ACKO Health III (Platinum Lite) – Policy Wordings

1. Introduction & How the Policy Works

What this policy is
This policy wording + your **Schedule/** disclosures made during the buy journey and Pre-policy medical check-up reports together form an insurance contract between **You** and **Us (ACKO General Insurance Limited)**.

What we promise
If you pay the premium shown in the Schedule, we will provide insurance, subject to:

- the terms and conditions in this document,
- applicable **waiting periods**,
- **exclusions**.

2. What is Covered?

2.1. In-Patient Hospitalization - Part of base SI

If anyone insured under this policy is hospitalized for more than 24 hours, we cover **In-patient Medical Expenses**. The following In-patient Medical Expenses are included if applicable:

- Hospital room rent (includes associated medical expenses like RMO, nursing & monitoring)
- ICU/CCU/HDU charges
- Operation room charges (if any surgery done)
- Treating doctor/medical practitioner fees
- Medicines prescribed and used in treatment during the course of hospitalization by the treating medical practitioner.
- Diagnostic tests directly related to the current hospitalization during the course of hospitalization.
- Associated medical expenditures (IV fluids, blood transfusion, surgical appliances used, consumables, enteral feedings).
- Cost of prosthetics/surgical devices/medical appliances if implanted internally during surgery, e.g. stent (Note: External Prosthesis are not covered).

2.2. Room Rent / ICU- Part of base SI

We cover actual room rent and ICU charges without any capping.

2.3. Day Care Treatment- Part of base SI

If any insured under this policy undergoes Day Care Treatment (including AYUSH treatment) in a Hospital/Nursing Home/Day Care Centre, we cover the expenses. OPD treatments are out of scope of coverage.

- List of day care procedures is hosted on our website at https://acko-cms.ackoassets.com/Acko_Day_Care_List_2d5b412dbf.pdf

2.4. Pre & Post Hospitalization Medical Expenses- Part of base SI

We cover relevant medical expenses (consultations, investigations, diagnostics, medicines) incurred:

- In the pre-hospitalization period up to 60 days, and
- In the post-hospitalization period up to 180 days, only if the related hospitalization/day care claim is admissible.

2.5. Road Ambulance Limit- Part of base SI

If an insured needs emergency transport to a Hospital/Day Care Centre by ambulance or public transport, we cover the reasonable cost of such transportation up to the sum insured.

Payable only if:

- Transport was medically necessary for emergency care to reach the facility
- We admit the claim for in-patient (2.1) or day care (2.3).

2.6. Domestic Emergency Evacuation Limit (India)- Part of base SI

If there is a medical emergency and adequate facilities are not available locally, we cover emergency evacuation to the nearest facility which is able to provide adequate care up to the sum insured.

Key conditions:

- Attending a Medical Practitioner must certify in writing that evacuation is medically necessary to prevent immediate and significant effects of illness/injury.
- Pre-authorization is required by calling our call center, unless it is not reasonably possible; then seek authorization immediately after evacuation.
- We will consider illness/injury nature, condition, ability to travel, airport availability, weather, and distance, while reviewing the request.
- If the condition requires accompaniment of a qualified Medical Practitioner during transport, we treat it as emergency evacuation.
- Transport modes may include medically equipped specialty aircraft, commercial airline, train, ambulance, or air ambulance.
- Territory: within India only.

2.7. Domiciliary Treatment (Domiciliary Hospitalization)- Part of base SI

We cover costs of such domiciliary hospitalization if anyone insured takes treatment at home (instead of a hospital) due to:

- Inability to be moved, OR
- Non-availability of hospital beds.

Conditions:

- Must continue for at least 3 consecutive days.
  - If 3 days or more→ covered from day 1
  - If less than 3 days → not payable
- The treating Medical Practitioner must confirm in writing that domiciliary hospitalization was medically necessary.
- Payable on reimbursement basis only.

2.8. Organ Donor Expenses- Part of base SI

If anyone insured requires organ transplant, we cover the organ donor's in-patient hospitalization expenses for harvesting the organ within the Sum insured of the insured.

Payable only if all the following conditions are met:

- We admit the insured person's claim under In-patient Hospitalization (2.1) related to the same illness/injury.
- Donation complies with Transplantation of Human Organs Act, 1994 (and amendments) and other applicable laws.
- The organ is for use by the insured person and transplant is advised in writing by the treating Medical Practitioner.

Not covered:

- Donor's pre/post-hospitalization expenses
- Donor screening costs
- Organ acquisition costs
- Transport/preservation costs of the organ
- Experimental/investigational transplants

2.9. Second Opinion- Part of base SI

If an insured under this policy seeks a second opinion for alternate evaluation of diagnosis or treatment, we cover expenses.

Your choice: You decide whether to obtain and act on the second opinion.

Payable only if:

- Consultation is on an OPD basis, AND
- The first opinion advises hospitalization, surgery or day care treatment.

2.10. AYUSH Treatment (In-patient only)- Part of base SI

We indemnify in-patient medical expenses for AYUSH treatment if anyone insured undergoes medically necessary treatment at an AYUSH Hospital/healthcare facility for:

- Ayurveda
- Yoga & Naturopathy
- Unani
- Siddha
- Homeopathy

Please find the list of standard treatment guidelines & treatment covered namayush.gov.in/content/standard-treatment-guidelines.

2.11. Modern Treatment- Part of base SI

If anyone insured undergoes in-patient or day care treatment for the following procedures, we indemnify medical expenses related to the procedures:

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral chemotherapy
- Immunotherapy (Monoclonal Antibody via IV injection)
- Intravitreal injections
- Robotic surgeries
- Stereotactic radiosurgeries
- Bronchial Thermoplasty
- Vaporisation of prostate (Green laser / Holmium laser)
- IONM (Intra-Operative Neuro Monitoring) when used with surgery warranting it
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions

2.12. Waiver of Non-payable Medical Expenses

We cover the non-payable expenses which are hosted on our website (https://acko-cms.ackoassets.com/List_of_Non_Payable_Medical_Expenses_bf94e7b012.pdf), only if:

- Expenses are medically necessary, AND
- We admit the claim for in-patient (2.1) or day care (2.3) or domiciliary treatment (2.7). Expenses paid are part of the base SI

2.13. Preventive Health Check-up - Additional benefit and not part of base SI

For insured persons aged **above 18**, we facilitate and provide tests as give below:

- CBC, ESR, HbA1C
- Serum Creatinine, Cholesterol, HDL, Triglycerides
- Routine Urine Analysis
- SGOT, SGPT, GGT

- Uric Acid

How it's provided:

- Arranged and paid at our Network Providers/Empaneled Service Providers only.
- If we are not able to provide a network provider for the tests, then we may reimburse at our discretion up to ₹900 only on submission of report + invoice/payment proof.
- Tests beyond the list mentioned above are not payable and shall be deducted from claim payout. If breakup is not available, then proportionate deduction will be done in case if package billing is done.

2.14. Individual Deductible

We indemnify medical expenses from individual member in the policy exceeding the deductible during a Policy Year.

Key Rules:

- Deductible applies on cumulative admissible claims from individual member.
- We pay only the amount exceeding deductible.
- Deductible does not reduce Sum Insured.
- Deductible applicable for coverage applicable in Base SI.

2.15. Doctor-on-call - Additional benefit and not part of base SI

Access to a doctor or general medical practitioner for medical consultation any time via online portal/chat/callback/voice/video unlimited times in a policy year.

Please note that we will make the consultation available either directly by us or facilitate it through our empaneled service provider.

Important rules:

- Consultation must be requested by the insured person.
- It is not a substitute for medical advice by treating physicians.
- We make no warranties on correctness; and assume no liability for errors/omissions.
- Doctor-on-call is a facilitation service; and is not for medico-legal use.

3. What Is Not Covered?

We are not liable for payments caused by, arising out of, or attributable to exclusions below. Waiting periods apply individually for each insured person and claims shall be assessed accordingly.

3.1. Standard Exclusions

3.1.1. Pre-Existing Diseases (PED)

- Expenses for PED and direct complications are excluded until the waiting period expires (months) as specified in the Policy Schedule from inception of the first policy with us.
- If Sum Insured is enhanced, exclusion applies afresh to the extent of Sum Insured increase.
- In case of portability, If continuous coverage exists per IRDAI portability norms, waiting period reduces to the extent of prior coverage.
- Coverage after the waiting period is subject to PED being declared at the time of inception of policy and accepted by us without any specific exclusion or condition. Non-disclosure of a PED warrants policy cancellation with forfeiture of the premium and denial of any benefit under the policy.

3.1.2. Specified disease/procedure waiting period

- Listed conditions/surgeries/treatments excluded until waiting period expires (months) as per Schedule from inception.
- If SI is enhanced, it applies afresh to the extent of SI increase.
- If the condition falls under the PED waiting period too, the longer waiting period applies.

- Applies whether first diagnosed before or after inception (unless due to accident). Declaration/acceptance does not remove this waiting period unless the Schedule explicitly says so.
- In case of portability, If continuous coverage exists per IRDAI portability norms, waiting period reduces to the extent of prior coverage.

List of specified diseases/procedures:

- **Eyes**: Cataract, Glaucoma, disorders of lens, disorders of retina
- **Stone**: Pancreatitis and stones in biliary and urinary system
- **Genitourinary**: Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, dilation & curettage or hysterectomy conditions, any surgery of genitourinary system unless necessitated by malignancy
- **Cysts/Tumor**: All benign or in situ neoplasms/tumors, cyst, sinus, polyp, nodules, swelling, mass or lump
- Hyperplasia of prostate, hydrocele, varicocele, spermatocele
- **Rectal**: Hemorrhoids, fissure/fistula/abscess of anal/rectal region, pilonidal sinus, rectal prolapse
- **Hernia**: Hernia of all sites
- **Arthritis**: Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthritis, arthrosis incl. rheumatoid arthritis, gout, intervertebral disc disorders, joint replacement
- **Kidney**: Chronic kidney disease and failure
- Varicose veins of lower extremities
- **ENT**: Middle ear & mastoid disease incl. otitis media, cholesteatoma, tympanic membrane perforation, tonsils & adenoids, nasal septum, nasal sinuses/polyp
- Internal congenital anomaly
- **Gastrointestinal**: Gastritis, GERD, ulcer, erosion, varices of upper GI tract
- Ligament, tendon & meniscal tear
- Neurodegenerative disorders: Parkinson's, Alzheimer's, dementia etc.

3.1.3. 30-day waiting period

- Expenses for treatment of any illness within 30 days from first policy commencement excluded, except accidents.
- Not applicable if insured has continuous coverage >12 months.
- Applies to enhanced SI portion if SI increased later.

3.1.4. Investigation & Evaluation

- Admissions primarily for diagnostics/evaluation are excluded.
- Diagnostics not related/incidental to current diagnosis and treatment are excluded.

3.1.5. Rest cure, rehabilitation, respite care

- Admissions primarily for enforced bed rest and not active treatment. This also Includes:
- Custodial care at home/nursing facility for ADLs
- Terminal illness services addressing physical/social/emotional/spiritual needs

3.1.6. Obesity/weight control

Surgical obesity treatment excluded unless ALL conditions are met:

- surgery advised by doctor
- supported by clinical protocols
- member age ≥18
- BMI ≥40 OR BMI ≥35 with severe co-morbidities after failure of less invasive methods:
  - obesity-related cardiomyopathy

- coronary heart disease
- severe sleep apnea
- uncontrolled type 2 diabetes

3.1.7. Change-of-gender treatments

Excluded.

3.1.8. Cosmetic/plastic surgery

Excluded unless reconstruction after accident/burn/cancer or medically necessary to remove direct/immediate health risk, certified by attending Medical Practitioner.

3.1.9. Breach of law

Excluded if treatment arises from breach of law with criminal intent.

3.1.10. Excluded Providers

Treatment at providers excluded by the insurer (disclosed on website/notified) not admissible.

- Exception: life-threatening/accident → expenses up to stabilization limited to SI payable, not complete claim. Insured should be shifted to another facility which is not excluded after stabilization for the rest of the claim to be payable.

3.1.11.

Treatments at health hydros, nature cure clinics, spas or similar establishments; or private beds registered as nursing homes attached to such establishments; or admissions arranged wholly/partly for domestic reasons.

3.1.12.

Dietary supplements and OTC substances (vitamins/minerals/organic substances) unless prescribed as part of hospitalization/day care.

3.1.13. Refractive error

Correction of eyesight due to refractive error < 7.5 diopters excluded.

3.1.14. Unproven treatments

Unproven treatments/services/supplies lacking significant medical documentation or not approved for medical use as per prevailing protocols excluded.

3.1.15. Sterility & infertility

Expenses related to sterility and infertility. This includes:

- contraception/sterilization
- assisted reproduction (AI/IVF/ZIFT/GIFT/ICSI)
- gestational surrogacy
- reversal of sterilization

3.1.16. Maternity

Excluded:

- childbirth (incl. complicated delivery/C-section) and pre/post hospitalization
- miscarriage (unless due to accident)
- lawful medical termination of pregnancy
  Exception: ectopic pregnancy

3.2. Specific Exclusions

3.2.1. Permanent Exclusions

- Treatment outside India; if Worldwide In-Patient Hospitalization cover is available in your policy schedule, this exclusion shall be waived off.
- OPD consultations/diagnostics/pharmacy/procedure, unless covered by OPD add-on cover opted or as part of Pre/Post hospitalization of admitted in-patient/day care claim.
- self-harm/attempted suicide
- dental treatment (unless due to accident and forming part of in-patient or pre/post)
- circumcision unless necessitated by illness/injury
- prosthetics/devices not implanted internally by surgery
- war/war-like situations, rebellion, revolution, terrorism, nuclear/biological/chemical emissions
- hormonal therapies (growth hormone, HRT, hormonal medication)
- substance abuse/addictions, withdrawal and de-addiction, oral/oropharynx/respiratory cancer excluded in tobacco user
- sleep disorders (sleep apnea, snoring etc.)
- Venereal/sexually transmitted diseases except HIV.
- Hazardous/adventure sports as a professional (para-jumping, rock climbing, mountaineering, rafting, motor/horse racing, scuba, hand gliding, sky diving, deep-sea diving etc.)
- External congenital anomaly/defects
- Specific treatments:
  - analysis/adjustment of spinal subluxation; manipulation of skeletal structure
  - muscle stimulation except for fractures (excluding hairline) and dislocations of mandible/extremities.

3.2.2. Named Ailment Waiting Period / Exclusion

Any named ailment waiting/exclusion stated in the schedule for an insured supersedes standard waiting periods.

3.2.3. Medical Practitioner Exclusion

A medical practitioner sharing residence and/or a family member is not treated as a Medical Practitioner for coverage.

4. What You Need to Know

4.1. Sum Insured basis (Individual vs Floater)

- **Individual**: Sum Insured applies separately to each insured person.
- **Floater**: One Sum Insured is shared by all insured persons in the floater unit.

4.2. What counts as "Total Sum Insured" for Basic Benefits

For a Policy Year, our maximum cumulative liability for a Basic Benefit equals:

- Base Sum Insured

4.3. Consequential losses not covered

We are not liable for losses arising from opinions/errors/omissions of Network Providers or Empaneled Service Providers. Your recourse is against those providers.

4.4. Reasonable and Customary Charges

We pay only charges that are reasonable and customary (we may determine this with reference to our benchmark tariff or usage database for the area, provider type and medical condition/procedure).

4.5. Medically Necessary Treatment

Hospitalization must be medically necessary and prescribed in writing by a Medical Practitioner.

4.6. Grace period (renewal + instalments)

- For instalment premium:
  - 15 days grace for monthly instalments
  - 30 days grace for quarterly/half-yearly/annual instalments
  - Coverage continues during the grace period for installment payments.
  - If not paid within the grace period → policy cancelled.
- For renewal:
  - 30 days grace period to renew and maintain continuity.
  - No liability for claims arising out of any insured event that occurred during the grace period.

4.7. Premium Payment in Instalments

- No interest: We will not charge interest if you miss the due date.
- Claim situation: If a claim arises, all future installments would become immediately due and may be deducted from the claim payment if the amount is adequate to cover the pending premiums.

4.8. Revision of Policy Terms / Premium Rates

Upon completion of regulatory requirements, we may revise the policy terms, including premium rates. If we do, we will inform you at least 3 months before the change takes effect.

4.9. Endorsements (Changes in Policy)

This Policy is the complete insurance contract. Any change will be issued by us through a written or electronic endorsement and communicated to you.

Change of policyholder:

- Normally allowed only at renewal, and the new policyholder must be a legal heir/immediate family member, subject to our acceptance and any additional premium. The renewal will be treated as continuous (no break).
- During the policy period, change is allowed only if the current policyholder dies or moves out of India.

Refund:

- In case of member deletion or changes in coverage that result in refund of premium, premium shall be refunded provided no claim is paid/outstanding for the insured/dependents.

4.10. Nomination

At the time you buy the policy, you must nominate a person to receive claim payments if you (the policyholder) die.

- Any change in nomination must be given to us in writing and will apply only after we record it through an endorsement.
- For reimbursement claims, we pay the policyholder. If the policyholder has expired, we pay the nominee named in the Schedule/endorsement. If there is no valid nominee, we pay the legal heirs/legal representatives as certified by appropriate authorities.

Any such payment will be treated as a full and final discharge of our liability under this Policy.

4.11. Geography

Zone-wise **classification (for premium)**

For premium calculation, we classify cities of residence into two zones. For family floater policies, one zone applies to all members under the policy.

- Zone A: Delhi/NCR; Mumbai (including Navi Mumbai, Thane, Kalyan); Kolkata (including Howrah); and certain non-preferred pin codes based on company/industry experience as mentioned in https://acko-cms.ackoassets.com/Annexure_Zone_Classification_d9845ed62d.pdf.

- Zone B: Rest of India.

4.12. Underwriting loadings & conditions

- Based on health status and declarations at enrollment stage, we may apply a risk loading on premium (excluding taxes/levies) or impose special conditions like waiting periods or exclusions. These can apply from the first policy start date and continue on renewals. We will not apply loadings based on individual claim experience.
- We may apply a specific sublimit on a medical condition/ailment depending on the past history and declarations,or additional waiting periods on pre-existing diseases, or exclusions as part of the special condition as mentioned in the Policy Schedule.
- We will communicate any loading/special condition through a counter-offer letter. You must confirm consent and pay any extra premium (if applicable) within 7 working days from the counter-offer letter date.
- If you don't accept or respond within 7 working days, we will cancel the proposal and refund/unblock the premium paid, if any. We will not issue the policy without your consent.

4.13. Complete Discharge

If we pay any amount for a claim under this Policy—whether to the Insured Person, their nominee/legal representative, the Hospital/Nursing Home, or an assignee—that payment will be treated as a full and final settlement for that amount for that particular claim.

4.14. Renewal

Policy is ordinarily renewable except on grounds such as established fraud, non-disclosure, misrepresentation (and subject to product not being withdrawn). Renewal cannot be denied because you made a claim. Fresh underwriting only if coverage is enhanced (underwriting only on enhanced portion).

4.15. Free look period

- 30 days from date of receipt of policy to review the terms and conditions of the Policy, and to return the same if not acceptable (only at inception, not renewals/porting).
- If no claim is made during free look, the insured is entitled to:
  1. A refund of the premium paid, minus medical examination expenses and stamp duty; or
  2. If risk has commenced, a deduction for proportionate risk premium for the covered period; or
  3. If only part of the coverage has commenced, a proportionate premium based on the coverage during that period.

4.16. Portability

You may port to other insurers as per IRDAI guidelines:

- Waiting periods (PED, specified disease, 30-day) reduced by number of continuous preceding years of coverage.
- Portability benefit limited to previous sum insured + accrued bonus (as part of base SI); not on additional increased SI.
- Application must reach us at least 30 days before, but not earlier than 60 days from renewal due date
- We can consider proposal for portability even if the Policyholder has approached within 15 days from the renewal date of the existing policy, but there shall not be any break in policy

4.17. Migration

You may migrate within ACKO to other health products as per IRDAI guidelines:

- Waiting periods reduced by continuous preceding years of coverage.

- Migration benefit limited to previous sum insured + accrued bonus (as part of base SI); not on increased SI.

4.18. Moratorium period

After 60 continuous months (5 continuous years) of coverage (including portability and migration):

- No policy/claim contestable on grounds of non-disclosure/misrepresentation, except established fraud.
- For enhanced SI, 60 months applies from enhancement date for enhanced portion.
- Still subject to limits/sub-limits/co-pay/deductibles.

4.19. Cancellation

- You may request to cancel your policy with 7 days' written notice → refund of proportionate premium for unexpired period be made.
  No refund if any claim admitted/lodged or any benefit availed.
- Company may cancel on established Non-disclosure/Misrepresentation/fraud with 15 days' notice → no refund.

4.20. Automatic changes/termination triggers

Coverage for an insured person terminates on:

- Insured person's death (others continue to the end of period). In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court.
- Exhaustion of sum insured for the policy year (but policy can renew as per terms) Other termination rules apply basis misrepresentation/fraud/non-disclosure; non-cooperation; non-payment within grace period etc.

4.21. Multiple policies

If you have multiple indemnity policies:

- You can choose which insurer/policy to claim under (within chosen policy limits).
- You can claim disallowed amounts from other policy/policies if allowed here (subject to terms and conditions).
- If the claim exceeds SI under one policy, you can choose insurers for the balance.
- You cannot be paid more than hospitalization costs.

4.22. Fraud / non-disclosure

- Fraudulent claims or false statements → policy be void ab-initio; premiums forfeited; benefits forfeited; any amounts paid thus far must be repaid back to Acko.
- Definition of fraud includes false suggestions, active concealment, acts to deceive, or legally-declared fraud.
- Insurer may not repudiate for fraud if beneficiary proves misstatement was true to best knowledge and no intent to suppress; burden rules as per policy.

5. What You Need to Do

5.1. Your disclosure duty

You must disclose all material facts asked in the proposal and any relevant connected documents. You must also disclose accurately before endorsement/variation/reinstatement as warranted.

5.2. Keep records

Maintain accurate medical records and provide information required for claim settlement within specified time.

5.3. Notice & communication

All policy-related communication should be in writing, sent to insurer address/electronic modes as per Schedule.

6. Claim Process

You can submit claims as Cashless (network provider) or Reimbursement (you pay first, we reimburse if the claim is admissible).

6.1. Claim registration / intimation

- Notify via app/email/call center or through TPA at hospital.
- You may need to provide:
  - Policy card- Policy/UHID number (you can access from the app)
  - Photo ID and address proof
  - Name of the insured, nature of illness/injury, hospital/doctor, admission date, other details

6.2. Cashless claims (Network provider)

Cashless means we pay the network hospital directly to the extent authorized on your behalf. You would be able to access the as on date network hospital list at our website or App, which would help you decide the nearest facility to use for cashless utilization.

You still pay to hospital:

- non-covered expenses
- expenses above SI/limits as applicable

Pre-authorization

- **Planned admission**: Request approval at least 2 days before admission
- **Emergency admission**: Within 48 hours of admission
- The hospital sends a pre-auth form with medical details.
- We review eligibility and issue authorization letters if admissible. Authorization letter clearly specifies the approval boundaries e.g. Diagnosis, Procedure, Hospital, Insured, Date of admission, Approved Amount and Deductions, etc, and in case if any change fresh request should be raised.
- If additional details are required, approval is issued only after receipt of such details
- Turn around time for preauthorization of cashless facility is1 hour

Enhancement to pre-authorized amount

If treatment cost exceeds the approved amount thus far while all other approval boundaries remain valid:

- The hospital requests enhancement with reasons/justification.
- Approval depends on policy eligibility and available limits

Discharge

- Hospital submits final bill and discharge summary to us asking approval for balanced enhanced amount
- You pay the balance and non-admissible expenses directly to the hospital
- Turnaround time for cashless final bill authorization is 3 hours

If cashless is denied (due to insufficient Sum Insured or missing information), you may pay the bill and claim reimbursement which would be decided basis admissibility.

6.3. Reimbursement claims

Submit documents within **15 days** from discharge through Acko app. You would be able to use both network and opdwork providers for reimbursement facility, however we encourage you to use network provider and cashless facility for better convenience.

Non-network providers are those which are neither part of the network nor excluded providers and fulfill the definition of hospital as per policy terms and conditions.

Hospitalization reimbursement documents:

- Claim form (filled & signed)- Digital submission through App doesn't necessitate this
- Original discharge/day care/transfer summary
- Original death summary (if death case)
- Hospital registration certificate/number for non-network provider (or facility certificate, wherever required e.g. new hospital for which no past claim experience exist with Acko and we aren't able to independently verify)
- Original hospital bill with detailed break-up
- Original payment receipts (receipt nos., stamp/seal)
- Original pharmacy/medicine receipts
- Implant invoice/stickers/barcode copies
- Lab/test reports with prescription + diagnostic invoices/receipts
- First consultation paper related to past medical ailment (origin/duration/progress)
- Previous consultation papers/history (for current illness)
- FIR/MLC (in case of accident)
- Alcohol/intoxication history at incident (certified by first treating doctor) for accident cases
- Medical prescriptions and advice for admission/procedure
- Indoor case papers/nursing sheet (where required)
- Ambulance invoices and details in prescribed format
- Vaccination invoice and payment receipt, if part of hospitalization
- Bank details for NEFT (not mandatory if verified details available with Acko)
- Aadhaar/other Govt photo ID + PAN (not mandatory if already linked)
- KYC resubmission if changes as per AML guidelines
- Legal heir/succession certificate where applicable
- Doctor certificate for domiciliary treatment circumstances (domiciliary claims)
- Any other documents required to assess admissibility

Additional documents for specific benefits:

- Domestic emergency evacuation: medical evacuation needs and fit to fly certificate
- Second opinion: treating doctor recommendation for in-patient + records + second opinion paper + payment receipt

6.4. Scrutiny, assessment, investigation & timelines

- We check claim forms and documents; deficiencies of information/documents which cannot be procured by us directly from the provider (if any) are communicated.
- If deficiencies aren't met in 10 working days of first intimation, we remind every 10 days (max 3 reminders).
- We may settle claim after deducting parts where deficiency remains, at our discretion, if the claim is otherwise valid. If a claim is not admissible, we shall communicate in writing with reasons.

Pre/post hospitalization claims:

- Pre/Post-hospitalisation claim documents must be submitted within 15 days after completion of post-hospitalisation cover period.
- Pre/post claims processed after a related hospitalization claim is admitted.

Penal interest:

- In case of delay beyond 15 days from date of receipt of necessary documents, we pay interest from date of intimation to date of payment at rate 2% above RBI bank rate.

Representation against rejection:

- You may represent within 15 days of receiving the decision of rejection.

Claim payment terms:

- No liability once applicable SI/limits is exhausted.
- Payable only in India and INR.
- SI/limit reduces by amount paid/payable.
- Relapse within 45 days of discharge counts as the same claim (Any one illness).
- Cashless payment to network provider; reimbursement to insured; if insured dies, to nominee or legal heir as per rules.

7. Additional Details

7.1. Definitions & Key Terms

These definitions apply across the policy.

7.1.1. Standard Definitions

- **Accident:** sudden, unforeseen, involuntary event caused by external, visible and violent means.
- **Any one illness:** continuous period of illness including relapse within 45 days from last consultation at hospital/nursing home where treatment was taken.
- **Cashless facility:** insurer pays network provider directly to extent of pre-authorization is approved.
- **Condition precedent:** a term/condition on which insurer liability is conditional e.g. Payment of premium, Accurate disclosure, etc.
- **Congenital anomaly:** condition present since birth and abnormal in form/structure/position.
  - **Internal congenital anomaly:** not in visible/accessible part of body
  - **External congenital anomaly:** in visible/accessible part of body
- **Co-payment:** insured bears specified % of admissible claim amount; does not reduce SI.
- **Cumulative Bonus/Discount:** increase/addition in SI without associated increase in premium and/or discount in renewal premium.
- **Day Care Centre / Day Care Treatment:** as defined in policy; includes treatment under anesthesia and hospitalization completed in <24 hours due to technology advancements; excludes OPD.
- **Deductible:** amount/days/hours insurer not liable for, before benefits are payable; does not reduce SI.
- **Dental treatment:** treatment of teeth/support structures (fillings, crowns, extractions, surgery etc.).
- **Disclosure to information norm:** policy void and premiums forfeited in event of misrepresentation/mis-description/non-disclosure of material fact.
- **Domiciliary hospitalization:** treatment that would normally require hospitalization but is taken at home due to inability to move or hospital bed unavailability.
- **Emergency care / Emergency:** sudden symptoms requiring immediate care to prevent death/serious long-term impairment; generally within 24 hours until stabilized.
- **Family member:** legally wedded spouse; parents & parents-in-law; children (natural/legally adopted).
- **Grace period:** time after premium due date to pay premium without loss of continuity (portability or waiting periods waiver) benefits.
- **Hospital:** registered as a hospital under Clinical Establishments Act/other enactments OR meets minimum criteria as defined in policy (qualified nursing staff available 24 hours, at least 10 hospital

for upto 10L town population and 15 hospital beds for higher population, qualified doctor round-the-clock, fully equipped OT, daily records of patients available).

- **Hospitalization (In-patient care):** admission for minimum 24 consecutive in-patient care hours except specified day care procedures where it would be for less than 24 hours. OPD excluded.
- **Illness:** sickness/disease/pathological condition impairing normal physiological function.
  - **Acute condition:** responds quickly; aims to return to previous health
  - **Chronic condition:** needs long-term monitoring/control/rehab; continues indefinitely or recurs
- **Injury:** accidental bodily harm excluding illness/disease caused by external, violent, visible, evident means certified by doctor.
- **OPD treatment:** visit for diagnosis/treatment without any need for admission.
- **Pre-existing disease:** diagnosed or treated/advised/ongoing treatment within 36 months prior to commencement of policy.
- **Pre-/post-hospitalization medical expenses:** as defined and payable only with admissible hospitalization.
- **Room rent:** room and boarding including associated medical expenses.
- **Unproven/experimental treatment:** not based on established medical practice/protocol in India.

7.1.2. Specific Definitions

Dates, periods, and "when cover applies"

- Age / Aged means **age as on last birthday**.
- Commencement Date - The date shown in the Schedule when **our cover for the Insured Person begins**.
- Policy Period - The period **between Commencement Date and expiry date** shown in the Schedule, **or** the **cancellation date**, whichever is earlier.
- Policy Year - A period of **12 consecutive months**, starting from the **Policy commencement date**.
- Annual Renewal Date - The **anniversary of the Commencement Date** each Policy Year, **or** another date that you and we agree to in writing.
- Date of Admission - The date of the Insured Person's **first admission** to a Hospital/Day Care Centre for:
  - **Any One Illness**, or
  - the **Injury** from a single Accident.
- Break in Policy - The "gap" at the end of policy term when premium for renewal is **not paid on or before** the renewal date within grace period.

- **People, relationships, and** who **is covered**
  - Policyholder - The person who proposed the policy and **in whose name the policy is issued**.
  - Insured Person - The Primary Insured and/or Dependents named in the Schedule:
    - for whom insurance is proposed,
    - premium is paid, and
    - who are covered under this Policy.
  - Dependent - The Member's **parents, spouse, child, or any other insured** enrolled in the policy.
  - Spouse - The proposer's **legal husband or wife** proposed to be covered under the policy.
  - Partner - The proposer's **live-in partner**, proposed to be covered under the policy.
  - Nominee - The person named in the Schedule (where applicable), nominated to receive benefits due for an Insured Person/Dependent **if that policyholder is deceased when the benefit becomes payable**.
  - We / Us / Our/ Acko - means **Acko General Insurance Limited**.

- You / Your / Policyholder - The person named in the Schedule who concluded this policy with us.

- **Facilities, providers, and** service **partners**
  - Ambulance-A Road vehicle operated by a licensed/authorized provider, equipped to transport and provide paramedical treatment.
  - Empaneled Service Provider - The service provider specified in the Schedule, appointed by us from time to time.
  - HDU (High Dependency Unit) - A hospital area (often near ICU) where patients receive **more care than a normal ward**, but not as intensive as ICU.
  - Out-Patient - A person who undergoes OPD consultation, diagnostic tests or treatment without hospitalization.
  - Specialist Medical Practitioner - A Medical Practitioner who:
    - has advanced specialist training,
    - practices a particular branch of medicine/surgery, and is/has been appointed as a consultant in a hospital or equivalent status as recognized by us or relevant councils.
      Special clarification: a physiotherapist is a Specialist Medical Practitioner **only for physiotherapy** as described in the benefits.

- **Money terms, limits, and "**how **much we pay"**
  - Base Sum Insured - The specified amount of Sum Insured against a benefit or set of benefits, as shown in the Schedule.
  - Sum Insured - The amount specified in the Schedule against a Benefit (or set of Benefits) that represents our **maximum total liability** for that Benefit(s) in a policy year, subject to terms/conditions/exclusions, for an Insured Person or the floater unit (if applicable).
  - Floater Benefit -The Sum Insured in the Schedule that is **common to all the insured members** and is the maximum payable for all covered members put together during the Policy year, if it is a floater policy.
  - Bank Rate - The rate fixed by RBI at the start of the financial year, applied depending on the year in which a claim is due.

- **Policy documents and** contract **structure**
  - Schedule -The schedule attached to and forming part of the policy that includes:
    - insured persons, Sum Insured, Policy Period, special conditions, limits/sub-limits etc.,
    - and can be amended through endorsements.
    - If more than one exists, the latest in time applies.
  - Policy – Includes proposal/personal statement, these terms and conditions, the Schedule, any annexures and endorsements (as amended from time to time), and CIS to be read together.
  - Exclusions - Specific coverage, hazards, services, conditions etc. that are **not covered** under this policy.

- **Medical devices and** procedures **(used in bills)**
  - Surgical Appliance and/or Medical Appliance includes:
    - artificial limb/prosthesis/device required for or in connection with surgery.
    - artificial device/prosthesis necessary immediately after surgery as long as medically necessary.
    - prosthesis/appliance medically necessary as part of recuperation for a reasonably short period.

7.2. Grievance Redressal Details

7.2.1. Queries

- **Helpline**: **1800 266 2256**
- **Email**: **hello@acko.com**

7.2.2. Grievances

- Toll-free: 1800 210 4990 (10 AM – 7 PM, all days)
- Email: **grievance@acko.com**.
  Acknowledgement within 24 hours; final resolution within 14 days.

7.2.3. Senior Citizens Support

- Phone: 080-62370023
- Email: grievance.**healthseniorcitizen@acko.com**
  Acknowledgement within 24 hours; final resolution within 14 days. You can also email **grievance@acko.com**.

7.2.4. Escalation – Chief Grievance Officer

- Email: **gro@acko.com**
- Address: ACKO General Insurance Limited, 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road, Sector 2, HSR Layout, Bengaluru, Karnataka – 560102
  CGO responds within 7 days.

7.2.5. If still unresolved

- Approach **IRDAI** through Bima Bharosa portal (https://bimabharosa.irdai.gov.in/) or toll-free numbers **1800 4254 732 / 155255** or email **complaints@irdai.gov.in**
- For more details, visit https://irdai.gov.in/igms1
- You may also approach the **Insurance Ombudsman (Jurisdiction Based)** for grievance redressal (details available at https://cioins.co.in/Ombudsman). and are also listed on our website

The details of the Insurance Ombudsman are available below:

Jurisdiction	Ombudsman Office Address & Contact Details
Gujarat, Dadra & Nagar Haveli, Daman and Diu	**Ahmedabad** Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD- 380001
	oio.ahmedabad@cioins.co.in
	079 - 25501201/02
Karnataka	**Bengaluru** Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru-560078
	oio.bengaluru@cioins.co.in
	080 - 26652048 / 26652049
Madhya Pradesh, Chhattisgarh	**Bhopal** 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal- 462011
	oio.bhopal@cioins.co.in
	0755 - 2769201 / 2769202 / 2769203
Odisha	**Bhubaneswar** 62, Forest park, Bhubaneswar- 751009
	oio.bhubaneswar@cioins.co.in
	0674 - 2596461/ 2596455/ 2596429/ 2596003
	Chandigarh

Punjab, Haryana (excl Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh- 160017
	oio.chandigarh@cioins.co.in
	0172-2706468
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)	**Chennai** Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI- 600018.
	oio.chennai@cioins.co.in
	044 - 24333668 / 24333678
Delhi & following Distts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh	**Delhi** 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002
	oio.delhi@cioins.co.in
	011 - 46013992/ 23213504/ 23232481
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	**Guwahati** Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati- 781001(Assam)
	oio.guwahati@cioins.co.in
	0361 - 2632204 / 2602205 / 2631307
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	**Hyderabad** 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad- 500004.
	oio.hyderabad@cioins.co.in
	040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325
Rajasthan	**Jaipur** Jeevan Nidhi- II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302005.
	oio.jaipur@cioins.co.in
	0141- 2740363
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	**Kochi** 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M. G. Road, Kochi- 682011.
	oio.ernakulam@cioins.co.in
	0484 – 2358759
West Bengal, Sikkim, Andaman & Nicobar Islands	**Kolkata** Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata- 700072
	oio.kolkata@cioins.co.in
	033 - 22124339 / 22124341
Distts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	**Lucknow**
	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow- 226001.
	oio.lucknow@cioins.co.in
	0522 - 4002082 / 3500613
Metropolitan Region excl wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai	**Mumbai** 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai- 400054
	oio.mumbai@cioins.co.in

	022 - 69038800/27/29/31/32/33
State of Uttarakhand and the following Distts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	**Noida**
	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.
	oio.noida@cioins.co.in
	0120-2514252 / 2514253
Bihar, Jharkhand	**Patna** 2nd Floor, Lalit Bhawan, Bailey Road, Patna- 800001.
	oio.patna@cioins.co.in
	0612-2547068
State of Goa and State of Maharashtra excl areas of Navi Mumbai, Thane distt, Palghar Distt, Raigad distt & Mumbai Metropolitan Region	**Pune**
	Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune- 411030.
	oio.pune@cioins.co.in
	020-24471175
Area of Navi Mumbai, Thane Distt, Raigad Distt, Palghar Distt and wards of Mumbai, M/East, M/West, N, S and T."	**Thane** 2nd Floor, Jeevan Chintamani Building, Vasant rao Naik Mahamarg, Thane (West)- 400604
	oio.thane@cioins.co.in
	022-20812868/69