

Policy Document

This Policy covers Death & Injury solely and directly from Accidents. Expense incurred outside the policy period will NOT be covered. Unutilized Sum Insured will expire at the end of policy year. All applicable benefits, details and limits are mentioned in your Policy Schedule.

1. Base Benefits

DESCRIPTION (What we pay and what we DON'T) It is compulsory to opt for all base benefits.

1.1 Death

If the Insured person dies within 365 days from the date of the Accident, we will pay the Sum Insured.

Disappearance: If the Insured person disappears, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, It shall be deemed after 365 days, subject to all other terms and conditions of this Policy that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.

The policy will terminate after the Death benefit is paid for.

1.2 Permanent Total Disability (PTD)

a. If the Insured Person suffers a Permanent Total Disability, within 365 days from the date of the Accident, we will pay the benefit as per the Table 1.

Table 1.

Condition for Permanent Total Disability	% of Sum Insured
Complete & Irrecoverable loss of : <ul style="list-style-type: none"> • Any 2 Limbs • Sight of both eyes • Speech & hearing of both Ears • Combination of One Limb & Sight of One Eye 	100%
Complete & Irrecoverable loss of : <ul style="list-style-type: none"> • 1 Limb • Sight of 1 Eye 	50%

b. Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

Any claim made under this benefit will not terminate the policy.

1.3. Permanent Partial Disability (PPD)

a. If the Insured Person suffers a Permanent Partial Disability, within 365 days from the date of the Accident, we will pay the benefit as per the Table 2.

Table 2.

Condition for Permanent Total Disability	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each Thumb	20%

Each Index Finger	10%
Each other Finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

- b. If a loss is not mentioned in the table above, then we will internally assess the degree of disablement and determine the amount of payment to be made.
- c. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Sum Insured opted.

2. Optional Benefits

DESCRIPTION (What we pay and what we DON'T)

Insured can choose from any of the below benefits on payment of additional premium.

Refer Annexure 3 for optional benefits for Kilometer, Daily and Weekly tenure plans.

2.1 Transportation of Mortal Remains

If the Insured person dies outside their city of residence, then we will pay as per actuals or the mentioned limit (whichever is less), for transporting the mortal remains from the accident site/hospital to the burial/cremation ground or residence.

We will pay a claim under this benefit, only if we have paid a claim under the Death Benefit (1.1).

2.2 Funeral Expenses

We will pay 1% of the Base Sum Insured (Max INR 1Lac), for the funeral expenses of the deceased Insured Person.

We will pay a claim under this benefit, only if we have paid a claim under the Death Benefit (1.1).

2.3 Road Ambulance

In case an insured person needs a Road Ambulance to reach a hospital post-Accident, then we will pay as per actuals or the mentioned limit.

IMPORTANT: You **MUST** use a registered ambulance provider.

2.4 Air Ambulance

In case an insured person needs an Air Ambulance to reach a hospital post-Accident, then we will pay as per actuals or the mentioned limit.

IMPORTANT: You **MUST** use a registered air ambulance provider. Air ambulance is available only for **Emergency care within India, in case a Road Ambulance is not available.**

2.5 Temporary Total Disability (TTD)

If an Insured Person suffers a Temporary Total Disability and is unable to go to work and perform his/her duties then:

- a. We will pay 2% of Sum Insured per week (Max INR 1Lac per week) for a maximum period of 100 weeks.
- b. In case of any disability post-accident to an Insured non-earning member, then we will pay 1% of the Sum Insured (Max INR 25,000 per week), for a period of maximum 50 weeks.
- c. If the Insured is disabled for part of a week, then proportionate amount will be paid.
- d. TTD caused due to Coma & Burns will also be considered.
- e. TTD is not applicable for Dependent Children

2.6 Loan Protector

- a. We will pay the balance outstanding principal loan amount, maximum up to Sum Insured, as on the date of Accident or death whichever is later.
- b. We will not pay for any arrears or penalties levied by the bank or financial institution.
- c. It is the responsibility of the Insured Person to inform us in case the loan is transferred from one financier to another.
- d. No refunds will be made, In case of early closure of the Loan during the Policy period.
- e. Total Sum Insured under this benefit will not exceed the Death or Permanent Total Disability Sum Insured opted.

We will pay a claim under this benefit, only if we have paid a claim under the Death Benefit (1.1) or the Permanent Total Disability Benefit (1.2).

2.7 Accidental Hospitalization

In case the Insured is admitted in a hospital (for more than 24 hours), then we will pay up to hospitalization Sum Insured opted for. We will pay the expenses incurred by you on treatment (Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics) if you were admitted for more than 24 hours post an Accident.

NOTE: Admission in a hospital happens in what is called wards or rooms of various categories, ICUs, CCUs, NICU etc.

- 2.7.1 **Expenses before and after hospitalization (Pre & Post hospitalization):** We will pay expenses incurred on consultations, medicines, diagnostic tests 30 days before date of admission and 60 days after date of discharge If these are related to the condition for which hospital admission claim is paid.
- 2.7.2 **No Claim Bonus (NCB):** For every claim free year, we will add 10% of expiring policy base sum insured as NCB, maximum up to 100%.
- 2.7.3 **Refill Benefit:** The first claim paid under Accidental Hospitalization, will trigger the Refill benefit.
 - I. 100% Accidental Hospitalization Sum Insured will be triggered on partial/complete utilization of Accidental Hospitalization Sum Insured.
 - II. The Refill Benefit is triggered only once in the entire policy year
 - III. The unutilized Refill Benefit Sum Insured, is not carried forward to the next Policy year
 - IV. Any single claim, cannot be more than the base Accidental Hospitalization Sum Insured.

IMPORTANT:

We will NOT pay, even if you were admitted, if there was no treatment and only investigations were done. Example: Admission only for investigations like MRI, CT Scan, Endoscopy, Colonoscopy etc.

Refer Annexure 1 for expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment. We will pay for hospitalizations within India only.

2.8 Hospital Daily Cash

We will pay 0.25% of the base sum Insured per day (max INR 5000/day), as Hospital Daily Cash Sum Insured. Hospitalization has to be for more than 24 hours.

We will pay a claim under this benefit, only if we have paid a claim under Accidental Hospitalization Benefit (2.7)

2.9 Accidental OPD

We will reimburse as per actuals or 1% of Sum Insured (Max INR 25000) on the Outpatient expenses caused by an Accident. Outpatient Expenses only includes:

- I. Procedures that require less than 24 hours of hospitalization
- II. Diagnostic Tests
- III. Vaccinations/Vaccinations for Animal Bites
- IV. Plaster cast, crutches

We will pay for Accidental OPD within India only.

2.10 Monthly Needs Benefit

In case of Death, PTD, PPD, Coma or Burns we will pay 0.5% of Sum Insured per month (Max INR 50,000/month), for a period of 3 months post the event as a Monthly Needs benefit.

For this benefit:

Coma: Means, when an Insured falls into Comatose State within one month of Accident. Insured is said to be in Coma is in the same state for a continuous 96 hours.

Burns: 2nd or 3rd degree burns of 5% or more of total body surface.

2.11 Adventure Sports

If an Insured has opted this benefit, we will pay for Death or PTD in case of Accidents due to Adventure Sports. The Adventure Sport must be performed in a non-professional capacity and under a supervision of a trained professional. This will include Adventure Sports taken outside of India.

Adventure sports means:

- I. Sky Sports: Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking
- II. Mountain Sports: Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering
- III. Water Sports: Fishing, Deep Sea Fishing, Kite Surfing, Body Boarding, Paddle Boarding, Kayaking, Canoeing, Scuba Diving, Shark Diving, Swimming with Dolphins, Diving with Whales, Wakeboarding, Surfing, white water rafting, Snorkeling, Waterskiing, Whale Watching
- IV. Racing Sports: Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn, mower racing, Snowmobile racing, Truck racing, Off Road 4x4
- V. Earth Sport: Land Windsurfing, Zorbing, Sand Boarding,

Optional Benefits under Adventure Sports. We will pay for the below benefits, only if we have paid for Adventure Sports benefit (2.11)

2.11.1 Compassionate Visit: we will pay for 2% of the Base Sum Insured (Max INR 50,000) for visit of an Adult Member (above 18 yrs of age), in case the Accident took place anywhere outside the place of residence of the Insured.

Permanent exclusion 3.5 is excluded for this option.

2.12 Elderly Care

In case of Death or Permanent Total Disability of the Insured, we will pay 10% of the Base Sum Insured (Max INR 5Lac) towards the care for the Elderly parents of the Insured.

NOTE: Elderly parent has to be above the age of 60 yrs and alive. We will make a single payment, irrespective of the number of parents above 60 yrs or/and alive.

2.13 Education of Dependent Children

In case of Death or Permanent Total Disability of the Insured, we will pay 10% of the Base Sum Insured (Max INR 5Lac) towards the Education of the Dependent Children.

NOTE: Child has to be below the age of 25 yrs, and enrolled in a recognized educational institute at the time of the event. We will make a single payment, irrespective of the number of Children.

2.14 Child Support

The Insured Person may avail below services, from Our empanelled Service Provider by reaching us through our mobile application/website or call center. However, We shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever.

- a. Education Counseling We will also provide educational counselling service through our empanelled service provider for Children from the age of 13yrs to 23yrs (enrolled in a recognized educational institute at the time of the event). This counselling service is to be utilized within one year of the claim received. We will offer counselling services for maximum up to 2 children.
- b. Placement Services: We will provide placement services for children 19yrs-25yrs of age (not enrolled in an educational institute at the time of the event). A one-time service will be provided for maximum one child.

2.15 Marriage Expenses for Children

In case of Death or Permanent Total Disability of the Insured, we will pay 20% of the Base Sum Insured (Max INR 10Lac) towards the Marriage Expenses for Children.

NOTE: Child has to be above 18 yrs and unmarried. We will make a single payment, irrespective of the number of Children.

2.16 Broken Bones/Fracture Benefit

In case of a Broken Bone or Fracture we will pay as per Table 3. Sum Insured for Broken Bones is equal to the Base Sum Insured (Max INR 10 Lac).

Table 3.

Condition for Broken Bone	% of Broken Bone Sum Insured
Pelvis, Vertebral body resulting in spinal cord injury	100%
Shoulder (collar bone & shoulder blade), Chest (all ribs & breast bone), Arm, Leg, Vertebra (excluding Coccyx)	30%
Fracture to any other bone in the body	10%

NOTE: Broken Bone or Fracture will means a break in the continuity of the bone. This has to be confirmed by a Doctor and imaging investigations like an X-ray.

2.17 Modifications Made at Home/Vehicle

In case of Permanent Total Disability, Permanent Partial Disability, Burns or Coma, we will pay 25% of the Base Sum Insured (Max INR 5Lac) for modification of the Insured Person’s residential accommodation and/or vehicle.

NOTE: Modifications have to be carried out in India and certified by a Doctor as necessary.

For this benefit:

Coma: Means, when an Insured falls into Comatose State within one month of Accident. Insured is said to be in Coma is in the same state for a continuous 96 hours.

Burns: 2nd or 3rd degree burns of 5% or more of total body surface.

2.18 Prosthetics

In case of Permanent Total Disability, Permanent Partial Disability, Burns or Coma, we will pay as per actuals (Max 1Lac) for purchase of necessary prosthetics devices recommended by the treating Doctor.

NOTE: Prosthetic devices means artificial devices replacing body parts such as artificial limbs or eyes, orthopectic braces and durable medical equipment such as wheelchair, crutches, hospital beds, traction equipment, Walkers

For this benefit:

Coma: When an Insured falls into Comatose State within one month of Accident. Insured is said to be in Coma is in the same state for a continuous 96 hours.

Burns: 2nd or 3rd degree burns of 5% or more of total body surface.

2.19 Comatose

In case the Insured person is in a Hospital in a Comatose State (within one month from date of accident), then we will pay 25% of Base Sum Insured (Max INR 10Lacs).

An insured person is said to be in Comatose State if:

- I. Has been in a State of Comatose for continuous 96 hours
- II. Is on Life support systems
- III. Condition is confirmed by the treating Doctor

We will not cover if Coma is a result of alcohol or drug abuse.

2.20 Burns

If the Insured Person suffers from Burns from an Accident, then we will pay the benefit as per the Table 4. Sum Insured for Burns is equal to the Base Sum Insured (Max INR 50 Lac). The Degree of the burns along with surface area covered has to be certified by a Doctor.

Table 4.

Condition for Burns	% of Burns Sum Insured
3rd degree burns of 30% or more of the total body surface	100%
2nd degree burns of 30% or more of the total body surface	50%
3rd degree burns of 20% or more, but less than 30% of the total body surface	80%
2nd degree burns of 20% or more, but less than 30% of the total body surface	40%
3rd degree burns of 10% or more, but less than 20% of the total body surface	40%
2nd degree burns of 10% or more, but less than 20% of the total body surface	20%
3rd degree burns of 5% or more, but less than 10% of the total body surface	20%
2nd degree burns of 5% or more, but less than 10% of the total body surface	10%

2.21 Head & Spinal Injury

In case of Permanent Total Disability, Permanent Partial Disability or Coma, we will pay 2% of Base Sum Insure (Max INR 1Lac) for any head or spinal injury due to an Accident.

NOTE: Head or Spinal Injury has to be confirmed by a confirmed by a Doctor and imaging investigations like an X-ray, CT-Scan, MRI, Ultrasound.

For this benefit:

Coma: When an Insured falls into Comatose State within one month of Accident. Insured is said to be in Coma is in the same state for a continuous 96 hours.

2.22 Accident Care

The Insured Person may avail below services, from Our empanelled Service Provider by reaching us through our mobile application/website or call center. However, We shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever.

- a. ICU @Home: In case of Permanent Total Disability, Permanent Partial Disability, Burns or Coma, and if recommended by the treating doctor, we will cover expenses for ICU at home. This includes services like General Nurse, Nursing Attendant, Physiotherapy, e-monitoring, Medical Equipment like syringe pumps, Oxygen concentrator, IV stand, DVT pump. We will offer up to 10% of Base Sum Insured (Max INR 2 Lakh).

- b. Nursing Care at Home: In case of Permanent Total Disability, Permanent Partial Disability, Burns or Coma, We will cover 12 hour/day and/or 24hr/day nursing services as prescribed by the treating doctor. This includes services of General Nurse or Nursing Attendant. We will offer up to 5% of Base Sum Insured (Max INR 1 Lakh).
- c. Blood Transfusion: In case of Permanent Total Disability, Permanent Partial Disability, Burns or Coma, and if recommended by the treating doctor, we will cover expenses for Blood Transfusion at home. We will offer up to 5% of Base Sum Insured (Max INR 1 Lakh).
- d. Physiotherapy: In case of Permanent Total Disability, Permanent Partial Disability, Fracture, Burns or Coma, and if recommended by the treating doctor, we will cover expenses for Physiotherapy at home. We will offer up to 5% of Base Sum Insured (Max INR 1 Lakh).
- e. Single nurse procedural visit: In case of Permanent Total Disability, Permanent Partial Disability, Burns or Coma and if recommended by the treating doctor, we will cover expenses for nurse visits for following procedures: Injection administration visit - Subcut/IM, Large Wound Dressing, Suppository application, RT insertion, Enema application, VACC dressing, Cannula Insertion, Urinary Catheterization, Small Wound Dressing. We will offer up to 1% of Base Sum Insured (Max INR 10,000).
- f. Financial Guidance: in case of Accidental Death, we will offer one session with financial expert to provide investment guidance.

3. Permanent Exclusions

We will not cover the following conditions in the policy and no claims will be made for them.

- 3.1 Self-inflicted Injury, Suicide or attempted suicide.
- 3.2 Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.
- 3.3 Committing an assault, a criminal offence or any breach of law with criminal intent.
- 3.4 Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.
- 3.5 Adventure Sports
- 3.6 Maternity, Pregnancy or Child birth or in consequence thereof.
- 3.7 Any non-allopathic treatment.
- 3.8 Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.
- 3.9 Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.
- 3.10 Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
- 3.11 Costs which are not Reasonable and Customary and treatments which are not Medically Necessary

4. Claims

- a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.maxbupa.com.
- b. Documents required
 - Dully filled and signed claims form and KYC Documents
 - Death Certificate
 - Disability Certificate, issued by a Medical Board duly constituted by the Central and/or the State Government.
 - Medical Records
 - Copy of settlement letter from other insurance company
 - Case histories, investigation reports
 - Original Discharge summary with first and subsequent consultation/treatment papers.
 - Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy

- bills).
- Laboratory investigation reports with supporting prescriptions.
 - MLC/First Information Report (FIR) (in accident cases).
 - Legal heir certificate
 - Marriage Certificate (if applicable)
 - Legal documents as Age proofs (wherever applicable)
 - Copy of Post-mortem report (wherever applicable)
- c. Policyholder documents (Nominee in case of death of Policyholder):
- KYC documents
 - Cancelled cheque
- IMPORTANT:**
- All documents **MUST** be submitted within 30 days from discharge.
 - For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
 - We reserve the right to ask for additional documents/reports from case to case basis.
 - We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.
- d. For any hospitalization, we will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

5. General Terms and Conditions

Clause

5.1 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 person shall be allowed free look period of fifteen days (thirty days for policies with a term of 3 years, if sold through distance marketing) 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 person 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 person, 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

5.2 Cancellation

- i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Policy in-force up to	Refund Premium (%)				
	Less than 1 year	1 year	2 years	3 years	
Up to 30 days		75%	87.5%	90%	
31 to 90 days	0%	50%	75%	87.5%	
91 to 180 days		25%	62.5%	75%	
181 to 365 days		0%		50%	60%
366 to 455 days				25%	50%

456 to 545 days	0%	0%	12%	25%
545 to 720 days			0%	12%
Exceeding 720 days			0%	0%

The above grid shall be applicable for 'Yearly / Annual' premium payment frequency. For Half Yearly or Quarterly premium payment frequencies, the Company shall refund premium as per below grid:

No. of completed months at the time of cancellation	Refund %	
	Half-Yearly	Quarterly
0	62.5%	50%
1	33.3%	16.7%
2	25%	0%
3	8.3%	50%
4	4.2%	16.7%
5	0%	0%
6	62.5%	50%
7	33.3%	16.7%
8	25%	0%
9	8.3%	50%
10	4.2%	16.7%
11	0%	0%

For monthly premium payment frequency, no refund shall be applicable for cancellation of the Policy.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

5.3 Automatic Cancellation:

The Policy shall automatically terminate in the event of death of the all Insured Person(s). A refund in accordance with the table in Section 6.2 shall be payable provided that no claim has been admitted or lodged or not benefit has been availed by the insured person under the policy.

5.4 Additional premium (Risk Loading)

- i. We may ask for additional premium after due risk evaluation (it's what referred to as Underwriting) based on all information provided by you. We will issue policy to you only after you pay us the additional premium and provide us consent.
- ii. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.
- iii. Once applied, Risk loading continues even for all renewals

5.5 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

5.6 Other Renewal Conditions:

a. Renewal Premium:

Renewal premium can alter based on Age.

b. Addition of Insured Persons on Renewal:

If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.

c. Changes to Sum Insured on Renewal:

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting.

5.7 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 Person shall be notified three months before the changes are effected.

5.8 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.

5.9 Fraud

If any claim made by the insured person, 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 person 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 person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, 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 person does not believe to be true; b) the active concealment of a fact by the insured person having knowledge or belief of the fact; c) any other act fitted to deceive; and d) any such act or 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 person / 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.

5.10 Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

5.11 Territorial Jurisdiction

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us. The benefit in respect of Accidental Hospitalization, Accidental OPD, Accident Hospital Cash, Air Ambulance, shall be paid only for expenses incurred in India, irrespective of the place where the injury was sustained / accident occurred.

The benefit towards Modification made at Home/Vehicle expenses shall be payable only upon modification performed in India. All payments under this Policy will only be made in Indian Rupees within India.

5.12 Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

- i. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which We must receive written notice.
- ii. Us at the following address:
Max Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301
Fax No.: 011-3090-2010
- iii. No insurance agents, brokers or other person/entity is authorized to receive any notice on Our behalf.
- iv. In addition, We may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

5.13 Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

5.14 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.

5.15 Redressal of Grievance:

In case of any grievance the insured person may contact the company through:

Website: www.maxbupa.com

Toll free: 1860-500-8888

E-mail: customercare@maxbupa.com

(Senior citizens may write to us at: seniorcitizensupport@maxbupa.com)

Fax : 011-3090-2010

Courier: Customer Services Department
D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Head - Customer Services

D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

Contact No: 1860-500-8888

Fax No.: 011-3090-2010

Email ID: customercare@maxbupa.com

For updated details of grievance officer, kindly refer the link <https://www.maxbupa.com/customer-care/health-services/grievance-redressal.aspx>

If the Insured person is not satisfied with the above, they can escalate to GRO@maxbupa.com.

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure 2).

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

5.16 Assignment

The Policy can be assigned subject to applicable laws.

5.17 Claim settlement (Provision for Penal interest)

- I. The Company shall settle or reject a claim, as the case may be, within 30 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 45 days from the date of receipt of last necessary document.
- IV. In case of delay beyond stipulated 45 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)

5.18 Multiple Policies

- I. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person 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 person 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 person 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 person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

- IV. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

5.19 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 policyholder.

(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)

5.20 Condition Precedent to Admission of Liability

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

5.21 Complete Discharge

Any payment to the policyholder, insured person 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.

5.22 Premium Payment in Installments

If the insured person has opted for Payment of Premium on an instalment basis i.e. 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. Grace Period of 30 days in case of single premium policies, and a period of 15 days in case of other than single premium policies, would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. 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.
- iv. No interest will be charged If the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

5.23 Per Kilometer based Coverage

- Per Kilometer based coverage will be provided through our app/website or through a 3rd party app or website. It will be basis maps and location services the app has access to (like Google maps).
- Premium for Mountainous terrain will be higher, because of higher risk of travel in these areas. Regions under Mountainous terrain: Jammu & Kashmir, Himachal Pradesh, Uttarakhand, Sikkim, Arunachal Pradesh, Nagaland, Mizoram, Manipur, Meghalaya and Tripura.
- Premium will be collected in advance
- RBI approved channels will be used to collect the premium- credit cards, net banking, debit cards, mobile wallets, UPI etc.

Customer can avail per km basis coverage by making a premium payment by either of below mentioned processes

- i. Point to point: Customer will choose start point and destination point for his/her trip on the app. App will calculate the distance between the two points and compute the premium accordingly. An additional 25% premium will be collected to ensure continuity of coverage should the distance between the points vary for reasons like change in route. Multiple notifications/ messages will be sent to customers much before his/her premium gets exhausted. This will allow customer to make an informed decision on whether to extend his/her coverage or not. He/she can extend coverage by paying additional premium for fixed number of km's (in multiples of 10 km).
- ii. Fixed number of kms: Customer can buy coverage for fixed number of km's (in multiples of 10km) and pay the premium accordingly. Multiple notifications/ messages will be sent to customers much before their premium gets exhausted. This will allow customer to make an informed decision on whether to extend his/her coverage or not. He/she can extend coverage by paying additional premium for fixed number of km's (in multiples of 10 km).

Termination of cover

- Customer can voluntarily terminate the coverage.
- Automatic termination of coverage on complete utilization of premium or km's bought.
- Automatic termination at the end of 30 days from coverage inception.

Return of Excess Premium: Unused balance or extra premium paid at the start of the coverage, will be returned to the customer at the time of coverage termination.

6. Defined Terms

6.1 Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

6.2 Age means age as on last birthday.

6.3 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:

- a. Central or state government AYUSH Hospital; or
- b. Teaching Hospital attached to AYUSH college recognized by the Central Government / Central Council of Indian Medicine / Central Council of Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient 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:
 - i. Having at least five in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

6.4 Base Sum Insured means the amount stated in the Policy Schedule.

6.5 Break in Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

6.6 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.

- 6.7 Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 6.8 Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
- 6.9 Grace Period** means the specified period of time (30 days) 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.
- 6.10 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:
- has Qualified Nursing staff under its employment round the clock;
 - 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;
 - has qualified Medical Practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
- 6.11 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.
- 6.12 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.
- 6.13 Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 6.14 Inpatient** means admission for treatment in a Hospital for more than 24 hours for an Insured Event.
- 6.15 Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 6.16 Insured Event** means any event specifically mentioned as covered under this Policy.
- 6.17 Insured Person** means person(s) named as insured persons in the Policy Schedule.
- 6.18 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.
- 6.19 Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 6.20 Medical Expenses** means those expenses that an Insured Person 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 Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 6.21 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 the scope and jurisdiction of his licence.
- 6.22 Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- is required for the medical management of the Illness or Injury suffered by the insured;
 - 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.

- 6.23 Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a Cashless Facility.
- 6.24 Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.
- 6.25 Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 6.26 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.
- 6.27 Policy** means these terms and conditions, the Policy Schedule (as amended from time to time), Your statements in the Proposal and any endorsements attached by Us to the Policy from time to time.
- 6.28 Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
- 6.29 Policy Year** means the period of one year commencing on the date of commencement specified in the Policy Schedule or any anniversary thereof.
- 6.30 Pre-existing Disease** means any condition, ailment, injury or disease
- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 6.31 Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 6.32 Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:
- a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 6.33 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.
- 6.34 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.
- 6.35 Reimbursement** means settlement of claims paid directly by Us to the Policyholder/Insured Person.
- 6.36 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.
- 6.37 Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 6.38 Service Provider** means any person, organization, institution that has been empanelled with Us to provide services specified under the benefits to the Insured Person.
- 6.39 Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most

basic and the most economical of all accommodations available as a single occupancy room in that Hospital.

6.40 Sum Insured:

In case of Individual Policy, Sum Insured means the total of the Base Sum Insured and No claim Bonus (if applicable) for that Insured Person. Our maximum, total and cumulative liability for all claims during the Policy Year in respect of the Insured Person will be Sum Insured and amount provided under Refill benefit.

In case of Family Floater Policy, Sum Insured means the total of the Base Sum Insured and No claim Bonus (if applicable). Our maximum, total and cumulative liability for all claims during the Policy Year in respect of all Insured Persons taken together will be Sum Insured and amount provided under Refill benefit.

The sequence of utilization of Sum Insured will be as below:

- i. Base Sum Insured followed by;
- ii. Accumulated No Claim Bonus (if applicable) followed by;
- iii. Refill benefit (if applicable)

If the Policy Period is 2 years or 3 years, then the Sum Insured shall be applied separately for each Policy Year in the Policy Period. All claims paid (except for Health Check-up) will reduce the Sum Insured for the Policy Year in which the insured event has occurred. Any claim admitted under Pre & Post Hospitalization shall reduce the Sum Insured for the Policy Year in which Hospital admission claim has incurred.

6.41 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 or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

6.42 We/Our/Us means Max Bupa Health Insurance Company Limited.

6.43 You/Your/Policyholder means the person named in the Policy Schedule who has concluded this Policy with Us.

Annexure - I

The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment

List I - Expenses not covered

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	BABY FOOD	24.	ATTENDANT CHARGES	47.	LUMBO SACRAL BELT
2.	BABY UTILITIES CHARGES	25.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	48.	NIMBUS BED OR WATER OR AIR BED CHARGES
3.	BEAUTY SERVICES	26.	BIRTH CERTIFICATE	49.	AMBULANCE COLLAR
4.	BELTS/ BRACES	27.	CERTIFICATE CHARGES	50.	AMBULANCE EQUIPMENT
5.	BUDS	28.	COURIER CHARGES	51.	ABDOMINAL BINDER
6.	COLD PACK/HOT PACK	29.	CONVEYANCE CHARGES	52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
7.	CARRY BAGS	30.	MEDICAL CERTIFICATE	53.	SUGAR FREE Tablets
8.	EMAIL / INTERNET CHARGES	31.	MEDICAL RECORDS	54.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
9.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	32.	PHOTOCOPIES CHARGES	55.	ECG ELECTRODES
10.	LEGGINGS	33.	MORTUARY CHARGES	56.	GLOVES
11.	LAUNDRY CHARGES	34.	WALKING AIDS CHARGES	57.	NEBULISATION KIT
12.	MINERAL WATER	35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
13.	SANITARY PAD	36.	SPACER	59.	KIDNEY TRAY
14.	TELEPHONE CHARGES	37.	SPIROMETRE	60.	MASK
15.	GUEST SERVICES	38.	NEBULIZER KIT	61.	OUNCE GLASS
16.	CREPE BANDAGE	39.	STEAM INHALER	62.	OXYGEN MASK
17.	DIAPER OF ANY TYPE	40.	ARMSLING	63.	PELVIC TRACTION BELT
18.	EYELET COLLAR	41.	THERMOMETER	64.	PAN CAN
19.	SLINGS	42.	CERVICAL COLLAR	65.	TROLLEY COVER
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	43.	SPLINT	66.	UROMETER, URINE JUG
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	44.	DIABETIC FOOT WEAR	67.	AMBULANCE
22.	TELEVISION CHARGES	45.	KNEE BRACES (LONG/ SHORT/ HINGED)	68.	VASOFIX SAFETY
23.	SURCHARGES	46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		

List II - Items that are to be subsumed into Room Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	14.	BED PAN	27.	ADMISSION KIT
2.	HAND WASH	15.	FACE MASK	28.	DIABETIC CHART CHARGES
3.	SHOE COVER	16.	FLEXI MASK	29.	DOCUMENTATION CHARGES /ADMINISTRATIVE EXPENSES
4.	CAPS	17.	HAND HOLDER	30.	DISCHARGE PROCEDURE CHARGES
5.	CRADLE CHARGES	18.	SPUTUM CUP	31.	DAILY CHART CHARGES
6.	COMB	19.	DISINFECTANT LOTIONS	32.	ENTRANCE PASS / VISITORS PASS CHARGES
7.	EAU-DE-COLOGNE / ROOM FRESHNERS	20.	LUXURY TAX	33.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
8.	FOOT COVER	21.	HVAC	34.	FILE OPENING CHARGES
9.	GOWN	22.	HOUSE KEEPING CHARGES	35.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
10.	SLIPPERS	23.	AIR CONDITIONER CHARGES	36.	PATIENT IDENTIFICATION BAND / NAME TAG
11.	TISSUE PAPER	24.	IM IV INJECTION CHARGES	37.	PULSEOXYMETER CHARGES
12.	TOOTH PASTE	25.	CLEAN SHEET		
13.	TOOTH BRUSH	26.	BLANKET/WARMER BLANKET		

List III - Items that are to be subsumed into Procedure Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	HAIR REMOVAL CREAM	9.	WARD AND THEATRE BOOKING CHARGES	17.	BOYLES APPARATUS CHARGES
2.	DISPOSABLES RAZORS CHARGES (for site preparations)	10.	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	18.	COTTON
3.	EYE PAD	11.	MICROSCOPE COVER	19.	COTTON BANDAGE
4.	EYE SHEILD	12.	SURGICAL BLADES, HARMONICSCALPEL,SHAVER	20.	SURGICAL TAPE
5.	CAMERA COVER	13.	SURGICAL DRILL	21.	APRON
6.	DVD, CD CHARGES	14.	EYE KIT	22.	TORNIQUET
7.	GAUSE SOFT	15.	EYE DRAPE	23.	ORTHOBUNDLE, GYNAEC BUNDLE
8.	GAUZE	16.	X-RAY FILM		

List IV - Items that are to be subsumed into costs of treatment

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	ADMISSION/REGISTRATION CHARGES	7.	INFUSION PUMP- COST	13.	MOUTH PAINT
2.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	8.	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	14.	VACCINATION CHARGES
3.	URINE CONTAINER	9.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	15.	ALCOHOL SWABES
4.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	10.	HIV KIT	16.	SCRUB SOLUTION/STERILLIUM
5.	BIPAP MACHINE	11.	ANTISEPTIC MOUTHWASH	17.	GLUCOMETER & STRIPS
6.	CPAP/ CAPD EQUIPMENTS	12.	LOZENGES	18.	URINE BAG

Annexure - II

List of Insurance Ombudsmen

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry).

DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, UT of Yanam and part of UT of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, UT of (a)Lakshadweep,(b) Mahe-a part of UT of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, UT of Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

EXECUTIVE COUNCIL OF INSURERS, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980 | Fax: 022 - 26106949 | Email: inscoun@ecoi.co.in

Shri. M.M.L. Verma, Secretary General | Smt. Moushumi Mukherji, Secretary

Annexure - III
Product Benefit Table

S. No.	Benefit Name	Sum Insured
Base Benefits		
1.	Death (Base Sum Insured)	Sum Insured options from 1L to 10 Cr
2.	Permanent Total Disability (PTD)	Percentage of Base Sum Insured
3.	Permanent Partial Disability (PPD)	Percentage of Base Sum Insured
Optional Benefits		
4.	Transportation of Mortal Remains	Up to 1% of Base Sum Insured. Maximum INR 1Lac
5.	Funeral Expenses	Up to 1% of Base Sum Insured. Maximum INR 1Lac
6.	Road Ambulance	Up to INR 25000
7.	Air Ambulance	20% of AD SI. Max INR 5 Lacs
8.	Temporary Total Disability (TTD)	<ul style="list-style-type: none"> Earning Members: 2% of Base Sum Insured per week. Maximum INR 1 Lac per week. For Maximum 100 weeks. Non-Earning Members: 1% of Base Sum Insured per week. Maximum INR 25,000 per week. For Maximum 50 weeks.
9.	Loan Protector	Latest Principal outstanding loan amount as per bank details. Maximum up to Base Sum Insured.
10.	Accidental Hospitalization (AH)	INR 1L, 2L, 3L, 4L, 5L. 10% of Base Sum Insured subject to maximum of INR 5 Lakh; in case 10% of Base Sum Insured falls between the two available AH Sum Insured then the higher available SI will be given to the insured.
11.	Hospital Daily Cash	0.25% of Base Sum Insured per day. Maximum INR 5,000 per day. For Maximum 30 days in a policy year.
12.	Accidental OPD	Up to 1% of Base Sum Insured. Maximum INR 25,000.
13.	Monthly Needs Benefit	0.5% of Base Sum Insured per month. Maximum INR 50,000 per month. For 3 months.
14.	Adventure Sports	100% of Base Sum Insured/PTD Sum Insured.
15.	Compassionate Visit in case of Adventure Sports	2% of Base Sum Insured. Maximum INR 50,000.
16.	Elderly Care	10% of Base Sum Insured. Maximum INR 5Lac
17.	Education of Dependent Children	10% of Base Sum Insured. Maximum INR 5Lac
18.	Child Support	One Educational Counselling Service (13yrs to 23yrs). Maximum 2 Children.
		Placement Services for Children (19-25yrs) who are currently not studying
19.	Marriage Expenses for Children	20% of Base Sum Insured. Maximum INR 10Lac
20.	Broken Bone/Fracture	Percentage of Broken Bone/Fracture Sum Insured. Broken Bone/Fracture Sum Insured = Base Sum Insured. Maximum INR 10Lac.
21.	Modification made at home/ Vehicle	25% of Base Sum Insured. Maximum INR 5Lac
22.	Prosthetics/Wheel Chair	Up to INR 1Lac
23.	Comatose	25% of Base Sum Insured. Maximum INR 10Lac
24.	Burns	Up to Base Sum Insured. Maximum INR 50Lac
25.	Head & Spinal Injury	2% of Base Sum Insured. Maximum INR 1Lac
26.	Accident Care	<ul style="list-style-type: none"> ICU at Home: 10% of Base Sum Insured. Maximum INR 2Lac Nursing Care at Home: 5% of Base Sum Insured. Maximum INR 1Lac Blood Transfusion: 5% of Base Sum Insured. Maximum INR 1Lac Physiotherapy: 5% of Base Sum Insured. Maximum INR 1Lac Single Nurse Procedural Visit: 1% of Base Sum Insured. Maximum INR 10,000 Financial Guidance: One Session

- The Sum Insured (SI) offerings for non-earning spouse & parents/parents-in-laws would be restricted to 50% of that of the proposer's SI subject to a maximum of INR 1 Crore.
- The Sum Insured (SI) offerings for dependent children would be restricted to 25% of that of the proposer's SI subject to a maximum of INR 25 Lakh.
- Benefits not applicable for Non-earning members & Children: Marriage Expenses for Children, Education of Dependent Children, Child Support, Elderly Care, Loan Protector

Product Benefit Table for Daily/Weekly Tenure plans

S. No.	Benefit	Details
Base Benefits		
1.	Death (Base Sum Insured)	1L, 2L, 3L, 5L
2.	Permanent Total Disability (PTD)	Percentage of Base Sum Insured
3.	Permanent Partial Disability (PPD)	Percentage of Base Sum Insured
Optional Benefits		
4.	Ambulance	INR 2000
5.	Accidental Hospitalization (AH)	INR 50,000
6.	Education of Dependent Children	10% of Base Sum Insured. Maximum INR 50000
7.	Child Support	One Educational Counselling Service (13yrs to 23yrs). Maximum 2 Children.
		Placement Services for Children (19-25yrs) who are currently not studying

8.	Broken Bone/Fracture	Up to INR 50,000
9.	Head & Spinal Injury	2% of Base Sum Insured. Maximum INR 50,000
10.	Accidental OPD	INR 5000

Product Benefit Table for Kilometer Tenure plans

S. No.	Benefit	Details
Base Benefits		
1.	Death (Base Sum Insured)	1L, 2L, 3L, 5L
2.	Permanent Total Disability (PTD)	Percentage of Base Sum Insured
3.	Permanent Partial Disability (PPD)	Percentage of Base Sum Insured
Optional Benefits		
4.	Ambulance	INR 2000
5.	Accidental Hospitalization (AH)	INR 50,000
6.	Accidental OPD	INR 5000