

ACKO GROUP HEALTH INSURANCE POLICY PROSPECTUS

Introduction

Acko Group Health Insurance Policy can protect the policy holder from economic concerns arising from the events such as hospitalization due to illness, accident or critical illness that may occur during the coverage period. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

Acko General Insurance provides the following benefits to its customers:

- Wide range of Sum Insured Limit
- Easy & Transparent buying Process
- Guidance from Trained Professionals: Get unbiased insurance related advice from Acko's trained professionals.
- Quick Claim Settlement: When a claim is filed, Acko tries to settle it in a quick and hassle-free manner.

Section 1: Benefit

1.1. In-Patient Hospitalization ("IPD") Indemnity Category

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event related to Hospitalization of the Insured Person on an in-patient basis. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Hospitalization:

- i. The Hospitalization of the Insured Person is caused solely and directly due to an Illness contracted or an Injury sustained by the Insured Person, during the Coverage Period, as specified in the Policy Schedule / Certificate of Insurance.
- ii. The Date of Admission is within the Coverage Period.
- iii. The Hospitalization is for Medically Necessary Treatment, and commences and continues on the written advice of the treating Medical Practitioner

1.1.1. In-Patient Hospitalization Cover

We will indemnify the following Covered In-patient Medical Expenses of an Insured Person incurred during Hospitalization for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance:

- i. Room Rent
- ii. ICU/CCU/HDU charges,
- iii. Operation theatre cost,
- iv. Medical Practitioner fees,
- v. Specialist fee,
- vi. Surgeon's fee,
- vii. Anaesthetist fee,
- viii. Radiologist fee,
- ix. Pathologist fee,
- x. Assistant Surgeon fee,
- xi. Qualified Nurses fee,
- xii. Medication,
- xiii. Cost of diagnostic tests as an in-patient such as but not limited to radiology, pathology, X-rays, MRI and CT Scans, physiotherapy and drugs, consumables, blood, oxygen, and
- xiv. Surgical Appliances and/or Medical Appliances, required as a direct consequence of the Illness or Injury.
- xv. Ayush Treatment: Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines.

1.1.2. Worldwide In-patient Hospitalization

We will indemnify the Covered In-patient Medical Expenses, incurred during Hospitalization of an Insured Person anywhere in the world for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.

1.1.3. In-patient Hospitalization Fixed Benefit

We will pay a fixed benefit amount, in the event of a Hospitalization solely and directly due to the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.

1.1.4. Daily Hospital Cash

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.

1.1.5. Day Care Treatment Cover

We will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization due to advancement in technology and which is undertaken by an Insured Person in a Hospital / Nursing Home / Day Care Centre for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance. Any treatment in Out-Patient department is not covered under this Benefit.

1.1.6. Road Ambulance

We will indemnify the reasonable costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance for treatment of the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, in case of the Insured Person requiring Emergency Care.

1.1.7. Compassionate Visit

We will indemnify the reasonable costs necessarily incurred for one way or two way transportation as specified in Policy Schedule / Certificate of Insurance of an Immediate Family Member of an Insured Person by air (up to economy class fare) or by rail (up to first class fare) in a scheduled common carrier from the place of his/her residence in India to the place of Hospitalization of the Insured Person in case the Insured Person is Hospitalized for Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.

1.1.8. Compassionate Visit Stay

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily amount specified in the Policy Schedule / Certificate of Insurance towards accommodation expenses for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Coverage Period.

1.1.9. Loss of Pay due to Hospitalization

If an Insured Person suffers an Involuntary Unemployment due to an Illness or Injury, as specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, resulting in loss of Income, then We will pay the monthly amount specified in the Policy Schedule / Certificate of Insurance against this Benefit, for the duration of such Unemployment, up to the number of months / days specified in the Policy Schedule / Certificate of Insurance from the date of such Involuntary Unemployment.

1.1.10. EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay an amount equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such occurrence, as is specified in the Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

1.1.11. Missed Bill Payment

If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the amount specified in Policy Schedule / Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.

1.1.12. Hardship Allowance

If an Insured Person suffers an Injury solely and directly due to any pilferage, theft, robbery, dacoity or any

other Accident occurs during the Coverage Period, which requires the Insured Person to undergo Medically Necessary Treatment, We will pay the amount specified in the Policy Schedule / Certificate of Insurance. This Benefit will be payable provided that the Insured Person provides Us with a copy of a police complaint reporting the incident.
We shall not be liable to reimburse any expenses for any loss of Valuables, Money, luggage, any kinds of securities or tickets.

1.1.13. Income Protection Plan

We will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed day, on which the Insured Person is unable to do his/her regular employment/ business or professional activity due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period.

1.1.14. Maternity

We will indemnify the Covered In-patient Medical Expenses, in the event of Hospitalization of an Insured Person for delivery of a baby and/or related to a Medically Necessary Treatment following a pregnancy and/or lawful medical termination of pregnancy.

1.1.15. New Born Baby Medical Expenses

We will indemnify the Covered In-patient Medical Expenses, incurred towards the Hospitalization of an Insured Person's New Born Baby which is born during a Hospitalization covered and admitted under Benefit 2.1.1.14 "Maternity".

1.1.16. Pre Post Natal

We will indemnify the Medical Expenses incurred towards the Insured Person's pre- natal check-ups post confirmation of pregnancy, post-natal check-ups up to a period of six weeks from delivery, prescribed pre-natal medicines and diagnostic tests as applicable for the insured person provided that the Benefit 2.1.1.14 "Maternity" has been opted by the Insured Person.

1.1.17. Vaccination

We will indemnify the reasonable costs necessarily incurred towards the vaccination of the New Born Baby, as per the WHO recommendations for routine immunisation.

1.1.18. Repatriation of Mortal Remains

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person, in case of death due to illness or injury as specified in the Policy Schedule / Certificate of Insurance.

1.1.19. Funeral Expenses

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person, in case of death due to illness or injury as specified in the Policy Schedule / Certificate of Insurance.

1.2. Benefit Options

The Benefit Options listed below shall be available to the Insured Person if specified to be applicable in the Policy Schedule / Certificate of Insurance.

Claims made in respect of an Insured Person for any of the Benefit Options applicable to the Insured Person shall be subject to the availability of the Sum Insured, applicable Sub-limits for the Benefit Option applicable and the terms, conditions and exclusions of this Policy.

1.2.1. Room Rent Limits / Room Type Options

We will limit the Room Rent up to the selected room category or the amount/percentage of the Sum Insured specified in the Policy Schedule / Certificate of Insurance against this Benefit Option, in the event that the Insured Person is admitted in a Hospital for a claim admissible under any Benefit under Section 1.1.1.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher

than that which is specified in the Policy Schedule / Certificate of Insurance, then the You/ Insured Person shall bear a ratable proportion of the Covered In-patient Medical Expenses (including surcharge or taxes thereon) in the proportion of the Room Rent actually incurred less room rent of the entitled room category and divided by the Room Rent actually incurred.

1.2.2. ICU Limits

We will limit the ICU charges up to the selected amount/percentage of the Sum Insured specified in the Policy Schedule / Certificate of Insurance, in the event that the Insured Person is admitted in a Hospital for a claim admissible under any Benefit under Section 1.1.1.

If the insured member is admitted in an ICU where the ICU charges incurred is higher than the ICU limit specified in COI, then the insured member shall bear the ratable proportion of the Covered In-patient Medical Expenses (including surcharge or taxes thereon) incurred in the Intensive Care Unit in the proportion of the ICU charges incurred less ICU charges limit and divided by the ICU charges actually incurred.

1.2.3. Pre and Post Hospitalization Medical Expense Cover

We will indemnify:

- i. the Pre-hospitalization Medical Expenses of an Insured Person incurred immediately prior to the Insured Person's Date of Admission and
- ii. the Post-Hospitalization Medical Expenses of an Insured Person immediately post the date of discharge from the Hospital or Day Care Treatment.

provided that the Hospitalization claim has been admitted for the same condition under Section 1.1.1.

1.2.4. Domiciliary Treatment Cover

We will indemnify the Medical Expenses incurred on the Domiciliary Treatment of an Insured Person during the Coverage Period which would otherwise have been covered under Section 1.1.1.1, provided that If a claim has been accepted under this Benefit, Post-hospitalization Medical Expenses shall not be payable.

1.2.5. Donor Expenses

We will indemnify the Covered In-patient Medical Expenses incurred by the Insured Person's organ donor towards harvesting of the organ.

1.2.6. Daily Cash for choosing lower category room

We will pay the daily cash benefit amount specified in the Policy Schedule / Certificate of Insurance, if the Insured Person is Hospitalized in a lower category room as compared to the highest eligibility specified in the Policy Schedule / Certificate of Insurance for each continuous and completed period of 24 hours, if a claim has been admitted by Us under Section 1.1.1.

1.2.7. Restoration of Sum Insured

If this Benefit Option is in force for the Insured Person, We will restore the percentage of Sum Insured available for a Benefit or a set of Benefits, as specified in Policy Schedule / Certificate of Insurance.

1.2.8. Sub-Limits for Specific Condition

If this Benefit Option is in force for the Insured Person, We will apply a Sub-limit of the amount specified in the Policy Schedule / Certificate of Insurance towards any indemnity amounts payable under the Policy towards any and all claims made under a Specific Condition.

1.2.9. Cumulative Bonus

If this Benefit Option is in force for the Insured Person, We will add / deduct an amount to / from the existing Cumulative Bonus as a percentage of Base Sum Insured or as a fixed amount, as specified in the Policy Schedule / Certificate of Insurance. The Cumulative Bonus will never be less than zero and the Sum Insured will never be less than the Base Sum Insured.

1.2.10. Additional Buffer Sum Insured for the Group

If this Option Benefit is opted for under the Policy, We will provide a separate amount specified in the Policy Schedule / Certificate of Insurance as additional Sum Insured available to the Insured Members of the

Policy who have exhausted their Sum Insured in the current Policy Year. This Sum Insured is at the Group level on a Floater basis as per the conditions specified in the Policy Schedule / Certificate of Insurance.

1.2.11. Annual Aggregate Deductible

If this Benefit Option is in force for the Insured Person, We will indemnify the Insured Persons for claims only when the total admissible claim amount during the Policy Year exceeds the Annual Aggregate Deductible amount specified in the Policy Schedule / Certificate of Insurance, and subject to any other conditions specified against this Benefit Option in the Policy Schedule / Certificate of Insurance.

If the Insured Persons are covered on a family floater basis, We will indemnify the Insured Persons for claims only when the total admissible claim amount for all insured members of the Floater unit during the Policy Year exceeds the Annual Aggregate Deductible amount and subject to other conditions under this Benefit Option in the Policy Schedule / Certificate of Insurance.

1.2.12. Per Claim Deductible

If this Benefit Option is in force for the Insured Person, the Deductible amount specified in the Policy Schedule / Certificate of Insurance shall be deducted from each and every claim made by an Insured Person during the Coverage Period.

1.2.13. Group Deductible

If this Option Benefit is opted for, We will indemnify the Insured Persons for claims only when the total admissible claim amount for all members of the Group during the Policy Year exceeds the Group Deductible amount specified in the Policy Schedule / Certificate of Insurance, and subject to other conditions under this Benefit Option in the Policy Schedule / Certificate of Insurance.

1.2.14. Reimbursement Only Cover

If this Benefit Option is in force for the Insured Person, all the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable on a reimbursement basis only. The provision for Cashless Facility will not be available for that Insured Person under the Policy.

1.2.15. First Notification of Claim (FNOC) Cover

If this Benefit Option is in force for the Insured Person, all the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable only if the first notification of claim is provided to us within 48 hours of admission to the Hospital or before the date of discharge of the insured person.

1.2.16. Network limited to specific geographies

If this Benefit Option is in force for the Insured Person, the Insured Person can avail Cashless Facilities only at the Network Hospitals located in the geographical regions specified in the Policy Schedule / Certificate of Insurance or Our website.

If any Claim is incurred in a Hospital outside the specified geographical regions, the Insured Person shall bear a compulsory Co-payment of the percentage of the final claim amount assessed by Us, as specified in the Policy Schedule / Certificate of Insurance.

1.2.17. Network limited to preferred providers

If this Benefit Option is in force for the Insured Person, We will cover the Medical Expenses incurred towards an Insured Person only in Hospitals/Network Providers that are specified in the "Preferred Provider Network" list in the Policy Schedule / Certificate of Insurance, or Our website.

If any Claim is incurred in a Hospital outside such Preferred Provider Network, the Insured Person shall bear a compulsory Co-payment of the percentage of the final claim amount assessed by Us, as specified in the Policy Schedule / Certificate of Insurance.

1.2.18. Coverage Continuity in case of Pink Slip

We will provide continuity of coverage under this Policy for an Insured Person until the end of the Coverage Period if the Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, notwithstanding any outstanding premium payment or premium payment instalment.

1.2.19. Rewards for Healthy Behaviour

We encourage the Insured Persons to regularly assess their health status and engage in activities which aid in improving their overall well-being. Any one or a combination of the following activities will be offered under this program, as specified in the Policy Schedule / Certificate of Insurance:

- i. Enrolment into a wellness program
- ii. Health Assessment
- iii. Gym Membership
- iv. Participating in health initiatives
- v. Preventive Health Check Up

1.2.20. Expert opinion

We will indemnify the Insured Person for expenses incurred towards seeking a second opinion from a Specialist Medical Practitioner of his/her choice, on an out-patient consultation basis, after being advised for Hospitalization or Day Care Treatment by a Medical Practitioner during the Coverage Period.

1.2.21. Healthy Pregnancy Program

We will arrange customised, online and telephonic general tips and suggestions to an expectant Person towards antenatal support, labour preparation and post-partum support, including any advice towards customised diet plan, fitness, emotional support, educating on changes in the body, caution signs, required tests and scans, labour pain management, lactation counselling and counselling on breathing exercises for the expectant Insured Person.

1.2.22. Child Protect Cover

If an Insured Person who is less than 3 years of Age is admitted in an ICU or a Neo-natal ICU or a Cardiac Care Unit of a Hospital, then We will cover the expenses of the Insured Person's mother to stay with the Insured Person in the same Hospital.

1.2.23. Sleep Apnea Cover

If the Insured Person has opted for this cover, We will indemnify the Insured Person for expenses incurred towards the diagnosis and treatment of sleep apnea, including diagnostic evaluations, and other related medically necessary care.

1.2.24. Septoplasty Cover

If the Insured Person has opted for this cover, We will indemnify the Insured Person for expenses incurred towards the diagnosis and treatment of conditions requiring septoplasty procedure, and other related medically necessary care.

1.2.25. Gender Affirmation / Reassignment Surgery Cover

If the Insured Person has opted for this cover, We will indemnify the Insured Person for expenses incurred towards gender affirmation or reassignment-related medical care. This includes treatment and surgical procedures undertaken to change physical characteristics to those of the identified gender, mental health consultations, pharmaceutical expenses such as hormone replacement therapy, medical visits, laboratory services, and medically necessary reconstructive or gender-affirming surgical procedures.

1.2.26. Well Baby Cover:

We will indemnify Medical Expenses for the Insured Person's new-born baby from birth until first hospital discharge. This includes routine medical care, customary post-birth examinations, routine preventive services, and immunizations received during hospitalization. The Sum Insured shall be as opted and stated in the Policy Schedule. This cover is available only if benefit 1.1.14 Maternity is opted and the child falls within the family definition. Routine Preventive Care Services include expenses recommended by a doctor and incurred on Pharmacy and Diagnostic Test expenses.

1.2.27. No Active Line of Treatment Cover:

The Company shall indemnify Reasonable and Customary Medical Expenses for medically necessary hospitalization without an active line of treatment, when admission is solely for observation, evaluation, or monitoring of an acute condition, as certified by a registered medical practitioner. This benefit applies only

when the stay or expenses do not qualify under 1.1.1 (In-patient Hospitalization Cover), 1.1.5 (Day Care Treatment Cover), or 1.5 (OPD and Wellness Benefit Category).

Permanent Exclusions

We shall not be liable to make any payment under this Policy for this coverage category and any Benefits or Benefit Options arising from or caused by any of the following:

1. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells.
2. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
3. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
4. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy, surrogate or vicarious pregnancy.
5. Routine medical, eye examinations, cost of spectacles, laser Surgery for cosmetic purposes or corrective Surgeries or contact lenses.
6. Ear examinations, cost of hearing aids or cochlear implants.
7. Vaccinations except post-bite Treatment.
8. Any physical, psychiatric or psychological examinations or testing, any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
9. Laser Surgery for Treatment of focal error correction other than for focal error of +/- 7 or more and is a Medically Necessary Treatment.
10. Vitamins and tonics unless forming part of Treatment for Illness or Injury and prescribed by a Medical Practitioner.
11. Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after Treatment.
12. Artificial life maintenance, including life support machine use, where such Treatment will not result in recovery or restoration of the previous state of health.
13. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
14. Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, run down condition or rest cure.
15. External Congenital Anomaly or defects, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured Person.
16. Sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease, puberty, menopause.
17. Intentional self-Injury, suicide or attempted suicide (whether sane or insane).
18. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
19. Ailment requiring Treatment due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and Treatment for de-addiction, or rehabilitation by the Insured Person.
20. Any Illness or Hospitalization arising or resulting from the Insured Person or any Dependents committing any breach of law with criminal intent.
21. Any Treatment received in convalescent homes, convalescent Hospitals, health hydros, nature cure clinics or similar establishments.
22. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness / Injury for which the Insured Person was Hospitalised.
23. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.

24. Any Cosmetic Surgery, aesthetic Treatment unless forming part of Treatment for cancer or burns, any elective Surgery or cosmetic procedure that improve physical appearance, Surgery for sex change or Treatment of obesity/morbid obesity (unless certified to be life threatening) and weight control programs, or Treatment/Surgery / complications/illness arising as a consequence thereof.
25. Treatment received outside India.
26. Any robotic, remote Surgery or Treatment using cyber knife.
27. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and Treatment even if the same requires confinement at a Hospital.
28. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
29. Any Injury caused while engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
30. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
31. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
32. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
33. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalised, such as, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses.
34. For complete list of non-medical expenses, please refer to the Annexure II "Non-Medical Expenses" and also on Our website. Any opted Deductible (Per claim / Aggregate / Group) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule / Certificate of Insurance to this Policy.
35. Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.

Personal Accident Category

2.1. Benefits

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event of the Insured Person suffering an Injury due to an Accident. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Injury:

- i. The date of Accident is within the Coverage Period as specified in the Policy Schedule / Certificate of Insurance
- ii. The Hospitalization is certified as Medically Necessary by the treating Medical Practitioner

2.1.1. Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured.

2.1.2. Permanent Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

2.1.3. Permanent Partial Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, we will pay the amount specified in the table below:

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xvii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

2.1.4. Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

2.1.5. Child Education Cover

We will pay the amount specified in the Policy Schedule / Certificate of Insurance at the frequency specified

in the Policy Schedule / Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person under this Policy.

Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.

2.1.6. Disappearance Cover

If an Insured Person disappears during the Coverage Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Coverage Period. We will pay the amount specified in the Policy Schedule / Certificate of Insurance to the Nominee after the specific tenure as specified in the Policy Schedule.

2.1.7. Loan Protector

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period, we will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

2.1.8. Outstanding Bills Protection Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period, we will pay the outstanding bills of the Insured Person up to the amount specified in the Policy Schedule / Certificate of Insurance.

2.1.9. Convenient Travel Option

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to return to his place of residence, then We will reimburse the amount incurred on tickets on a Common Carrier for the Insured Person's travel back to his place of residence with addition or modification necessitated in the Common Carrier due to such Illness/Injury and provided to the Insured Person, up to the limit specified in the Policy Schedule / Certificate of Insurance.

2.1.10. Modification of Vehicle/Home

We will reimburse the costs incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle.

2.1.11. Chauffeur Benefit

We will pay the per day allowance specified in the Policy Schedule / Certificate of Insurance in respect of a chauffeur to drive the Insured Person.

2.2. Benefits Options

The Section defines the Benefits Options under this coverage category. The following Benefits shall trigger in the event of the Insured Person suffering an Injury due to an Accident. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Injury:

- i. The date of Accident is within the Coverage Period as specified in the Policy Schedule / Certificate of Insurance;
- ii. The Hospitalization is certified as Medically Necessary by the treating Medical Practitioner.

2.2.1. Personal Accidental (Common Carrier)

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death or permanent total disability within 365 days from the date of the Accident, We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

2.2.2. Additional Permanent Total Disability

If the Policy Schedule / Certificate of Insurance specifies that this Cover Option is in force for the Insured Person, then If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage

Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

2.2.3. Additional Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

Permanent Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, arising from or caused by any of the following:

1. Any Pre-Existing Disease unless disclosed to Us in advance, and coverage for such Pre-Existing Disease is expressly extended and endorsed by Us on the Certificate of Insurance.
2. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
3. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.
4. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule / Certificate of Insurance.
5. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
6. Certification of disability by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
7. Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
8. Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
9. Death or disability resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
10. Death or disability caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
12. Death or disability or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any

- other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
13. Death or disability caused other than by an Accident.
 14. Person is declared death in absentia provided that he/she has not opted for Disappearance Cover under this policy.
 15. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death.
 16. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.

2.3. Critical Illness Category

If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified in the Policy Schedule / Certificate of Insurance, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the Policy Schedule / Certificate of Insurance.

The Critical Illnesses specified below shall be covered under the Critical Illness Benefit in the below combination, as may be specified in the Schedule or Certificate of Insurance:

S.NO	CRITICAL ILLNESS	GROUP			
		15 CI's	18 CI's	25 CI's	36 CI's
1	Cancer of Specified Severity	√	√	√	√
2	Kidney Failure Requiring Regular Dialysis	√	√	√	√
3	Multiple Sclerosis with Persisting Symptoms	√	√	√	√
4	Major Organ / Bone Marrow Transplant	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√
6	Open Chest CABG	√	√	√	√
7	Permanent Paralysis of Limbs	√	√	√	√
8	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√
9	Stroke Resulting in Permanent Symptoms	√	√	√	√
10	Benign Brain Tumor	√	√	√	√
11	Parkinson's Disease	√	√	√	√
12	Coma of Specified Severity	√	√	√	√
13	End Stage Liver Failure	√	√	√	√
14	Alzheimer's Disease	√	√	√	√
15	Aorta Graft Surgery	√	√	√	√
16	Major Burns	x	√	√	√
17	Loss of Hearing (Deafness)	x	√	√	√
18	Loss of Speech	x	√	√	√
19	Loss of Vision (Blindness)	x	x	√	√
20	Motor Neurone Disease with Permanent Symptoms	x	x	√	√
21	Loss of Limbs	x	x	√	√
22	Aplastic Anaemia	x	x	√	√
23	End Stage Lung Failure	x	x	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	x	x	√	√
25	Bacterial Meningitis	x	x	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	x	x	x	√
27	Coronary Angioplasty (PTCA)[1]	x	x	x	√
28	Encephalitis	x	x	x	√
29	Fulminant Hepatitis	x	x	x	√
30	Chronic Relapsing Pancreatitis	x	x	x	√
31	Major Head Trauma	x	x	x	√
32	Medullary Cystic Disease	x	x	x	√

33	Muscular Dystrophy	x	x	x	√
34	Poliomyelitis	x	x	x	√
35	Systemic Lupus Erythematosus	x	x	x	√
36	Brain Surgery	x	x	x	√

Note: The Benefits specified above shall be subject to the terms and conditions of this Policy, and you are advised to read the policy for a full description of the terms, conditions and provisos applicable to each of the Benefits specified above.

Permanent Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, arising from or caused by any of the following:

1. Any Illness or Critical Illness contracted within first 30 days of the Risk Commencement Date as an initial Waiting Period.
2. Any Illness or Critical Illness arising within the Waiting Period(s) specified in the Policy Schedule / Certificate of Insurance. This Waiting Period commences at the Risk Commencement Date and concurrently with the first 30 days of the Risk Commencement Date specified in Exclusion (1) of this Section.
3. The above Waiting Periods in Exclusions (1) and (2) would be considered to have been served if the Insured Person was insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / family health insurance policy for the reimbursement of medical costs for Inpatient Care in a Hospital.
4. Any Pre-Existing Disease unless disclosed to Us in advance, and coverage for such Pre-Existing Disease is expressly extended and endorsed by Us on the Certificate of Insurance.
5. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
6. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule / Certificate of Insurance.
7. Any External Congenital Anomalies or in consequence thereof.
8. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
9. Hospitalization, if applicable, for the following treatments:
 - i. Laser treatment for correction of eye due to refractive error;
 - ii. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment towards changes in appearance or any procedure which is aimed to improve physical appearance;
 - iii. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic Injury, or Illness;
 - iv. Vaccination or inoculation unless forming a part of post-animal bite treatment;
 - v. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run—down conditions, rest cure, treatment of sleep apnea.
 - vi. Naturopathy Treatments.
 - vii. 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;
 - viii. Any Dental Treatment or Surgery of a corrective, cosmetic or aesthetic nature unless carried out under general anaesthesia and is necessitated by Illness or Injury during the Coverage Period.
10. Any claim arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
11. Any claim arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
12. Any claim caused by participation of the Insured Person in any flying activity, except as a bona

- fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
13. Any claim arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
 14. Any claim arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 15. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disability or death.
 16. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disability or death.

2.4. Domestic Travel Category

2.4.1. Benefits

The Section defines the Benefits under this coverage category which are in force for the Insured Person during the Travel Period under the Policy.

2.4.1.1. Trip Delay

We will pay the amount specified in the Policy Schedule / Certificate of Insurance if an Insured Person's journey on a Common Carrier is delayed beyond the number of hours specified in the Policy Schedule / Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Travel Period.

2.4.1.2. Trip Cancellation & Interruption

We will reimburse the expenses incurred if an Insured Person's journey on a Common Carrier is unavoidably cancelled or delayed beyond the number of hours specified in the Policy Schedule / Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Coverage Period due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;
- c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person's booked and confirmed journey by the Common Carrier, agent or any other provider of travel;
- d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;
- e. On the occurrence of a Catastrophe during the Coverage Period.

2.4.1.3. Trip Curtailment

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Policy Schedule / Certificate of Insurance incurred towards any unavoidable curtailment of the Insured Person's booked and confirmed journey due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;

hours;

- c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person's booked and confirmed journey by the Common Carrier;
- d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;
- e. On the occurrence of a Catastrophe during the Coverage Period.

2.4.1.4. Delay of Checked-in Baggage

We will pay the amount specified in the Policy Schedule / Certificate of Insurance, towards purchasing essential medication, toiletries or clothing if the delivery of the Insured Person's accompanying Checked-in Baggage is delayed for more than the number of hours specified in the Policy Schedule / Certificate of Insurance, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

2.4.1.5. Loss of Checked-in Baggage

We will reimburse the actual loss upto the limit specified in the Policy Schedule / Certificate of Insurance incurred towards the permanent and total loss or destruction of the Insured Person's Checked-in Baggage, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

2.4.1.6. Loss of Baggage and Personal Effects

We will reimburse the actual loss upto the limit specified in the Policy Schedule / Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's luggage and personal possessions during the Travel Period.

2.4.1.7. Personal Liability

We will reimburse any actual legal liability, including Defence Costs, incurred by the Insured Person in his/her private capacity to pay damages to a third party arising out of the third party's death, Injury or property being damaged during the Travel Period upto the limit specified in the Policy Schedule / Certificate of Insurance.

2.4.1.8. Financial Emergency Cash

We will reimburse the actual loss incurred in relation to the permanent and total loss of the Insured Person's travel funds due to any pilferage, theft, loss, robbery or dacoity during the Travel Period.

This Cover Benefit will be payable provided that the Insured Person provides Us with a copy of a police complaint reporting the incident.

We shall not be liable to reimburse any expenses for:

- a. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;
- b. Any loss of Valuables, any kinds of securities or tickets;
- c. Any loss of travel funds contained in Checked-in Baggage.

2.4.1.9. Kidnap / Hijack / Extortion Coverage

If an Insured Person is subject to Kidnapping, Hijack or Extortion which continues in excess of the number of hours specified in the Policy Schedule / Certificate of Insurance, then We shall indemnify the beneficiary up to the limit specified in the Policy Schedule / Certificate of Insurance for such Insured losses during the Coverage Period which includes:

- 1. Kidnap, Hijack or Extortion payments made, insofar as the payment was coordinated with and approved by the Crisis Consultant and
- 2. Any fees or expenses of engaging any third party negotiator, consultant or and/or interpreter.

For the purpose of this Benefit:

- i. Kidnap shall mean any actual event of seizing or detaining an Insured Person by force or fraud for the purpose of demanding ransom;
- ii. Extortion shall mean making of illegal threats, either directly or indirectly, to the Insured Person to cause Injury or death for the purpose of demanding ransom;

- iii. Hijack shall mean the attempted or actual illegal holding under duress of an Insured Person while traveling in a Common Carrier for the purpose of demanding ransom.

2.4.1.10. Carrier Cancellation

We will pay the Sum Insured if the Insured Person's booked and confirmed journey is cancelled within the number of hours/days specified in the Policy Schedule / Certificate of Insurance, prior to the scheduled departure by the Common Carrier.

2.4.1.11. Cancellation of Carrier by Insured Person

We will reimburse the cost of travel fares paid for a booked and confirmed journey by the Insured Person, due to any unavoidable reasons beyond the control of the Insured Person.

2.4.1.12. Denied Boarding- Carrier

We will pay the amount specified in the Policy Schedule / Certificate of Insurance if an Insured Person is denied boarding of the Common Carrier during the Travel Period, within the number of hours specified in the Policy Schedule / Certificate of Insurance of the scheduled departure time.

2.4.1.13. Missed Carrier

We will reimburse the cost of the booking up to the limit specified in the Policy Schedule / Certificate of Insurance on the Common Carrier due to the Insured Person's failure to reach the original departure point of the booked journey caused by the delayed arrival of a public transport or any other Common Carrier that the Insured Person was travelling in as a passenger, or due to any Accident during the Coverage Period.

2.4.1.14. Missed Event

We will reimburse irrecoverable costs of the Insured Person's Event tickets paid in advance in case of the Insured Person's failure to reach the Event during the Travel Period, due to any unavoidable reasons beyond the control of the Insured Person upto the limit specified in the Policy Schedule / Certificate of Insurance.

2.4.1.15. Missed Connection

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Policy Schedule / Certificate of Insurance incurred due to the Insured Person's failure to reach the original departure point of the booked and confirmed journey owing to a delay beyond the number of hours specified in the Policy Schedule / Certificate of Insurance in the arrival of the Common Carrier which was connecting to the booked journey onwards.

2.4.1.16. Fare Lock

We will reimburse the fare difference upto the limit specified in the Policy Schedule / Certificate of Insurance towards any increase in fare of a Common Carrier, subject to the Insured Person booking the Common Carrier within the period of time specified in the Policy Schedule / Certificate of Insurance from the time of intimation of the fare to Us.

2.4.1.17. Fare Dip

We will reimburse the fare difference upto the limit specified in the Policy Schedule / Certificate of Insurance towards any decrease in fare of a Common Carrier, from the date of the Insured Person booking the fare until the period of time specified in the Policy Schedule / Certificate of Insurance.

2.4.1.18. Electronic Equipment Cover

We will reimburse the actual loss incurred up to the amount specified in the Policy Schedule / Certificate of Insurance in relation to the permanent and total loss of the Insured Person's Portable Electronic Equipment due to any Accidental damage, loss or theft during the Travel Period.

For the purpose of this Cover Benefit,

Portable Electronic Equipment shall mean any computer equipment or communication devices carried by the Insured Person.

2.4.1.19. Denied Hotel Accommodation

We will reimburse the cost upto the limit specified in the Policy Schedule / Certificate of Insurance of alternative accommodation required by the Insured Person due to any cancellation of the Insured Person's booked and confirmed accommodation by a hotel or any other provider of accommodation.

2.4.1.20. Emergency Hotel Requirement

We will reimburse the costs up to the limit specified in the Policy Schedule / Certificate of Insurance towards the stay of the Insured Person in a hotel due to the Insured Person or any Immediate Relative travelling with the Insured Person suffering Injury in an Accident or Illness or undergoing Hospitalization during the Coverage Period.

2.4.1.21. Home Insurance Cover

We will reimburse any actual loss incurred upto the limit specified in the Policy Schedule / Certificate of Insurance during the Travel Period towards any theft of personal possessions or property stored within the Insured Person's usual place of residence that was left vacant for the duration of the Travel Period.

2.4.1.22. Fire and Allied Perils (Home Building & Contents)

In consideration of the Insured named in the Schedule hereto having paid to us, the full premium mentioned in the said schedule, we agree, (Subject to the Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) that if, after payment of the premium the Property Insured described in the said Schedule or any part of such Property be destroyed or damaged by any of the perils specified hereunder during the period of insurance named in the said schedule or of any subsequent period in respect of which the Insured shall have paid and the We shall have accepted the premium required for the renewal of the policy, We shall pay to the Insured the value of the Property at the time of the happening of its destruction or the amount of such damage or at its option reinstate or replace such property or any part thereof.

2.4.1.23. Travel with Pet Cover

If the Insured Person is travelling with his/her pet as detailed in the Policy Schedule / Certificate of Insurance during the Travel Period, We will provide the following:

- a. We will reimburse the expenses incurred on the medical treatment of the Insured Person's pet if the pet suffers an Injury due to an Accident during the Travel Period.
- b. We will reimburse the costs incurred on additional travel and accommodation expenses by the Insured Person if the Insured Person's journey is cancelled or curtailed due to the Insured Person's pet suffering death or an Injury due to an Accident, during the Coverage Period.

Permanent Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, arising from or caused by any of the following, except where provided to the contrary under any Benefit(s) within the Policy:

1. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
2. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
3. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
4. Death, disability or illness resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
5. Death, disability or illness caused by participation of the Insured Person in any flying activity, except as a bona fide passenger on a public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers.
6. Death, disability or illness or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or

- biological attack.
7. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.
 8. Any journey where the Insured Person is travelling as a commercial driver, operator or crew member in, or carrying out any testing or repairs on a Common Carrier.
 9. Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
 10. Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.
 11. Any event arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
 12. Any breach of law or participation of the Insured Person in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
 13. Any act of foreign invasion, act of foreign enemies, hostilities and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
 14. Engaging in any Hazardous Activities, testing of any kind of Common Carrier, engaging in manual work during a journey, engaging in any offshore work activity, mining, tunnelling or any work involving electrical installation with high tension supply, aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.
 15. Any journey commenced when You are not fit to travel or are travelling against the advice of a Medical Practitioner.
 16. Any journey commenced to obtain medical care, treatment or advice of any kind whether this is the sole purpose of Your journey or not.
 17. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death.
 18. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.
 19. Any generally excluded non-medical expenses as provided in Policy Wording.

2.5. Out-patient (“OPD”) and Wellness Benefit Category

2.5.1. Benefits

This Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event of the Insured Person undergoing any Medically Necessary Treatment as an Out-Patient, or incurring Medical Expenses in relation to such Medically Necessary Treatment. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's OPD Treatment or Medical Expenses incurred:

- i. The Insured Person incurs the Medical Expenses during the Coverage Period.
- ii. The date of consultation / diagnostics / Treatment is within the Coverage Period.
- iii. The Medically Necessary Treatment is undergone on the written advice of a qualified Medical Practitioner, and the Medical Expenses are certified to be for such Medically Necessary Treatment by the treating Medical Practitioner.

2.5.1.1. Out-Patient Treatment Cover (OPD)

We will indemnify the Medical Expenses incurred by an Insured Person in respect of any Medically Necessary Treatment availed, in a Hospital or Day Care Centre as an Out-Patient, of the following nature and subject to the limits as specified in the Policy Schedule / Certificate of Insurance.

2.5.1.2. Dental Cover

We will indemnify the Medical Expenses incurred by an Insured Person towards Dental Treatment, provided that the Policy Schedule / Certificate of Insurance specifies that the cover is in force for the Insured Person.

2.5.1.3. Vision Expenses Cover

We will indemnify for any of the following Medical Expenses specified in Policy Schedule / Certificate of Insurance incurred during the Coverage Period, by the Insured:

- i. Eye examination by an optometrist or ophthalmologist
- ii. Cost of lenses to correct refractory errors

2.5.1.4. LASIK

We will indemnify the Medical Expenses incurred by the Insured Person during the Coverage Period, for Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, including refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted to correct the refractive errors beyond +/- 5 to change the refraction of one or both eyes, provided that:

We will not be liable to make any payment under this Benefit in respect of any other non-Surgical Procedures.

2.5.1.5. Preventive Health check-up

We will indemnify the expenses incurred for the preventive health check-ups specified in the Policy Schedule / Certificate of Insurance.

2.5.1.6. Prescribed Diagnostics

We will indemnify the Medical Expenses incurred in respect of any diagnostic tests of the nature of an MRI or a CT Scan.

Permanent Exclusions

We will not make any payment for any claim in respect of any Insured Person arising from or caused by any of the following unless expressly stated to the contrary in this Policy.

Non-Medical Exclusions

1. Breach of law: 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.

Medical Exclusions

1. Substance abuse and de-addiction programs: 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.
2. Inpatient Care and Day Care Treatments will not be covered.
3. Naturopathy treatment(s) will not be covered.
4. Laser Surgery for Treatment of focal error correction – other than for focal error of +/- 7 or more and which is a Medically Necessary Treatment.

2.6. Special Services**2.6.1. Domestic Emergency Evacuation**

In case of an Emergency during the Coverage Period in respect of an Insured Person, if adequate medical facilities are not available locally, we will on a reimbursement basis, pay the amount up to the Limit specified in the Policy Schedule / Certificate of Insurance for this Benefit towards the arrangement of or arrange an Emergency evacuation of the Insured Person to the nearest facility capable of providing adequate care.

2.6.2. International Emergency Evacuation

We will provide the emergency medical evacuation worldwide, when an Insured Person, during the Coverage Period, is located outside India for a period of less than 90 (ninety) days.

2.6.3. Medical Equipment Cover

We will indemnify the reasonable costs necessarily incurred towards the medical equipment for which a written prescription is provided by the treating Medical Practitioner following the Insured Person's Hospitalization, which is/are otherwise classified as non-payable items under Annexure II of this Policy.

Details of Cover, its benefit type, its minimum and maximum Sum Insured and what is covered

S.No.	Name of the Benefit	Severity Type	What is Covered?	Min Limit	Max Limit
1	IPD Cover - As per Options in COI	Indemnity	Medical Expenses of an Insured Person in India only	₹ 5,000	₹ 10,00,00,000
2	Worldwide Indemnity - As per Options in COI	Indemnity	Medical Expenses of an Insured Person worldwide	₹ 5,000	₹ 10,00,00,000
3	IPD - Fixed Benefit - As per Options in COI	Fixed	Fixed Benefit as per COI	₹ 500	₹ 10,00,00,000
4	Hospital Cash - As per Options in COI	Fixed	For each continuous and completed period of 24 hours of Hospitalization as an In-Patient, we will pay the daily allowance amount specified in the Certificate of Insurance against this Benefit	100 per day	20000 per day
5	Day Care	Indemnity	Medical Expenses of covered Day Care Treatment/Procedure	₹ 5,000	₹ 10,00,00,000
6	Road Ambulance	Indemnity	Reimbursement of Ambulance Charges	₹ 500	₹ 10,00,000
7	Compassionate Visit	Indemnity	Expenses of transportation of immediate family member of the insured person, by two-way airfare (economy class) for air travel in India or two-way first-class railway ticket in a licensed common carrier to the place of Hospitalisation of the Insured Person	₹ 1,000	₹ 500,000
8	Compassionate Visit Stay	Indemnity	In case of compassionate visits, accommodation expenses shall be reimbursed	₹ 1,000	₹ 50,00,000
9	Loss of Pay - As per Options in COI	Fixed	Fixed Benefit per week, which is linked to income of the insured person	₹ 100 per day	₹ 50000 per day
10	EMI Protection	Indemnity	If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an inadvertent, involuntary and unforeseeable event	₹ 1,000	₹ 25,00,00,000
11	Missed Bill Payment	Indemnity	If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas	₹ 50	₹ 10,00,000
12	Hardship Allowance	Fixed	Medical Expenses if an Insured Person suffers an Injury due to any pilferage, theft, loss, robbery, dacoity or any other Accident	₹ 50	₹ 50,00,000
13	Income Protection Plan	Fixed	Fixed Benefit per day, when Insured Person is unable to do his/her regular employment/ business or professional	₹ 100 per day	₹ 50000 per day
14	Maternity	Indemnity	Pay the Maternity Expenses of an Insured Person for the delivery of a child and/or related to a Medically Necessary Treatment following a pregnancy and/or lawful medical termination of pregnancy	₹ 5,000	₹ 20,00,000
15	New Born Baby	Indemnity	Pay the Medical Expenses incurred during the Policy Year, towards the Treatment of the New Born Baby upto 90 days	₹ 5,000	₹ 20,00,000
16	Pre Post Natal	Indemnity	Pay the Medical Expenses incurred during the Policy Year, in respect of pre-natal check-ups since confirmation of pregnancy, post-natal check-ups for a period up to six weeks from delivery, prescribed pre-natal medicines and diagnostic tests	₹ 5,000	₹ 20,00,000
17	Vaccination	Indemnity	Pay vaccination expenses incurred during the Policy Year, as per the WHO recommendations for Routine Immunisation of the New Born Baby till he/she completes 2 years of Age	₹ 1,000	₹ 10,00,000
18	Repatriation of Mortal Remains	Indemnity	Transportation of mortal remains from place of death to residence to Insured person	₹ 1,000	₹ 50,00,000

19	Funeral Expenses	Indemnity	Expenses on funeral, cremation/burial and transportation of body to the place of funeral ceremony	₹ 1,000	₹ 50,00,000
Basic Benefit Options					
1	Room Rent Type Category or Amount	Indemnity	Expenses of Room Rent upto the limit	₹ 100	₹ 10,00,000
2	Limit ICU per day	Indemnity	Expenses of ICU upto the limit	₹ 100	₹ 10,00,000
3	Pre/Post Hospitalization	Indemnity	Pay Medical Expenses for the event x days before date of admission and y days after date of discharge	₹ 1,000	₹ 10,00,00,000
4	Domiciliary	Indemnity	Pay the Medical Expenses incurred on the Domiciliary Hospitalization of an Insured Person during the Policy Year	₹ 1,000	₹ 10,00,00,000
5	Donor Expense	Indemnity	Cover In-patient Hospitalization Medical Expenses incurred during the Policy Year towards the donor for harvesting the organ	₹ 5,000	₹ 10,00,00,000
6	Daily Cash for choosing lower category room	Fixed	Pay the daily cash benefit amount specified in the Policy Schedule / Certificate of Insurance	100 per day	30000 per day
7	Sub-Limits for Specific Condition	Indemnity	Any number of claims can be made within Specific Condition Category for all insured Persons, but within the Sublimit, specified in Policy Schedule / Certificate of Insurance	NA	NA
8	Restoration of Sum Insured	Indemnity	We will provide for a restoration of the Sum Insured, as specified in Policy Schedule / Certificate of Insurance	NA	NA
9	Cumulative Bonus	Indemnity	We will add a Cumulative Bonus as a percentage of the Sum Insured, as specified in Policy Schedule / Certificate of Insurance	NA	NA
10	Group Buffer	Indemnity	We will provide a Group Buffer as specified in the Policy Schedule / Certificate of Insurance	₹ 50,000	₹ 50,00,00,000
11	Annual Aggregate Deductible	Indemnity	Annual Aggregate Deductible specified in the Certificate of Insurance shall be applicable to all claims made in respect of the Insured Person under the Policy during the Coverage Period and Our liability under the Policy will commence only when the Annual Aggregate Deductible has been exceeded	NA	NA
12	Per Claim Deductible	Indemnity	Per Claims Deductible specified in the Certificate of Insurance shall be applicable individually to each and every made in respect of the Insured Person under the Policy during the Coverage Period and Our liability under the Policy in respect of any such claim will commence only when the Per Claim Deductible for that claim has been exceeded	NA	NA
13	Group Deductible	Indemnity	Group Deductible specified in the Schedule and Certificate of Insurance shall be applicable to all claims made in respect of all the Insured Persons under the Policy during the Coverage Period and Our liability under the Policy will commence only when the Group Deductible has been exceeded.	NA	NA
14	Reimbursement Only Cover	Not Applicable	All the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable on a reimbursement basis only	NA	NA
15	First notification of claim (FNOC)	Not Applicable	All the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable only if the notification of claim is given to us before discharge	NA	NA
16	Network limited to specified geographies	Not Applicable	The Insured Person can avail Cashless Facilities only at the Network Hospitals located in the geographical regions as specified in the Policy Schedule/ Certificate of Insurance	NA	NA

17	Network limited to preferred providers	Not Applicable	Medical Expenses incurred for an Insured Person only in Hospitals/Network Providers that are specified in the "Preferred Provider Network" list in the Certificate of Insurance.	NA	NA
18	Coverage Continuity in case of Pink Slip	Not Applicable	Provide continuity of coverage under this Policy for an Insured Person until the end of the Coverage Period if the Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, notwithstanding any outstanding premium payment or premium payment instalment	NA	NA
19	Rewards	Not Applicable	Any one or a combination of the following activities will be offered under this program, as specified in the Policy Schedule / Certificate of Insurance: i. Enrolment into a wellness program ii. Health Assessment iii. Gym Membership iv. Participating in health initiatives vi. Preventive Health Check Up Each earned reward point will be valued in Rupee specified in Policy Schedule / Certificate of Insurance. Accumulated reward points can be redeemed as per the process specified in Policy Schedule / Certificate of Insurance.	NA	NA
20	Expert Opinion - As per Options in COI	Indemnity	Avail a second opinion from Our panel of Medical Practitioners	₹ 500	₹ 20,00,000
21	Healthy Pregnancy Program	Not Applicable	We will arrange customised, online and telephonic general tips and suggestions to an expectant Insured Person towards antenatal support, labour preparation and post-partum support, including any advice towards customised diet plan, fitness, emotional support, educating on changes in the body, caution signs, required tests and scans, labour pain management, lactation counselling and counselling on breathing exercises for the expectant Insured Person	NA	NA
22	Child Protect Cover	Indemnity	Cover the Room Rent and other boarding expenses of a mother who is an Insured Person, if such Insured Person's child being less than 3 years of Age is Hospitalized in an ICU or a neo-natal ICU or a cardiac care unit of a Hospital, to stay with the child in the same Hospital.	₹ 1,000	₹ 20,00,000
23	Sleep Apnea Cover	Indemnity	We will indemnify you for expenses incurred towards the diagnosis and treatment of sleep apnea, including diagnostic evaluations, and other related medically necessary care.	₹ 5,000	₹10,00,00,000
24	Septoplasty Cover	Indemnity	We will indemnify you for expenses incurred towards the diagnosis and treatment of conditions requiring septoplasty procedure, and other related medically necessary care.	₹ 5,000	₹10,00,00,000
25	Gener Affirmation/ Reassignment Surgery Cover	Indemnity	We will indemnify you for expenses incurred towards gender affirmation or reassignment-related medical care. This includes treatment and surgical procedures undertaken to change physical characteristics to those of the identified gender, mental health consultations, pharmaceutical expenses such as hormone replacement therapy, medical visits, laboratory services,	₹ 5,000	₹10,00,00,000

			and medically necessary reconstructive or gender-affirming surgical procedures		
26	Well Baby Cover	Indemnity	We will indemnify Medical Expenses for your new-born baby from birth until first hospital discharge. This includes routine medical care, customary post-birth examinations, routine preventive services, and immunizations received during hospitalization.	₹ 5,000	₹20,00,000
27	No Active Line of Treatment Cover	Indemnity	The Company shall indemnify Reasonable and Customary Medical Expenses for medically necessary hospitalization without an active line of treatment, when admission is solely for observation, evaluation, or monitoring of an acute condition, as certified by a registered medical practitioner.	₹ 5,000	₹10,00,00,000
Personal Accident Category					
1	Accidental Death Benefit	Fixed	Accidental Death	₹ 1,000	₹ 25,00,00,000
2	Permanent Total Disability	Fixed	Injury that results in PTD	₹ 1,000	₹ 25,00,00,000
3	Permanent Partial Disability	Fixed	Injury that results in PPD	₹ 1,000	₹ 25,00,00,000
4	Temporary Total Disability	Fixed	Injury that results in disability which prevents insured from engaging in employment or occupation temporarily	₹ 1,000	₹ 25,00,00,000
5	Child Education Cover	Fixed	Each Dependent Child who is less than Age 25 and does not have any independent source of income (Max of 2)	₹ 1,000	₹ 50,00,000
6	Disappearance Cover	Fixed	Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood and is legally declared dead (in absentia or legal presumption of death)	₹ 1,000	₹ 25,00,00,000
7	Loan Protector	Indemnity	Re-payment of Insured's person outstanding loans	₹ 1,000	₹ 5,00,00,000
8	Outstanding Bills Protection Benefit	Indemnity	Payment of outstanding bills of Insured person	₹ 50	₹ 10,00,000
9	Convenient Travel Option	Indemnity	If met with an accident/sickness due to which it requires insured to return through any class/multiple bookings	₹ 250	₹ 50,00,000
10	Modification of Vehicle/Home	Indemnity	Improvements to be carried out in Insured's person's residence or to the Insured person's vehicle	₹ 1,000	₹ 100,00,000
11	Chauffer Benefit	Fixed	Per day allowance in respect of a chauffeur to drive the Insured person	₹ 100 per day	₹ 5000 per day
Personal Accident Category Benefit Options					
1	Personal Accident (Common Carrier)	Fixed	Accidental Death in Common Carrier	₹ 1,000	₹ 25,00,00,000
2	Additional Permanent Total Disability	Fixed	Injury that results in PTD	₹ 1,000	₹ 25,00,00,000
3	Additional Temporary Total Disability	Fixed	Injury that results in disability which prevents insured from engaging in employment or occupation temporarily	₹ 1,000	₹ 25,00,00,000
Critical Illness Category					
1	CI Benefit	Fixed	Pay the percentage of Sum Insured as is specified against such Critical Illness under this Benefit	₹ 5,000	₹ 50,00,00,000
Domestic Travel Category					
1	Trip Delay	Fixed	Delay of scheduled departure or arrival time of carrier beyond specified hours	₹ 50	₹ 10,00,000

2	Trip Cancellation & Interruption	Indemnity	Payment of travel and accommodation expenses if outward journey is unavoidably cancelled due to listed conditions.	₹ 1,000	₹ 50,00,000
3	Trip Curtailment	Indemnity	Payment of travel and accommodation if outward journey is unavoidably curtailed due to listed conditions	₹ 1,000	₹ 50,00,000
4	Delay of Checked-in Baggage	Fixed	For purchasing essential items if baggage is delayed by carrier	₹ 500	₹ 1,00,000
5	Loss of Checked-in Baggage	Indemnity	For purchasing new items if baggage is lost by carrier	₹ 50	₹ 10,00,000
6	Loss of Baggage and Personal Effects	Indemnity	Loss of baggage other than Check-in Luggage	₹ 50	₹ 10,00,000
7	Personal Liability	Indemnity	For third party death, bodily injury or property damage	₹ 10,000	₹ 25,00,00,000
8	Financial Emergency Cash	Indemnity	If Travel funds are lost due to theft, pilferage, robbery or dacoity	₹ 50	₹ 10,00,000
9	Kidnap / Ransom / Extortion Coverage	Indemnity	Kidnap / Ransom / Extortion	₹ 1,000	₹ 25,00,00,000
10	Carrier Cancellation	Fixed	Refund of Expenses Incurred if Carrier is Cancelled	₹ 50	₹ 10,00,000
11	Cancellation of Carrier by Insured Person	Indemnity	If the Insured due to any reason cancel the Carrier	₹ 50	₹ 10,00,000
12	Denied Boarding - Carrier	Fixed	If Carrier denies boarding/booking	₹ 50	₹ 10,00,000
13	Missed Carrier	Indemnity	Payment will be made if due to genuine reasons Insured misses Carrier	₹ 50	₹ 10,00,000
14	Missed Event	Indemnity	Payment will be made if due to genuine reasons Insured misses pre-booked event	₹ 50	₹ 10,00,000
15	Missed Connection	Indemnity	For accommodation and alternative travel if connecting flight is missed due to delayed arrival of inward flight	₹ 50	₹ 10,00,000
16	Fare Lock	Indemnity	Covers the price difference in case fare of the carrier goes up	₹ 50	₹ 10,00,000
17	Fare Dip	Indemnity	Customer will be reimbursed difference in price if fare of the booked carrier fell	₹ 50	₹ 10,00,000
18	Electronic Equipment Cover	Indemnity	Loss, Theft or Damage to computer equipment or communication devices	₹ 50	₹ 10,00,000
19	Denied Hotel Accommodation	Indemnity	If Hotel rejects a confirmed booking	₹ 50	₹ 10,00,000
20	Emergency Hotel Requirement	Indemnity	If stay in hotel needs to be extended	₹ 50	₹ 10,00,000
21	Home Insurance Cover	Indemnity	For any theft related issues at home	₹ 5,000	₹ 25,00,00,000
22	Fire and Allied Perils (Home Building & Contents)	Indemnity	Covers the Insured's residence against the Fire and Allied perils while he is traveling	₹ 5,000	₹ 25,00,00,000
23	Travel with Pet Cover	Indemnity	Expanded options for pet owners, providing coverage if the insured's pet is injured, dead while traveling or additional cost due to trip cancellation or curtailment	₹ 1,000	₹ 50,00,000
Out Patient and Wellness Benefit Category					
1	OPD	Indemnity	Pay the Medical Expenses incurred in respect of medical Treatment availed during the Policy Year, in a Hospital by an Insured Person as an Out-Patient up to the limit specified in the Policy Schedule/ Certificate of Insurance. Any one or combination of the following can be opted under the benefit - Physical Consultation, Online Consultation, Diagnostics, Pharmacy and Medical aids	₹ 500	₹ 20,00,000

2	Dental Cover	Indemnity	Pay the Medical Expenses incurred by an Insured Person during the Coverage Period towards Dental Treatment. Any one or combination of the following can be opted under the benefit - Class 1 (Investigative and Preventative Treatment), Class 2 (Basic Restorative, Periodontal Treatment) and Class 3 (Major Restorative and Orthodontic Treatment)	₹ 1,000	₹ 20,00,000
3	Vision Expenses Cover	Indemnity	Pay the Medical Expenses incurred during the Policy Year, by the Insured Person up to the Sum Insured specified in the Policy Schedule/ Certificate Of Insurance in relation to the following: i. Eye examination by an optometrist or ophthalmologist ii. Cost of lenses to correct refractory errors	₹ 1,000	₹ 500,000
4	Lasik	Indemnity	Pay the Medical Expenses incurred by the Insured Person during the Coverage Period, for Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, including refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted to correct the refractive errors beyond +/- 5 to change the refraction of one or both eyes	₹ 10,000	₹ 10,00,000
5	Health Check-up	Not Applicable	The Insured Person may avail a comprehensive health check-up with Our Network Provider which may be arranged by Us and conducted by Our Network Providers as per the package opted from the list specified in Annexure III of the Policy. The eligibility of the Insured Person, frequency of health check-ups and dependency of health check-ups on claim status will be as defined in the Certificate of Insurance.	₹ 500	₹ 500,000
6	Major Diagnostics (MRI and CT Scan)	Indemnity	We will indemnify up to any sub-limits (if applicable) as specified in the certificate of insurance for the medical expenses incurred in respect of the insured person for undergoing MRI or CT Scan	₹ 10,000	₹ 10,00,000
Special Services					
1	Domestic Emergency Evacuation	Indemnity	Expenses incurred towards Emergency evacuation of the Insured Person to the nearest facility capable of providing adequate care	₹ 1,000	₹ 25,00,000
2	International Emergency Evacuation	Indemnity	Reimbursement of expenses or arrangement towards Emergency Medical Evacuation or Medical Repatriation, when the insured person is located outside India	₹ 10,000	₹ 50,00,000
3	Medical Equipment Cover	Indemnity	Pay for prescription medical equipment that are medically necessary, which are otherwise classified as non-payable under other benefits. Benefit covers Medical Expenses incurred on hearing aids, instrument used in the Treatment of Sleep Apnea Syndrome, Oxygen Concentrator for Bronchial Asthmatic condition, infusion pump or any other external devices, Prostheses, corrective devices and Medical Appliances	₹ 1,000	₹ 25,00,000

Abbreviation:

1. AD = Accidental Death
2. PTD = Permanent Total Disability
3. PPD = Permanent Partial Disability

CLAIMS PROCEDURE:

Cashless claim facility can be availed in all network hospitals. The list of network hospitals is available on our website www.acko.com/gi/download or can be checked at customer care Number 18002662256 or email hello@acko.com.

For reimbursement of a claim, please submit all necessary documents on our App or email to us. We may ask for original hard copies of the documents in some cases. For more information reach out to our customer care on 18002662256.

Please find the important links/numbers below:-

- i) Network Hospital Details: Acko App or www.acko.com/gi
- ii) Helpline Number: 1860 266 2256
- iii) Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or www.acko.com/gi

Downloading/getting the claim form: Acko App or www.acko.com/gi/download

2.7. CONTACT US

You can reach Us through any of the following methods:

- Call Us on Our toll free number: 18002662256
- Write to us On at: hello@acko.com
- Visit Our website: www.acko.com/gi

Grievance

For resolution of any query, insured may contact the company on our helpline number 1800 266 2256 or may write an e-mail at hello@acko.com

For resolution of grievance, insured may contact the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week).

Senior Citizens Support: Phone: 080-62370023

Email: grievance.healthseniorcitizen@acko.com

Complaints will be acknowledged within 24 hours of receipt. A final resolution will be provided within 14 days from receipt of the complaint. You can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours.

If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer:

Email: gro@acko.com

Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102

The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If you wish to pursue other avenues for redressal of grievances, You may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - <https://bimabharosa.irdai.gov.in/> or call at their toll free no. 1800 4254 732 / 155255 or through email on complaints@irdai.gov.in.

Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: <https://cioins.co.in/Ombudsman>

2.8. SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

2.9. DISCLAIMER:

This is only a summary of the product features. The actual benefits available are as described in the policy and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.

2.10. ANNEXURE: BENEFIT ILLUSTRATION (Premium Rates are illustrative)

Illustration 1:

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
0 - 5	4,076	3,00,000	4,076	0	4,076	3,00,000	17,149	0	17149	3,00,000
6 - 15	2,932	3,00,000	2,932	0	2,932	3,00,000				
26 - 35	4,242	3,00,000	4,242	0	4,242	3,00,000				
36 - 45	5,899	3,00,000	5,899	0	5,899	3,00,000				
Total Premium for all members of the family is ₹ 17,149 when each member is covered separately.			Total Premium for all members of the family is ₹ 17,149 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 17,149.			
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family			

Coverage assumptions:

1. The family of the proposer comprises spouse, one daughter and one son.
2. Age band of family members:

Relationship	Age Band
Self	26 - 35
Spouse	36 - 45
Son	0 - 5
Daughter	6 - 15

Coverage is standard for Zone 1.

Illustration 2:

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)				
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)	
	16 - 25	2,618	3,00,000	2,618	0	2,618	3,00,000	21,191	0	21,191	3,00,000
	16 - 25	2,618	3,00,000	2,618	0	2,618	3,00,000				
	46 - 55	6,405	3,00,000	6,405	0	6,405	3,00,000				
56 - 60	9,550	3,00,000	9,550	0	9,550	3,00,000					
Total Premium for all members of the family is ₹ 21,191 when each member is covered separately.			Total Premium for all members of the family is ₹ 21,191 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 21,191.				
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family				

Coverage assumptions:

1. The family of the proposer comprises spouse, one daughter and one son.
2. Age band of family members:
- 3.

Relationship	Age Band
Self	16 - 25
Spouse	16 - 25
Son	46 - 55
Daughter	56 - 60

Coverage is standard for Zone 2