days' notice in writing by Registered Post or Electronic Media .Acknowledgment Due / recorded delivery to the Policyholder at his/her last known address and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by the Company (for cases other than non-cooperation) if:

- i. Any Insured Person or any person acting on behalf of the Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy;
- ii. Any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy;
- iii. Any Insured Person has not co-operated with the Company. In such cases, premium will be refunded on pro-rata basis provided that no claim has been filed under the Policy by or on behalf of any Insured Person;
- iv. The Insured Person fails or refuses to pay or refund any amount owed to the Company;
- v. For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by the Company and the E-Opinion on Critical Illness and health check- up cannot be availed during the notice period.

2. The Insured Person may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Cancellation period	Refund Percentage		
	1 Year Policy	2 Year Policy	3 Year Policy
Up to 1 Month	75%	87.50%	92.00%
Up to 3 Months	50%	75.00%	83.00%
Up to 6 Months	25%	62.50%	75.00%
Up to 9 Months	NIL	50.00%	67.00%
Up to 12 Months	NIL	42.00%	55.00%
Up to 15 Months	NIL	25.00%	50.00%
Up to 18 Months	NIL	12.50%	42.00%
Up to 24 Months	NIL	NIL	30.00%
Up to 30 Months	NIL	NIL	8.00%
Up to 36 Months	NIL	NIL	NIL

Free Look Period

1. The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy Terms and Conditions.
2. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
3. Any refund shall be processed with speed and shall be refunded within 15 days from the date of receipt of request for free look cancellation.
4. Provision for free look period is not applicable and available at the time of renewal of the Policy.
4. All other terms & conditions and exclusions stay as per your basic Policy.
5. This Add-on cover should be available in your Policy on the date of loss.
6. This coverage will be rendered effective on and from your baby's date of birth, provided this Add-on has been opted for prior to the said date of birth of Your baby. All exclusions will apply as per the existing Edelweiss Health Insurance Policy. However, first 30 days waiting period, specific waiting period and pre-existing condition exclusion will not be applicable for the baby.
7. No matter what the waiting period of the maternity benefit in Your existing Policy, the baby will be covered from day one as per the Sum Insured option chosen.
8. This benefit is given for one's self and/or spouse, as mentioned in a family floater under this Policy.
9. This Add-on shall cease to be in effect once the baby reaches 91 days of age. The Insured can apply for a fresh Policy for the baby, under the base Edelweiss Health Insurance Policy, as per the underwriting guidelines of the Company.
10. This Add-on is subject to the terms, exceptions, conditions and limitations of the Edelweiss Health Insurance Policy.
11. The coverage under this Add-on shall be applicable to only one child per policy year.
12. The coverage under this Add-on shall be given to a baby of a legally married couple, up to a maximum of any two children.
13. No charges will be paid for umbilical cord occult blood preservation.
14. This cover can be opted only at the time of purchase/ renewal of the base Policy and prior to birth of the baby subject to underwriting guidelines of the Company.
15. Pre-post benefit for this Add-on will be available as per base Policy.