

MEDI PRIME

Policy wordings

Tata AIG General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

Section. 1 In-patient Benefits

Claims made in respect of any of the benefits below will be subject to the In-patient Sum Insured and will affect both the entitlement to a Cumulative bonus and a Health check-up.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will pay:

- a) In-patient Treatment
The Medical Expenses for:
 - i) Room rent, boarding expenses,
 - ii) Nursing,
 - iii) Intensive care unit,
 - iv) Medical Practitioner(s),
 - v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
 - vi) Medicines, drugs and consumables,
 - vii) Diagnostic procedures,
 - viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

- b) Pre-Hospitalisation
The Medical Expenses incurred in the 30 days immediately before the Insured Person was Hospitalised, provided that:
 - i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
 - ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
 - iii) We will pay the Medical Expenses incurred within the 60 days prior to the date of Hospitalisation, if We are provided with the following at least 5 days before the Hospitalisation:
 - (1) medical documents with all details about the Illness; and
 - (2) the date and the place of the proposed Hospitalisation.

- c) Post-Hospitalisation
The Medical Expenses incurred in the 60 days immediately after the Insured Person was discharged post Hospitalisation provided that:
 - i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
 - ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
 - iii) We will pay the Medical Expenses in the 90 days immediately after the Insured Person was discharged if We were provided with the following at least 5 days before the Hospitalisation:
 - (1) medical documents with all details about the Illness; and
 - (2) the date and the place of the proposed Hospitalisation.

- d) **Day Care Procedures**
The Medical Expenses for a day care procedure mentioned in the list of Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not the outpatient department of a Hospital or standalone day care centre.
- e) **Domiciliary Treatment**
The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:
- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
 - ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses for up to 60 days in accordance with b) above, and
 - iii) No payment will be made if the condition for which the Insured Person requires medical treatment is:
 - (1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
 - (2) Arthritis, Gout and Rheumatism,
 - (3) Chronic Nephritis and Nephritic Syndrome,
 - (4) Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - (5) Diabetes Mellitus and Insipidus,
 - (6) Epilepsy,
 - (7) Hypertension,
 - (8) Psychiatric or Psychosomatic Disorders of all kinds,
 - (9) Pyrexia of unknown Origin.
- f) **Organ Donor**
The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:
- i) The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured Person, and
 - ii) We will not pay the donor's pre- and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
 - iii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- g) **Emergency Ambulance**
We will reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency, provided that:
- i) Our maximum liability shall be restricted to Rs. 2,500 per Hospitalisation, and
 - ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
 - iii) The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that that transportation has been prescribed by a Medical Practitioner and is medically necessary.

- h) Dental Treatment (In case of Accident)
We will reimburse Medical Expenses of any necessary dental treatment from a Dentist provided that the Dental treatment is required as a result of an Accident. Our maximum liability shall be limited to the amount specified in the Schedule of Benefits.
- i) Ayush Benefit
We will reimburse the Medical Expenses incurred for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy provided that:
- i). Our maximum liability will be limited to the amounts specified in the Schedule.
 - ii). If We accept any claim under this benefit, then We will not make any payment under allopathic treatment for the same Insured Person and the same Illness or Accident under this policy.
- j) Daily Cash for Accompanying an Insured Child
If the Insured Person Hospitalised is a child Aged 12 years or less, We will pay a daily cash amount for 1 accompanying adult for each complete period of 24 hours if Hospitalisation exceeds 72 hours, provided that:
- i). Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
 - ii). The days of admission and discharge shall not be counted, and
 - iii). We have accepted an in-patient Hospitalisation claim under Benefit 1a).
- k) Vaccination
We will reimburse the Medical Expenses incurred for vaccination including inoculation and immunisations in case of post-bite treatment. Our maximum liability shall be limited to the amount specified in the Schedule of Benefits.

Section. 2 Renewal Incentives

Cumulative Bonus

- a) If no claim has been made in respect of Section 1 under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 10% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year.
- b) The cumulative bonus for every insured member will be computed from the year of addition of the member in the family floater and number of claim free years under the policy .In case of a Family floater 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.
- c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 20% of the Sum Insured in that following Policy Year. There will be no impact on the Inpatient Sum Insured, only the accrued cumulative bonus will be decreased.

Health Check-up

- d) If no claim has been made in respect of Section 1 under this Policy and You have maintained an Medi Prime Policy with Us without any break in the Policy, then at the end of a block of every continuous four claim free years We will pay upto 1% of the Sum Insured subject to maximum of Rs. 5000 per Insured Person for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a medical check-up for those Insured Persons who were insured for the four claim free years.

- e) 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.

Section. 3 Exclusions

Waiting Periods

- a) We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days Waiting Period

- b) A waiting period of 30 days will apply to all claims unless:
 - i) The Insured Person has been insured under an Medi Prime Policy continuously and without any break in the previous Policy Year, or
 - ii) The Insured Person was insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital, and he establishes to Our satisfaction that he was unaware of and had not taken any advice or medication for such illness or treatment.
 - iii) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

- c) The illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Medi Prime Policy continuously and without any break:
 - i) Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
 - ii) Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.
 - iii) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any other Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit

2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

The insured person will be given the Portability credit of the waiting period based on the number of years of continuous and uninterrupted insurance cover.

d) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first MediPrime Policy with Us; but:

1. If the Insured Person is presently covered and has been continuously covered without any break under:

i. an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital ,

OR

ii. any other similar health insurance plan from Us,

then Section 3 d . of the Policy stands deleted and shall be replaced entirely with the following:

i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy;

AND

ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy (other than as a result of the application of Benefit 2a), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.

2. The reduction in the waiting period specified above shall be applied subject to the following:

i. We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);

ii. We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation

iii. We shall considered only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of

any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

- ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- v) Treatment of Obesity and any weight control program.
- vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
- vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) only.
- ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- x) Save as and to the extent provided for under 1)h), Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xi) Expenses for donor screening, or, save as and to the extent provided for in 1)f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- xiii) Treatment of nasal concha resection; circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in

appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.

- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens; measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.
- xvi) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xvii) Save as and to the extent provided for under 1)i), Any non allopathic treatment.
- xviii) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xix) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xx) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxi) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxii) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiii) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- xxiv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

- xxv) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

Section. 4 General Conditions

Condition precedent

- a) The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

Insured Person

- b) Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person. We will be offering continuous renewal with no exit age subject to regular premium payment and compliance with all provisions and terms & conditions of this policy by the insured.
- c) We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. The loading shall only be applied basis an outcome of Our medical underwriting. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

d) Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
2)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.
3)	For all benefits which are contingent on Our prior acceptance of a claim under Section 1)a):	Within 7 days of the Insured Person's discharge post-hospitalisation.
4)	If any treatment, consultation or procedure for which a claim may be made is required in an Emergency:	Within 7 days of completion of such treatment, consultation or procedure.
5)	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy at least 7

		days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorise such treatment, consultation or procedure.
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The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured.’

Cashless Service:

	Treatment, Consultation or Procedure:	or	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
1)	If any planned treatment, consultation or procedure for which a claim may be made:		Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
2)	If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:		Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

Supporting Documentation & Examination

- e) The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person’s discharge from Hospitalisation or completion of treatment. Such documentation will include but is not limited to the following:
- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv) A precise diagnosis of the treatment for which a claim is made.
 - v) A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor’s invoice.
- f) The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost

towards performing such medical examination (at the specified location) of the insured person.

Claims Payment

- g) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- h) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration, as per the format prescribed in the claim form, of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule) or the legal heir in case not mentioned on the Schedule.
- i) Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency.
- j) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- k) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

Fraud

- l) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Other Insurance

- m) If at the time when any claim arises under this Policy, there is in existence any other Policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy. This Clause is only applicable to indemnity sections.

Subrogation

- n) You and/or any Insured Persons shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become

necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You. This Clause is only applicable to indemnity sections.

Alterations to the Policy

- o) This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

Renewal

- p) All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. Grace Period of 15 days for renewing the Policy is provided under this Policy. Any disease/condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.
- q) We may vary the renewal premium payable with prior approval of the IRDA.

Change of Policyholder

- r) The change of Policyholder (except clause w) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition p) above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition p) above.

Notices

- s) Any notice, direction or instruction under this Policy shall be in writing and if it is to:
 - i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy and You shall act for all Insured Persons for these purposes.
 - ii) Us, it shall be delivered to Our address specified in the Schedule to this Policy. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Dispute Resolution Clause

- t) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

Termination

- u) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy	2 Year Policy
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Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	50.00%
		Upto 15 Months	37.50%
		Upto 18 Months	25.00%
		Exceeding 18 Months	Nil

v) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured or If you terminate the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 30 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

w) The coverage for the Insured Person shall automatically terminate if:

- i) You are no longer a resident of India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition p) above. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the Application.
- ii) In relation to an Insured Person, if that Insured Person dies or is no longer a resident of India.
- iii) If the Insured Person is no longer eligible on grounds of age or dependency, however the insured member will be eligible to apply for a new policy and enjoy continuity benefits upto Sum Insured.

Section. 5 Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- Def. 1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external and visible means (but does not include any illness) which results in physical bodily injury.
- Def. 2. Age or Aged means completed years as at the Commencement Date.
- Def. 3. Commencement Date means the commencement date of this Policy as specified in the Schedule.
- Def. 4. Day Care Treatment means medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and which would have otherwise required a hospitalization of more than 24 hours, but treatment normally taken on an out-patient basis is not included in the scope of this definition
- Def. 5. Dependents means only the family members listed below:
- i) Your legally married spouse as long as she continues to be married to You;
 - ii) Your children Aged between 91 days and 21 years if they are unmarried
 - iii) Your natural parents or parents that have legally adopted You, provided that:
 - a) The parent was below 65 years at his initial participation in the Medi Prime Policy, and
 - b) Parents shall not include Your spouse's parents.
- Def. 6. Dependent Child means a child (natural or legally adopted), who is financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.
- Def. 7. Domiciliary Hospitalisation means medical treatment for a period exceeding 3 days, for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital or,
 - the patient takes treatment at home on account of non availability of room in a hospital.
- Def. 8. Emergency or Emergency Care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 9. Family Floater means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during each Policy Year.
- Def. 10. 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.
- Def. 11. Hospital means any institution in India established for Inpatient care and day care treatment of sickness and/or injuries and which has been registered as a hospital

with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- 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 will make these accessible to the insurance company's authorized personnel.

Def. 12. Hospitalisation or Hospitalised means the Insured Person's admission into a Hospital for Medically necessary Treatment as an inpatient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Policy Period.

Def. 13. Illness means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (affliction of the bodily organs having a defined and recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment. For the avoidance of doubt, Illness does not mean and this Policy does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.

Def. 14. Inpatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def. 15. Insured Person means You and the persons named in the Schedule.

Def. 16. 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.

Def. 17. Medical Expenses means those reasonable and medically necessary expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Policy Period on the advice of a Medical Practitioner due to Illness or Accident occurring during the Policy Period, 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.

Def. 18. Medical Practitioner means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Def. 19. Medically necessary means any treatment , test , medication ,or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.

- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India

Def. 20. Network means any such hospitals, day care centre or other provider that the We/ TPA have mutually agreed with, to provide services like cashless access to policyholders. The list is available with Us/ TPA and subject to amendment from time to time.

Def. 21. Non Network means any hospital, day care centre or other provider that is not part of the network.

Def. 22. Outpatient Treatment means consultation, diagnosis or medical treatment taken by any Insured Person at an outpatient department of a Hospital, clinic or associated facility, provided that he is not Hospitalised.

Def. 23. Policy means Your statements in the proposal form, this Policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).

Def. 24. Policy Period means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 25. Policy Year means a year following the Commencement Date and its subsequent annual anniversary.

Def. 26. Pre-existing Condition means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the commencement of his first being covered under an Medi Prime Policy issued by Us.

Def. 27. Qualified Nurse is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 28. Reasonable charges means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services by comparable providers, taking into account the nature of illness/ injury involved

Def. 29. Shared Accommodation means a Hospital room with two or more patient beds.

Def. 30. Sum Insured means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during each Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during each Policy Year.

Def. 31. 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 of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

Def. 32. Waiting Period: means a period as given in the policy schedule which is calculated from the policy effective date. Any Claim due to or arising out of signs or the symptoms of the disease and / or condition which has occurred and / or manifested

during the Waiting Period shall be excluded from coverage for the entire policy period including renewals.

Def. 33. Portability-means the right accorded to an individual health insurance Policyholder (including family cover) to transfer the credit gained by the insured for Pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break. If the Insured person transfers from any other insurer and increases the Sum Insured, then the portability benefits will be offered only in respect to the previous sum insured. Portability guidelines applied will be as defined by the Regulator from time to time.

Def. 34. TPA means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 35. We/Our/Us means the Tata AIG General Insurance Company Limited

Def. 36. You/Your/Policyholder means the person named in the Schedule who has concluded this Policy with Us.

Section 6. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Your TPA through:

- Website : www.fhpl.net
- Email : info@fhpl.net
- Toll Free : 1800-425-4033
- Fax : +91-40-23541400
- Courier : Claims Department,
Family Health Plan (TPA) Ltd,
Srinilaya - Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad, [500 034](tel:500034)

Section 7. Grievance Redressal Procedure

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1-800-119966 or 022-66939500 (tolled) or you may email to the customer service desk at customersupport@tata-aig.com.

After investigating the matter internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tata-aig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt at this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tata-aig.com After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id.

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA under the Insurance Ombudsman Scheme.

Ombudsman Offices	
Jurisdiction	Office Address
Delhi, Rajasthan	2/2 A, 1 st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001.
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1 st Floor, Moin Court, LaneOpp.SaleemFunctionPalace A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2 nd Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerala, Karnataka	2 nd Flr., CC 27/ 2603, PulinatBuilding, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North-Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI - 781 021
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6 th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001
Madhya Pradesh	1 st Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, BatraBuilding, Sector 17-D, CHANDIGARH - 160 017

IRDA REGULATION NO 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Appendix I: Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. *Revision of a stapedectomy*
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands

24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty

- 48. Other restoration and reconstruction of the skin and subcutaneous tissues
- 49. Chemosurgery to the skin
- 50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

- 51. Incision, excision and destruction of diseased tissue of the tongue
- 52. Partial glossectomy
- 53. Glossectomy
- 54. Reconstruction of the tongue
- 55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

- 56. Incision and lancing of a salivary gland and a salivary duct
- 57. Excision of diseased tissue of a salivary gland and a salivary duct
- 58. Resection of a salivary gland
- 59. Reconstruction of a salivary gland and a salivary duct
- 60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

- 61. External incision and drainage in the region of the mouth, jaw and face
- 62. Incision of the hard and soft palate
- 63. Excision and destruction of diseased hard and soft palate
- 64. Incision, excision and destruction in the mouth
- 65. Plastic surgery to the floor of the mouth
- 66. Palatoplasty
- 67. Other operations in the mouth

Operations on the tonsils & adenoids

- 68. Transoral incision and drainage of a pharyngeal abscess
- 69. Tonsillectomy without adenoidectomy
- 70. Tonsillectomy with adenoidectomy
- 71. Excision and destruction of a lingual tonsil
- 72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

- 73. Incision on bone, septic and aseptic
- 74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
- 75. Suture and other operations on tendons and tendon sheath

- 76. Reduction of dislocation under GA
- 77. Arthroscopic knee aspiration

Operations on the breast

- 78. Incision of the breast
- 79. Operations on the nipple

Operations on the digestive tract

- 80. Incision and excision of tissue in the perianal region
- 81. Surgical treatment of anal fistulas
- 82. Surgical treatment of haemorrhoids
- 83. Division of the anal sphincter (sphincterotomy)
- 84. Other operations on the anus
- 85. Ultrasound guided aspirations
- 86. Sclerotherapy etc.

Operations on the female sexual organs

- 87. Incision of the ovary
- 88. Insufflation of the Fallopian tubes
- 89. Other operations on the Fallopian tube
- 90. Dilatation of the cervical canal
- 91. Conisation of the uterine cervix
- 92. Other operations on the uterine cervix
- 93. Incision of the uterus (hysterotomy)
- 94. Therapeutic curettage
- 95. Culdotomy
- 96. Incision of the vagina
- 97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 98. Incision of the vulva
- 99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

- 100. Incision of the prostate
- 101. Transurethral excision and destruction of prostate tissue
- 102. Transurethral and percutaneous destruction of prostate tissue
- 103. Open surgical excision and destruction of prostate tissue
- 104. Radical prostatovesiculectomy
- 105. Other excision and destruction of prostate tissue
- 106. Operations on the seminal vesicles
- 107. Incision and excision of periprostatic tissue
- 108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

- 109. Incision of the scrotum and tunica

vaginalis testis

- 110. Operation on a testicular hydrocele
- 111. Excision and destruction of diseased scrotal tissue
- 112. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114. Incision of the testes

- 115. Excision and destruction of diseased tissue of the testes
- 116. Unilateral orchidectomy
- 117. Bilateral orchidectomy
- 118. Orchidopexy
- 119. Abdominal exploration in cryptorchidism
- 120. Surgical repositioning of an abdominal testis
- 121. Reconstruction of the testis
- 122. Implantation, exchange and removal of a testicular prosthesis
- 123. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

- 124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 125. Excision in the area of the epididymis
- 126. Epididymectomy
- 127. Reconstruction of the spermatic cord
- 128. Reconstruction of the ductus deferens and epididymis
- 129. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- 130. Operations on the foreskin
- 131. Local excision and destruction of diseased tissue of the penis
- 132. Amputation of the penis
- 133. Plastic reconstruction of the penis
- 134. Other operations on the penis

Operations on the urinary system

- 135. Cystoscopic removal of stones
 - i.

Other Operations

- 136. Lithotripsy
- 137. Coronary angiography
- 138. Haemodialysis
- 139. Radiotherapy for Cancer
- 140. Cancer Chemotherapy

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalization is not mandatory

Schedule of Benefits - Medi Prime Individual

Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	2.00, 3.00, 4.00	5.00, 7.50, 10.00
1 a) In-patient Treatment	Covered	Covered
1 b) Pre-hospitalization	Covered	Covered
1 c) Post-hospitalization	Covered	Covered
1 d) Day Care Procedures	Covered	Covered
1 e) Domiciliary Treatment	Covered	Covered
1 f) Organ Donor Expenses	Covered	Covered
1 g) Emergency Ambulance	Upto Rs. 2,500 per hospitalisation	Upto Rs. 2,500 per hospitalisation
1 h) Dental Treatment (In case of Accident)	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment - Upto Rs 5,000.	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment - Upto Rs 7,500.
1 i) Ayush Benefit	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs 20,000	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs 25,000
1 j) Daily Cash for Accompanying an Insured Child	Rs 300 per day, maximum upto Rs 9,000	Rs 500 per day, maximum upto Rs 15,000
1 k) Vaccination (In case of post-bite treatment)	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination - Upto Rs 5,000	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination - Upto Rs 5,000
2) Health Check-up	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is

	lower).	lower).
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Schedule of Benefits - Medi Prime Family Floater

Sum Insured per Policy per Policy Year (Rs. in Lakh)	2.00, 3.00, 4.00	5.00, 7.50, 10.00
1 a) In-patient Treatment	Covered	Covered
1 b) Pre-hospitalization	Covered	Covered
1 c) Post-hospitalization	Covered	Covered
1 d) Day Care Procedures	Covered	Covered
1 e) Domiciliary Treatment	Covered	Covered
1 f) Organ Donor Expenses	Covered	Covered
1 g) Emergency Ambulance	Upto Rs. 2,500 per hospitalisation	Upto Rs. 2,500 per hospitalisation
1 h) Dental Treatment (In case of Accident)	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment - Upto Rs 5,000.	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment - Upto Rs 7,500.
1 i) Ayush Benefit	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs 20,000	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs 25,000
1 j) Daily Cash for Accompanying an Insured Child	Rs 300 per day, maximum upto Rs 9,000	Rs 500 per day, maximum upto Rs 15,000
1 k) Vaccination (In case of post-bite treatment)	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination - Upto Rs 5,000	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination - Upto Rs 5,000
2) Health Check-up	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum

	liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower).	liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower).
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