

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Policy Wording

#### What will be the Period of Insurance for these Optional Covers?

The period of insurance of these Optional Covers will be identical to the Cover Period under COI issued under "Flexi Health Protect Plan (Group)" Base Cover plan.

#### Definitions

**All Definitions as in SECTION B) DEFINITIONS- STANDARD DEFINITIONS and SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS of the Base Cover are applicable mutatis mutandis, to all the optional covers.**

**General Exclusions/ General Terms and Conditions Applicable to All Sections:** Below optional covers can be opted along with Base Cover of "Flexi Health Protect Plan (Group) as specified in the respective Optional Covers" and all exclusions/ **General Terms and Conditions** in (i) SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS, (ii) SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS, (iii) SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS and (iv) SECTION E) GENERAL TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS as applicable to the Base Cover shall be applicable mutatis mutandis to all the Optional Covers.

### A. OPERATIVE PARTS

#### What We will pay for-

In consideration of payment of additional premium by the Insured Beneficiary or Policy Holder on behalf of Insured Beneficiary, to the Company and realization thereof by the Company, it is hereby agreed to pay Reasonable and Customary expenses in respect of an admissible claim under any or all of the following Optional covers subject to the Sum Insured, limits, Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder.

1. Optional Cover: Room Rent limit
2. Optional Cover: Options for Pre-Hospitalisation Expenses
3. Optional Cover: Options for Post-Hospitalisation Expenses
4. Optional Cover: Options to Medical Advancement Surgery Cover
5. Optional Cover: Domiciliary Hospitalisation
6. Optional Cover: Home Nursing Benefit
7. Optional Cover: Procedure-wise Sub-limit
8. Optional Cover: Waiver of Cataract Sub-Limit
9. Optional Cover: Change in Specified Disease Waiting Period
10. Optional Cover: Change in Pre-existing Disease Waiting Period
11. Optional Cover: Waiver of "Initial 30 days Waiting Period"
12. Optional Cover: Infections Only cover
13. Optional Cover: Surgery Only cover
14. Optional Cover: Road Ambulance
15. Optional Cover: Air Ambulance
16. Optional Cover: AYUSH Treatments
17. Optional Cover: Cancer Care
18. Optional Cover: Critical Illness Multiplier
19. Optional Cover: Accident Multiplier
20. Optional Cover: Neurodevelopmental Disorder Benefit
21. Optional Cover: Disability Benefit cover
22. Optional Cover: Maternity Expenses
23. Optional Cover: Assisted Reproduction Expenses
24. Optional Cover: Vaccination Cover
25. Optional Cover: Non-Medical Expenses
26. Optional Cover: Preventive Health Check-up
27. Optional Cover: External Congenital Anomalies
28. Optional Cover: Rehabilitation/ De-addiction Expenses Cover
29. Optional Cover: Out-Patient Treatment (OPD) Expenses
30. Optional Cover: Physiotherapy Expenses-
31. Optional Cover: Dental Care

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32. Optional Cover: Out-patient Mental Illness Treatment Cover
33. Optional Cover: Vision Expenses Cover
34. Optional Cover: Refractive Error Correction Expenses
35. Optional Cover: Cost of Prescribed External Medical Aid
36. Optional Cover: Compassionate Visit
37. Optional Cover: Cumulative Bonus
38. Optional Cover : Sum Insured Reinstatement
39. Optional Cover: Recharge Benefit
40. Optional Cover: International Cover – emergency care only
41. Optional Cover: Corporate Buffer
42. Optional Cover: HIV - Anti retroviral Therapy
43. Optional Cover: Gender Reassignment Treatment
44. Optional Cover: Wellness Services
45. Optional Cover: Wellbeing Benefits

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Room Rent limit

If this cover is opted, then the selected option as specified on Certificate of Insurance shall be considered as Room Rent limit for any expenses incurred on Hospitalisation under the Base Cover

### Options for Room Rent Limit

- Option 1. Actual Room Rent up to Single Private room
- Option 2. Actual Room Rent up to Twin Sharing
- Option 3. Actual Room Rent in General ward
- Option 4. 0.5% of SI max up to 2500
- Option 5. 1% of SI max up to 5000
- Option 6. 1.5% of SI max 7500
- Option 7. 2% of SI max up to 7500

### Options for Deductions

Option 1: Proportionate deductions:

- In case of admission to a room at rates /eligibility exceeding the opted limits, the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges
- Proportionate deductions shall not apply in respect of Hospitals which do not follow differential billings or for expenses in respect of which differential billing is not adopted based on the room category.
- Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

Option 2: Capping on Room Charges only:

If the Insured Beneficiary avails admission in a room category higher than the eligible category, then the room charges will be capped at Room Rent limit opted and rest all customary and reasonable admissible Medical Expenses will be paid at actual.

### Definition of Room Rent Limits

- Single Private Room: means a single occupancy air-conditioned room with an attached washroom/toilet. Such room must be the most economical of all accommodation available as single occupancy in that Hospital and excludes a suite.
- Twin Sharing Room: means a Hospital room with two or more patient beds. Such room must be the most economical of all shared accommodation available.
- General Ward – It is a common unit where patients who are admitted share the same room. Facilities are catered as per patient's diagnosis, age, comfort and other essential factors.

This Optional Cover can be opted with Base Cover 1 Medical Expenses Insurance and Base Cover 3 Top Up Plans.

Subject to what is mentioned in this Optional Cover all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Options for Pre-Hospitalisation Expenses**

If this cover is opted, then the Pre-Hospitalisation Period specified on Certificate of Insurance shall be considered instead of 60 days Pre-Hospitalisation mentioned in the Base Cover.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Options for Post-Hospitalisation Expenses**

If this cover is opted, then the Post-Hospitalisation Period specified on Certificate of Insurance shall be considered instead of 90 days Post-Hospitalisation mentioned in the Base Cover.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Options to Medical Advancement Surgery Cover**

If this cover is opted, then Medical Advancement Surgeries (listed in Annexure III) limit as specified on Certificate of Insurance shall be considered instead of 25% of Sum Insured mentioned in the Base Cover

### **Options for Sum Insured Limits**

- Option 1. 50% of Sum Insured
- Option 2. Up to Sum Insured

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Medical Advancement Surgeries (as listed in Annexure III)

1. Uterine Artery Embolization and HIFU
2. Balloon Sinuplasty
3. Deep Brain stimulation
4. Oral chemotherapy
5. Immunotherapy- Monoclonal Antibody to be given as injection
6. Intra vitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchical Thermoplasty
10. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
11. IONM -(Intra Operative Neuro Monitoring)
12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Domiciliary Hospitalisation

If this cover is opted, We will pay Reasonable and Customary expenses incurred by You on medical treatment as per **Sum Insured Limit specified in Certificate of Insurance** for Illness or Injury sustained or contracted during the Cover Period, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances

- i. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or
- ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

Specific exclusions: The following shall not be covered:

- Treatment of less than 3 days
- Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
- Arthritis, Gout and Rheumatism,
- Chronic Nephritis and Nephritic Syndrome,
- Diarrhoea and all type of Dysenteries including Gastroenteritis,
- Diabetes Mellitus and Insipidus,
- Epilepsy,
- Hypertension,
- Psychiatric or Psychosomatic Disorders of all kinds,
- Bacterial and Viral Infections
- Pyrexia of unknown origin
- Vector-borne diseases

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Home Nursing Benefit

If this cover is opted, We will pay fixed weekly benefit amount for actual number of weeks if a Registered Nurse is engaged to take care of the Insured Beneficiary subject to **maximum number of weeks and Sum Insured limit per week as mentioned in the Certificate of Insurance.**

The benefit would be payable subject to all the below conditions,

- a. Home Nursing must be recommended by Medical Practitioner stating reason for providing Nursing Care at Home.
- b. The benefit will not be paid for more than 25 weeks per Cover Period.
- c. The claim is triggered due to a prior Hospitalisation within preceding 30 days
- d. Claim for Home Nursing shall be paid only if we have accepted a Claim for In-patient Treatment under the Base Cover and in respect of the same Hospitalisation
- e. The Insured Beneficiary is unable to perform 3 out of below 6 activities due to illness / injury that had lead to the above mentioned Hospitalisation
  - i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
  - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
  - iii. Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
  - iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
  - v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
  - vi. Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.



**OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)**

**Optional Cover: Procedure-wise Sub-limit**

If this cover is opted, We shall limit the claim arising out of Hospitalization event including Pre and Post Hospitalization leading to Procedures including its complications up to sub-limits as mentioned in below table provided that claim(s) is admissible as “In-patient Hospitalisation Treatment” under this policy.

Procedure wise Sub-limit (Per Year unless specified)	Option 1	Option 2	Option 3	Option 4
Coronary Artery Bypass Grafting CABG	1,50,000	1,20,000	80,000	65,000
Valve Replacement	1,50,000	1,20,000	80,000	65,000
Percutaneous Transluminal Coronary Angioplasty PTCA (per event hospitalisation)	1,30,000	1,00,000	70,000	50,000
Total Knee Replacement (per event hospitalisation)	1,30,000	1,00,000	70,000	50,000
Total Hip Replacement	1,30,000	1,00,000	70,000	50,000
Arthroscopic surgeries	1,30,000	1,00,000	70,000	50,000
Cholecystectomy	35,000	25,000	20,000	20,000
Kidney Stone Removal (incl. DJ Stent Removal)	35,000	30,000	25,000	20,000
Appendectomy	30,000	25,000	20,000	15,000
Hysterectomy	30,000	25,000	20,000	15,000
Fistulectomy	30,000	25,000	20,000	15,000
Septoplasty	30,000	25,000	20,000	15,000
Hernia Repair	30,000	20,000	15,000	15,000
Haemorrhoidectomy	25,000	20,000	15,000	15,000
Tympanoplasty	25,000	20,000	15,000	15,000
Arthroscopy	25,000	20,000	10,000	10,000
Cataract (one eye)	35,000	25,000	20,000	15,000
Tonsillectomy	20,000	15,000	10,000	10,000
Dialysis (per session)	5,000	4,000	2,000	2,000

**Note:**

- The sub-limits specified on Certificate of Insurance shall be applicable to your Base policy “In-patient Hospitalisation Treatment” expenses provided such sub-limits do not exceed the Base Cover Sum Insured.
- The sub-limits specified on Certificate of Insurance shall be including pre-Hospitalisation and post Hospitalisation expenses.
- Co-payment would not be applicable on claims for illness categories on which sub-limits are applicable.
- If this cover is opted, then the lower of sub-limit mentioned for cataract as per Section E- 36) Cost sharing of the Base Cover Policy Wordings or the above mentioned limit shall be applicable.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

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### **Optional Cover: Waiver of Cataract Sub-Limit**

If this cover is opted, then we shall waive off cataract sublimit as per Section E- 36) Cost sharing of the Base over Policy Wordings, which reads as *"Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion 1, 2 ) above, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You."*

And We will pay the You, Reasonable and Customary Medical Expenses incurred *in respect of surgeries for cataracts* as per actual or up to Sum Insured as mentioned in Certificate of Insurance.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Change in Specified Disease Waiting Period**

If this cover is opted, then the Specified Disease Waiting Period stated in Certificate of Insurance shall be considered instead of the 24 months Waiting Period mentioned under the base cover exclusions.

#### **Options for Waiting Periods**

- Option 1. No Waiting
- Option 2. 12 months
- Option 3. 36 months
- Option 4. 48 months

Note- If this Optional Cover is opted, then Waiting Period under (Excl. 02) will be modified for the purpose of this exclusion as per option selected.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Change in Pre-existing Disease Waiting Period**

If this cover is opted, then selected option as specified in Certificate of Insurance shall be considered as Pre-existing Disease Waiting Period instead of the 36 months Waiting Period mentioned under the base cover exclusions

#### **Options for Waiting Periods**

- Option 1. No Waiting
- Option 2. 12 months
- Option 3. 24 months
- Option 4. 48 months

Note- If this Optional Cover is opted, then Waiting Period under (Excl. 01) will be changed for the purpose of this exclusion as per option selected.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Waiver of “Initial 30 days Waiting Period”**

If this cover is opted, The Company shall waive off initial 30-day Waiting Period as per exclusion (Excl03) which reads as “Expenses related to the Inpatient Hospitalisation treatment of any illness within 30 days from the first Group Flexi Health Protect Plan commencement date shall be excluded except claims arising due to an accident, provided the same are covered.”

This Optional Cover can be opted with any of the 4 base covers and any one of the below options can be selected

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Infections Only cover

If this cover is opted, then We will **pay only** in case You are Hospitalized on the advice of a Doctor/ Medical Practitioner for non-surgical treatment due to opted Infection(s) contracted during the Cover Period up to the Sum Insured stated in the Certificate of Insurance.

#### Options:

Option 1. All types of Infections as defined under the Section B) Definitions- Specific Definitions, Point 60 of Base Policy Wordings.

In this option, ICD 10 codes: "A00-B99 – pertaining to certain infectious and parasitic diseases" will be covered.

List of ICD 10 codes mentioned above can be accessed at <https://icd.who.int/browse10/2019/en#/I>

Option 2. Vector Borne

- i. Dengue Fever
- ii. Malaria
- iii. Filariasis (Payable only once in a lifetime)
- iv. Kala Azar
- v. Chikungunya
- vi. Japanese Encephalitis
- vii. Zika Virus

Option 3. Any Single Pre-Agreed Infection

#### Exclusion:

1. Epidemic/pandemic diseases

#### Definitions applicable:

Epidemic- An epidemic disease is one "affecting many persons at the same time, and spreading from person to person in a locality where the disease is not permanently prevalent" and also declared as "epidemic" by World Health Organization and or Government of India.

Pandemic- A pandemic is defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". The classical definition includes nothing about population immunity, virology or disease severity and also declared as "pandemic" by World Health Organization and or Government of India.

This Optional Cover can be Opted with Base Cover 1 Medical Expenses Insurance and Base Cover 2 Hospital Daily Allowance and Base Cover 4 Recovery Relief.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Surgery Only cover**

If this cover is opted, then We will pay only in case Insured Beneficiary is Hospitalized for undergoing a surgery on the advice of a Doctor/ Medical Practitioner due to Illness or Injury sustained or contracted during the Cover Period up to the Sum Insured stated in the Certificate of Insurance.

This Optional Cover can be Opted with Base Cover 1 Medical Expenses Insurance and Base Cover 2 Hospital Daily Allowance and Base Cover 4 Recovery Relief.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Road Ambulance**

If this cover is opted, We will pay Reasonable and Customary expenses incurred on a Road ambulance offered by a healthcare or ambulance service provider for:

- transferring the Insured Beneficiary to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency or
- transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable only:

- i. If We have accepted Insured Beneficiary's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy
- ii. up to the actual expenses subject to maximum of Sum Insured Limit per Hospitalisation as specified in Certificate of Insurance for this cover.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.



## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Air Ambulance**

We will pay Reasonable and Customary expenses incurred on an ambulance transportation in an airplane or helicopter for emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the illness/accident to the nearest Hospital during Cover Period.

Claim under this section shall be payable only when:

- i. Such life-threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Insured Beneficiary's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy.
- iii. up to the actual expenses subject to maximum of Sum Insured Limit per Policy Year as specified in Certificate of Insurance for this cover

### **Specific Exclusion**

1. Medical Transportation from one Hospital to another Hospital is excluded from the scope of the Policy.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

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### Optional Cover: AYUSH Treatments

We will pay Reasonable and Customary expenses incurred as an In-patient Hospitalisation for continuous 24 hours for AYUSH Treatments on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted during the Cover Period up to the limits specified in Certificate of Insurance, provided that the treatment has been taken in AYUSH hospital as defined under the policy.

The following expenses are payable under this cover:

- Room Rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and consumables,
- Ayurvedic, Unani, Sidha and Homeopathic treatment procedures in case of Alternate Treatment Method

### Specific Exclusions

1. The illness/injury & the procedure performed on the insured on Out- patient basis will not be payable.
2. Comfort treatment involving steam bath/sauna/oil massages are excluded. Such treatments being combined with any stay packages at resorts where the treatment forms a part of an overall leisure package shall not be payable.

Note- If this Optional Cover is opted, then Exclusion D. III. General Exclusions 12 will be deemed to be inoperative for the purpose of this coverage.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Cancer Care**

If this cover is opted and you are diagnosed and Hospitalized due to Cancer on advice of a Medical Practitioner/Specialist Consultant, during the Cover Period, then We will pay Reasonable and Customary expenses incurred towards treatment of the Cancer up to the Sum Insured stated in the Certificate of Insurance against this cover.

Sum Insured provided for this cover shall be over and above Sum Insured for Base Cover.

### **Options for Initial Waiting Period for Cancer Care**

Option 1: 120 days initial Waiting Period

Option 2: 180 days initial Waiting Period

### **Note:**

- Any expense incurred for Cancer or its signs and symptoms diagnosed within the Initial Waiting Period as mentioned in Certificate of Insurance from date of commencement of the first Flexi Health Protect Plan (Group) with us is excluded
- This exclusion shall not apply for subsequent years if you have renewed this policy without a break.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 2: Hospital Daily Allowance

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

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**Optional Cover: Critical Illness Multiplier**

If this cover is opted and You are diagnosed and Hospitalized on the advice of a Medical Practitioner for any of the below listed Critical Illnesses during the Cover Period, then the sum insured for such Critical Illnesses would be increased up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance.

**Options for Critical Illness Multiplier:**

Option1: One and Half times

Option 2: Two times

Option 3: Three times

Plan	Sr. No	Base Critical Illness
PLAN A	1	First Heart Attack of Specified Severity (Myocardial Infarction)
	2	Open Chest Coronary Artery Bypass Grafting (CABG)
	3	Stroke Resulting in Permanent Symptoms
	4	Cancer of Specified Severity
	5	Kidney Failure Requiring Regular Dialysis
	6	Major Organ Transplantation
	7	Multiple Sclerosis with Persisting Symptoms
	8	Surgery of Aorta
	9	Primary Pulmonary Arterial Hypertension
	10	Permanent Paralysis of Limbs
	11	Open Heart Replacement or Repair of Heart Valves
	12	Benign Brain Tumour
	13	Coma of Specified Severity
	14	Major Head Trauma

Plan	Critical Illness Covered under Plan A + Critical Illness Cover listed below:	
PLAN B	1	End Stage Liver Failure
	2	Alzheimer's Disease
	3	Primary Parkinson's Disease
	4	Third Degree Burns
	5	End Stage Lung Failure
	6	Motor Neuron Disease With Permanent Symptoms
	7	Progressive Scleroderma
	8	Pulmonary Artery Graft Surgery
	9	Refractory Heart Failure
	10	Systemic Lupus Erythematosus

**Definition of Critical Illness for this Cover:**

**Base Critical Illness**

**1. First Heart Attack of Specific Severity (Myocardial Infarction):**

- i. The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this should be evidenced by all of the following criteria:

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- i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
  - ii. new characteristic electrocardiogram changes
  - iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
- i. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
  - ii. Other acute Coronary Syndromes
  - iii. Any type of angina pectoris.
- 2. Open Chest Coronary Artery Bypass Grafting CABG –**
- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
- i. Angioplasty and/or any other intra-arterial procedures
- 3. Stroke Resulting in Permanent Symptoms:**
- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a Specialist Consultant and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
- i. Transient ischemic attacks (TIA)
  - ii. Traumatic injury of the brain
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.
- 4. Cancer of Specified Severity:**
- I. A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded -
- i. All tumors which are histologically described as benign, carcinoma premalignant, borderline malignant, or non-invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than Rai stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- 5. Kidney Failure Requiring Regular Dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
- 6. Major Organ Transplantation:** The actual undergoing of a transplant of:
- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- The following are excluded:
- i. Other stem-cell transplants
  - ii. Where only islets of langerhans are transplanted
- 7. Multiple Sclerosis with Persisting Symptoms:**
- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

**8. Surgery of Aorta:** The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.

**9. Primary (Idiopathic) Pulmonary Hypertension:**

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort.
- iii. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

**10. Permanent Paralysis of Limbs:** Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

**11. Open Heart Replacement or Repair of Heart Valves**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

**12. Benign Brain Tumor**

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- b. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

**13. Coma of Specified Severity**

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- (i) No response to external stimuli continuously for at least 96 hours;
- (ii) Life support measures are necessary to sustain life; and
- (iii) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

**14. Major Head Trauma**

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- i Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv Mobility: the ability to move indoors from room to room on level surfaces;
- v Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

I. Spinal cord injury;

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **PLAN B: CRITICAL ILLNESS COVERED UNDER SECTION 7 PLAN A + 7 CRITICAL ILLNESS COVER**

#### **1. END STAGE LIVER FAILURE**

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
- Permanent jaundice; and
  - Ascites; and
  - Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

#### **2. ALZHEIMER'S DISEASE**

Clinically established diagnosis of Alzheimer's Disease (pre-senile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

#### **3. PRIMARY PARKINSON'S DISEASE:**

The unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist).

The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions must be medically documented for at least 90 days.

#### **4. THIRD DEGREE BURNS**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

#### **5. END STAGE LUNG FAILURE**

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and  
Dyspnea at rest.

#### **6. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS**

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

#### **7. PROGRESSIVE SCLERODERMA:**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

#### **8. PULMONARY ARTERY GRAFT SURGERY:**

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

#### **9. REFRACTORY HEART FAILURE**

Refractory heart failure must be diagnosed by a Cardiologist and optimal therapy must have been established for at least 6 months. The diagnosis of heart failure to be evidence by at least any 4 following criteria:

- Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain)
- Presence of third heart sound
- Jugular venous pressure above 6cms
- Rales present in both bases on auscultation
- Cardiomegaly on chest x-ray
- Grade 3, or gross ascites, associated with marked abdominal distension or peripheral oedema
- 2-D echocardiography report suggestive of LVEF of 40% or less
- Elevated biomarkers – B-type natriuretic peptide (BNP)/N-terminal pro-BNP(NT-proBNP)

The following are excluded:

- Heart Failure due to Auto-immune disorders
- Heart Failure secondary to drug or alcohol abuse

#### **10. SYSTEMIC LUPUS ERYTHEMATOSIS:**

A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following:

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
- The permanent impairment of kidney function tests as follows;
- Glomerular Filtration Rate (GFR) below 30 ml/min.



## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Accident Multiplier**

If this cover is opted and You are Hospitalized on the advice of a Medical Practitioner because of Injury sustained during the Cover Period, then We will pay You, Reasonable and Customary Medical Expenses incurred for In-patient Hospitalisation Treatment up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance.

If this cover is opted and You are Hospitalized on the advice of a Medical Practitioner following an Injury sustained during the Cover Period, then the sum insured for such In-patient Hospitalisation Treatment would be increased up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance

### **Options for Accident Multiplier:**

Option1: One and Half times

Option 2: Two times

Option 3: Three times

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Neurodevelopmental Disorder Benefit**

During the Cover Period If a child is born to the Insured Beneficiary and is diagnosed with any one of the neurodevelopmental disorders listed below, then the We will pay a lump sum amount as per the Sum Insured opted towards the expenses for treatment and/or therapy for the diagnosed condition, as stated in Certificate of Insurance.

1. Autism Spectrum Disorder
2. Down's Syndrome
3. Congenital Cerebral Palsy

This Benefit shall be payable subject to the following:

- i. The diagnosis must be confirmed & certified by 2 specialist doctors
- ii. The child, when diagnosed with these conditions, must be below the age of 3 years and the policy must be in-force with us
- iii. The child must be born when the policy is in-force with us .

The benefit will be payable only once in the lifetime of the insured.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Disability Benefit cover

If this cover is opted and You are hospitalised due to an **Accidental Bodily or Illness or Both (as opted)** sustained or contracted during the Cover Period leading to total disablement which completely prevents You from engaging in your occupation, then We will pay weekly benefit up to maximum number of weeks, not exceeding 52 weeks, as specified in Certificate of Insurance against this cover.

### Conditions applicable for Disability Benefit cover

- a. We will make the first payment when:
  - i. Insured Beneficiary is hospitalized due to illness / injury and claim is accepted under the Base Cover
  - ii. We are satisfied that Injury or Illness has completely prevented him/her from engaging in their occupation as specified by the treating doctor.
  - iii. The certificate of absolute rest period issued by Treating consultant is to be supported by detailed clinical evaluation for status of musculoskeletal and neurological system assessment at the time of discharge and all subsequent clinical assessment records during disability period.
- b. We will stop making payments:
  - i. If we are satisfied that You can engage in your occupation again as specified by the treating doctor, or
  - ii. when we have made payments for a maximum number of weeks, not exceeding 52 weeks, as specified in Certificate of insurance or up to policy expiry, whichever is earlier.

Deductible:

- 14 days or outstanding paid leaves (for salaried employees) whichever is higher

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Maternity Expenses

If this cover is opted, We will pay Reasonable and Customary expenses incurred, if You are Hospitalized on the advice of a Medical Practitioner for the delivery of a child or for medically required, and lawful medical termination of pregnancy during the Cover Period subject to maximum of Maternity Limit and maximum Number of Deliveries/ Terminations mentioned on the Certificate of Insurance.

#### Options for maximum number of deliveries/ terminations over lifetime

- 3 deliveries (including twins), or 3 medically required and lawful terminations of pregnancies over lifetime, or
- 2 deliveries (including twins), or 2 medically required and lawful terminations of pregnancies over lifetime, or
- 1 delivery (including twins) and 1 medically required and lawful termination of pregnancy over lifetime

#### Options for Maternity Expenses Waiting Period

- No Waiting Period
- 9 Months Waiting Period
- 12 Months Waiting Period
- 24 Months Waiting Period
- 36 Months Waiting Period

The Waiting Period is applicable from first Flexi Health Protect Plan (Group) with us

#### Note

- If this Optional Cover is opted, then Exclusion (Excl. 18) from Base Cover will be deemed to be inoperative for the purpose of this coverage.
- Pre or post-natal Maternity Expenses shall be covered only if treated on Inpatient Treatment (IPD) basis within the Maternity Sum Insured as specified in the Certificate of Insurance.
- Delivery or lawful termination of pregnancy expenses incurred for Surrogate mother will be covered as per terms and conditions of this cover
- Hospitalisation charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth.
- Lawful termination of pregnancy will be covered within Sum Insured of Normal Delivery.
- Ectopic pregnancy claims if any will be considered under "In-patient Hospitalisation Treatment" of the Base Cover and hence shall not be covered under this Optional Cover.

#### Specific Definitions

- Pre Natal Period - Period relating to date of conception to delivery.
- Post Natal Period - Period up to 6 weeks from the date of delivery.

#### Extension 1: Pre and Post Natal Out-patient Treatment Expenses

If this Extension is opted, then We will pay Reasonable and Customary expenses incurred in respect of Pre and Post Natal Maternity Expenses for Out-patient consultation and treatment taken, up to the limit mentioned in the Certificate of Insurance for this extension

- This cover is payable if Maternity cover opted.
- Waiting Period opted under Maternity Expenses will be applicable to this cover.

#### Specific Exclusion for Maternity Cover:

Pre and Post Natal expenses incurred for Surrogate mother

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Assisted Reproduction Expenses

If this cover is opted, We will pay Reasonable and Customary Medical Expenses incurred for the insured for the below listed procedures subject to below:

- i. For any claim to be admissible under this benefit both self and spouse should stay insured continuously for Waiting Period as mentioned in Certificate of Insurance
- ii. up to the limit mentioned in the Certificate of Insurance,

subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

Listed procedures:

1. Intra Uterine Insemination (IUI)
2. In vitro fertilization and embryo transfer (IVF-ET) and similar techniques.
3. Intracytoplasmic sperm injection (ICSI)
4. Gamete Intrafallopian Tube Transfer (GIFT)
5. Zygote Intra-Fallopian Transfer (ZIFT)

### Waiting Period Options for Assisted Reproduction Expenses:

- No Waiting Period
- 12 Months
- 24 Months
- 36 Months

**Note:** The claim will be admissible if the infertility is a result of the below listed conditions

1. Irreversible pathology of the fallopian tubes, resulting from an inflammatory process or from previous surgery
2. Infertility due to a subnormal male factor
3. Idiopathic infertility
4. Endometriosis
5. Infertility of immunological origin
6. Expenses for In vitro fertilization and embryo transfer (IVF-ET), Gamete Intrafallopian Tube Transfer (GIFT) or Zygote Intra-Fallopian Transfer (ZIFT) shall be payable only if the Insured Beneficiary has been unable to attain or sustain a successful pregnancy through reasonable, and medically necessary infertility treatment

**Exclusions:** The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the Insured Beneficiary in connection with or in respect of:

- i. Sub-fertility services that are deemed to be unproven, experimental or investigational
- ii. Pre and Post treatment expenses
- iii. Reversal of voluntary sterilization
- iv. Payment for services rendered to a surrogate
- v. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures
- vi. Costs associated with cryopreservation and storage of sperm, eggs and embryos
- vii. Services done at unrecognized centre

**Note-** If this Optional Cover is opted by You, then (Excl. 17) from Base Cover will be deemed to be inoperative partially for Assisted Reproduction Services for the purpose of this coverage.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Vaccination Cover

If this cover is opted, We will cover for expenses related to the actual cost of vaccines as recommended by Indian Paediatric Association upto maximum Sum Insured and up to the age option as mentioned in Certificate of Insurance.

#### Age Options:

- New born baby up to 180 days from date of birth
- Age up to one Year
- Age up to 5 Year

#### Waiting Period Options:

- No Waiting Period
- 9 months Waiting Period
- 12 months Waiting Period
- 24 months Waiting Period
- 36 months Waiting Period

#### Condition Applicable to Vaccination Cover

1. Expenses related to the doctor, nurse or any incidental expenses are not payable.
2. This benefit has a separate limit (over and above base Sum Insured) and does not affect Cumulative Bonus.

**Note-** If this Optional Cover is opted by You, then Exclusion D. III.8 from Base Cover will be deemed to be inoperative for the purpose and within scope of this coverage.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

**OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)**

**Optional Cover: Non-Medical Expenses**

If this cover is opted, We will pay the Non-Medical Expenses (as specified in Table I below) incurred for "In-patient Hospitalisation Expenses" of an Insured Beneficiary during the Cover Period **up to the limit** mentioned in the Certificate of Insurance, provided the claim is payable under Base cover.

**Specific Exclusion**

1. Non- Medical Expenses incurred during Pre-Hospitalisation & Post Hospitalisation would not be payable
2. List of Non- Medical Expenses not payable are as specified in Table II below.

**Note**

- Proportionate Deduction and Co-pay shall be applicable as per opted Base Policy terms and conditions.
- If this Optional Cover is opted by You, then Exclusion D. III.9 from Base Cover will be deemed to be inoperative for the purpose of this coverage only.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

**Table I**

LIST OF NON-MEDICAL ITEMS PAYABLE IF OPTED FOR OPTIONAL COVER	
1	BELTS/ BRACES
2	COLD PACK/HOT PACK
3	LEGGINGS
4	CREPE BANDAGE
5	EYELET COLLAR
6	SLINGS
7	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
8	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED
9	SURCHARGES
10	MORTUARY CHARGES
11	WALKING AIDS CHARGES
12	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
13	SPACER
14	SPIROMETRE
15	NEBULIZER KIT
16	STEAM INHALER
17	ARMSLING
18	THERMOMETER
19	CERVICAL COLLAR
20	SPLINT
21	KNEE BRACES (LONG/ SHORT/ HINGED)
22	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER
23	LUMBOSACRAL BELT
24	NIMBUS BED OR WATER OR AIR BED CHARGES
25	AMBULANCE COLLAR
26	AMBULANCE EQUIPMENT

**OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)**

27	ABDOMINAL BINDER
28	ECG ELECTRODES
29	GLOVES
30	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
31	KIDNEY TRAY
32	MASK
33	OUNCE GLASS
34	OXYGEN MASK
35	PELVIC TRACTION BELT
36	PAN CAN
37	TROLLY COVER
38	UROMETER, URINE JUG
39	VASOFIX SAFETY

**Table II**

LIST OF NON-MEDICAL ITEMS NOT PAYABLE EVEN IF OPTED FOR RIDER	
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BUDS
5	CARRY BAGS
6	EMAIL / INTERNET CHARGES
7	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
8	LAUNDRY CHARGES
9	MINERAL WATER
10	SANITARY PAD
11	TELEPHONE CHARGES
12	GUEST SERVICES
13	DIAPER OF ANY TYPE
14	TELEVISION CHARGES
15	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
16	BIRTH CERTIFICATE
17	CERTIFICATE CHARGES
18	COURIER CHARGES
19	MEDICAL CERTIFICATE
20	MEDICAL RECORDS
21	PHOTOCOPIES CHARGES
22	SUGAR FREE Tablets
23	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
24	CONVEYANCE CHARGES
25	DIABETIC FOOT WEAR



**OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)**

31	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
32	ATTENDANT CHARGES

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Preventive Health Check-up**

If this cover is opted, You are eligible for a Preventive Health check-up under at the end of block of every continuous period during which You have held *Our Flexi* health protect Plan (Group) and up to Sum Insured Limit as mentioned in Certificate of Insurance.

### **Frequency Options:**

1. Once in every policy year
2. Once every year after renewal
3. Once in 2 years
4. Once in 3 years

### **Clinic Options:**

1. Network Clinics and Hospitals only
2. All Clinics and Hospitals

Note: This benefit has a separate limit (over and above base Sum Insured) and does not affect Cumulative Bonus.

This Optional Cover can be opted with any of the 4 base covers

You may approach us for the arrangement of the Health Check-up.

For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- [healthcheck@bajajallianz.co.in](mailto:healthcheck@bajajallianz.co.in)

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: External Congenital Anomalies**

If this cover is opted, We will pay for the Reasonable and Customary Charges incurred for "In-patient Hospitalisation Treatment" within the Base Cover 1 Sum Insured towards treatment for External Congenital Anomalies and Sum Insured as mentioned in the Certificate of Insurance.

Exclusions applicable to External Congenital Anomalies-

1. The treatment is to achieve only aesthetic / cosmetic appearance without any positive effect or restoration of physiological function, such claims are not admissible as cosmetic/ aesthetic treatment.

Note: If this Optional Cover is opted by You, then Exclusion D. III.6 from Base Cover will be deemed to be inoperative for the purpose and within scope of this coverage only.

This Optional Cover can be opted with Base Cover 1 Medical Expenses Insurance and Base Cover 3 Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Rehabilitation/ De-addiction Expenses Cover**

If this cover is opted, We will pay for Reasonable and Customary in-patient rehabilitation expenses related to detox /de-addiction treatment for Alcohol, Drug and Substance Abuse up to the Sum Insured as specified in Certificate of Insurance provided:

- a) it is carried out by a medical practitioner specialising in rehabilitation; and
- b) it is carried out in a government registered rehabilitation hospital; and
- c) the treatment could not be carried out on an out-patient basis, and
- d) the costs have been agreed, in writing by us before the rehabilitation begins.

Initial Waiting Period: 180 days

Conditions:

- Pre-approval is compulsory for this benefit.

This Optional Cover can be opted with Base Cover 1 Medical Expenses Insurance and Base Cover 3 Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Out-Patient Treatment (OPD) Expenses**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred if you consult a consultant / medical practitioner on out-patient basis for **Accidental Bodily Injury or Illness** contracted during the Cover Period up to the Sum Insured limit as specified for this Optional Cover in the Certificate of Insurance for:

- Consultations/ Tele-consultation
- Investigations
- Medicines

Note:

- Out-Patient Treatment (OPD) Expenses coverage is available only for allopathic line of treatment.

This Optional Cover can be opted with any of the 4 base covers .Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Physiotherapy Expenses-

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred towards Physiotherapy treatment taken for **Accidental Bodily Injury or Illness or Both (as opted)** contracted during the Cover Period, maximum up to the Sum Insured limit as specified in the Certificate of Insurance for this Optional Cover, provided that, Treatment is given by a Medical Practitioner for Musculo-skeletal /Neurological diseases / Injuries or other Systemic diseases

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Dental Care**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Dental treatment taken from a dental surgeon during the Cover Period up to the Sum Insured as specified in the Certificate of Insurance for:

- Consultations
- Surgery
- Investigations
- Medicines

Our maximum liability for the above expenses shall be limited to the amount specified in the Certificate of Insurance.

### **Exclusion:**

Expenses for any dental treatment to change appearance, cosmetic, plastic surgery.

**Note:** If this Optional Cover is opted by you, then Exclusion D. III.1 from Base Cover will be deemed to be inoperative for the purpose of this coverage.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Out-patient Mental Illness Treatment Cover**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred on an out-patient basis for Mental Illness Treatment up to the Sum Insured limit as specified in the Certificate of Insurance for this Optional Cover, provided the treatment is availed in a psychiatric unit of a Hospital or Psychiatric OPD for the conditions listed in Annexure IV.

- a. Consultations
- b. Investigations
- c. Therapies
- d. Medicines

#### Exclusions:

1. Recreational or diversional activities. If the only activities prescribed for the patient are primarily diversional in nature, (i.e., to provide some social or recreational outlet for the patient), it would not be regarded as treatment to improve the patient's condition.
2. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by prescriptions
3. Alternate treatment other than Allopathic treatment are not covered.
4. All expense that are not pre-authorised by Us

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.



## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Vision Expenses Cover**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred up to the Sum Insured specified in the Certificate Of Insurance for

- i. Eye examination performed by an ophthalmologist
- ii. Cost of lenses and prescribed glasses without frame to correct refractory errors as per ophthalmologist prescription
- iii. Investigations related to the illness / injury as prescribed by an ophthalmologist
- iv. Medicines related to the illness / injury as prescribed by ophthalmologist.

#### Exclusions:

- i. Lenses which are not medically necessary and not prescribed by ophthalmologist.
- ii. Any type of Cosmetic treatment.
- iii. Any expenses for diagnostic tests, investigations / treatment taken without the ophthalmologist advising the same and which is not duly supported by prescriptions
- iv. Alternate treatment other than Allopathic treatment are not covered.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Refractive Error Correction Expenses**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred by you 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.

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

Note- If this Optional Cover is opted, then Exclusion D. III.12 (Excl 15) from Base Policy Wordings will be deemed to be inoperative for the purpose and within scope of this coverage.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only and Base Cover 3: Top-Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Cost of Prescribed External Medical Aid**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for External Medical Aids required due to "In-patient Hospitalisation Expenses" claim of an Insured Beneficiary during the Cover Period and prescribed by a specialized Medical Practitioner as medically necessary up to the Sum Insured for this cover mentioned in the Certificate of Insurance.

Note- If this Optional Cover is opted, then Exclusion D. III. 4 from Base Policy Wordings will be deemed to be inoperative for the purpose and within scope of this coverage.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Compassionate Visit**

If Insured Beneficiary sustains or contracts Accidental Injury or Sickness during the Cover Period requiring hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, We will reimburse the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or friend of the Insured Beneficiary up to the Sum Insured limit mentioned in Certificate of Insurance provided no family member or relative or friend is there to attend the Insured Beneficiary.

#### Conditions:

1. This claim would be admissible if claim is paid under In-patient Hospitalisation Expenses
2. This coverage shall be provided only if treating physician has advised and certified for necessity attendance of a family member or relative or friend and upon our satisfaction on the reason provided.
3. This benefit will be extended if one or more family member is travelling with Insured Beneficiary but none of them is able to take care of Insured Beneficiary due to their Hospitalisation.
4. Claim will be payable only once in entire Cover Period.
5. Only domestic travel expenses will be paid

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Cumulative Bonus

If this cover is opted and insured beneficiary renew their Group Flexi health Protect Plan with Us without any break and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by Percent amount of base Sum Insured per annum as mentioned in Certificate of Insurance, provided:

- i. This clause does not alter the annual character of this insurance
- ii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Cover Period of the subsequent Flexi health protect Plan (Group) shall be reduced by the percentage opted, save that the limit of indemnity applicable to Your first Flexi health protect Plan (Group) with Us shall be preserved.

#### Options of Cumulative Bonus

- 5% of Sum Insured every year up to 100% of SI
- 10% of Sum Insured every year up to 100% of SI
- 20% of Sum Insured every year up to 100% of SI
- 50% of Sum Insured every year up to 100% of SI
- 50% of Sum Insured every year up to 150% of SI
- 50% of Sum Insured every year up to 200% of SI

This optional cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover : Sum Insured Reinstatement**

If this cover is opted, then the Sum Insured under Base Cover 1 Section 1 "In-patient Hospitalisation / Inpatient Care Treatment " would be "reinstated" up to 100% of In-patient Hospitalisation Sum Insured as per below options specified on the Certificate of Insurance subject to below terms:

1. The reinstated Sum Insured would be triggered with the first paid claim itself and will be available for utilization for subsequent claim made by the Insured Beneficiary.  
The sequence of utilization will be as follows:
  - a. Base Sum Insured followed by
  - b. Cumulative Bonus if any followed by
  - c. Reinstated Sum Insured
2. The reinstated Sum Insured is applicable for Inpatient Hospitalisation Treatment only.
3. For any claim under this benefit the maximum liability shall not be more than Base Sum Insured.
4. This benefit is applicable Number of times as specified on Certificate of Insurance during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
5. This benefit is applicable only once in life time of Insured Beneficiary covered under this policy for claims regarding cancer and kidney failure requiring regular dialysis as defined under the policy.
6. Reinstatement of Sum Insured for floater Certificate of Insurance will be available at policy level.
7. For individual Sum Insured Certificate of Insurance it would be available on member level.

#### Options of Number of times of Sum Insured Reinstatement

1. Once
2. Twice
3. Unlimited

This optional cover can be opted with Base Cover 1: Medical Expenses Insurance only.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Recharge Benefit

If this cover is opted, then the Sum Insured under Base Cover 1 Section 1 "In-patient Hospitalisation / Inpatient Care Treatment " would be "recharged" up to the limit as per below options specified on the Certificate of Insurance provided that:  
The claim amount in a single claim exceeds Sum Insured and Cumulative Bonus (if any).

#### Options

1. 10% of Sum Insured not exceeding 50,000
2. 20% of Base Cove Sum insured not exceeding 1 lac
3. 25% of Base Cove Sum insured not exceeding 2 lacs
4. 50% of Base Cove Sum insured not exceeding 5 lacs

#### Conditions applicable to Recharge Benefit-

1. This benefit is applicable only once during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
2. Recharge Benefit for floater Certificate of Insurance will be available at policy level.
3. For Individual Sum Insured Certificate of Insurance it would be available on member level.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: International Cover – emergency care only**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Inpatient Hospitalisation expenses incurred outside India and anywhere across the world up to the limit as specified against In-patient Hospitalisation Treatment in the Certificate of Insurance for any Emergency Hospitalisation incurred during Cover Period subject to conditions below:

Conditions applicable to International Cover – emergency care only

- a. Pre and post Hospitalisation expenses are excluded
- b. This cover is not applicable if the Insured Beneficiary is Non-Resident Indian or any Indian Resident residing outside India for a period of 180 days and above.

#### Note

1. The payment of any claim under this benefit will be based on the rate of exchange published by Reserve Bank of India as on the Date of Loss.
2. Insured Beneficiary have to additionally provide all pages of Passport and VISA for this specific cover for processing claim.
3. Claims consistent with Emergency care as per policy defined wordings are to be supported by detailed medical records.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.



## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Corporate Buffer**

We will provide a Corporate Buffer upto Sum Insured as specified in the Certificate of Insurance during the Policy Year, provided that:

- i. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.
- ii. This Benefit will be available for those Insured Beneficiary/ies who have already exhausted their Sum Insured limit as mentioned in the Certificate of Insurance.
- iii. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.
- iv. Corporate Buffer cannot be used for Ailments/procedures with Sub-limits unless specified.

All claims under this Benefit can be made as per the process defined under Base Cover Terms and Conditions

### **Options:**

#### **Type of Ailment:**

1. All Accidental Injuries and illnesses
2. For Accidental claims only
3. For specified Critical ailments

#### **Type of Coverage:**

1. Up to Per Family SI
2. Up to Full Corporate Buffer SI

### **Note-**

1. This Optional Cover shall be applicable for Employer-employee groups only.
2. This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: HIV - Anti retroviral Therapy**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Anti-retroviral therapy related expenses availed on Outpatient basis arising due any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases up to the Sum Insured stated in the Certificate of Insurance against this cover, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply..

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### **Optional Cover: Gender Reassignment Treatment**

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Gender Re-alignment Treatment taken by Insured Beneficiary during the Cover Period, up to the Sum Insured stated in the Certificate of Insurance towards

- Hormone Therapy: The treatment involves hormone therapy (administered either on an In-patient or outpatient basis) like Testosterone (masculinizing hormones) for Trans Man (Female to Male) and oestrogen (feminizing hormones) for Trans Woman (Male to Female).
- Surgical Intervention including but not limited to below listed procedures such as
- Genital surgery for Male-to-Female transsexuals
- Genital surgery for Female-to-Male transsexuals

Condition applicable to Gender Re-assignment Treatment-

- Coverage in the policy would be as per the WPATH protocol.
- This include (but not restricted to) primary care, gynecologic and urologic care, reproductive surgery options, voice related surgeries and communication therapy, mental health support services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments.
- Active Line of Treatment would not be applicable for this treatment.

Note: If this Optional Cover is opted, then Exclusion D. II.04 from Base Cover will be deemed to be inoperative for the purpose and within scope of this coverage only.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

### Optional Cover: Wellness Services

The Group Manager can opt for any of the following Services on a Cashless basis only. The Certificate of Insurance will specify the scope of cover applicable to the opted services.

This Optional Cover can be opted with any of the 4 base Covers.

- i. **Health Risk Assessment (HRA):** The Company will provide Insured Beneficiary with Health Risk Assessment (HRA) tool, as specified in the Policy Certificate, for evaluation of the Insured Beneficiary's health and quality of life during the Period of Cover.

"HRA" shall mean any online questionnaire tool, as specified in the Policy Certificate, for evaluation of the Insured Beneficiary's health and quality of life by reviewing the current lifestyle practices, habits, diet, existing health issues, pathology, family history and others, affecting the Insured Beneficiary's health status.

Online HRA shall be provided through our wellness platform. Awareness on health can be provided based on the health status of the Insured Beneficiary.

ii. **Electronic Health Records**

The company will provide a digital tool for digitalized health record options with in wellness platform which allows insured securely and confidentially manage their health information online, helps record their current health status and medical history with lifetime access of health records.

iii. **Kid's Vaccination Tracker**

The company will provide a vaccination tracker option within wellness platform which helps Insured Beneficiary to find information he/she needs about child vaccination. He/she gets schedule of WHO recommended vaccines for their kid's with due date. Also, provides option to set reminder for next due vaccination.

- iv. **Tele- Consultation:** If the Insured Beneficiary and or Insured Beneficiary is suffering from any illness or injury he / she can consult Medical Practitioner/ Physician/Doctor listed on the Digital platform of concerned service provider's application via video, audio, or chat channel as specified in Policy Schedule or Certificate of Insurance.

This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and as amended from time to time.

- v. **E-Second Opinion:** If the Insured Beneficiary is suffering from any Critical illness or medical condition occurring during the Cover Period he / she can opt for E-Second Opinion from Medical Practitioner/ Physician/Doctor listed on the Digital platform of concerned service provider's application via video, audio, or chat channel as specified in Policy Schedule or Certificate of Insurance.

- The Insured Beneficiary is free to choose whether or not to act on the E- Second Opinion
- We shall not be deemed to substitute the Insured Beneficiary's visit or consultation to an independent Medical Practitioner

- vi. **Health Services:** Insured Beneficiary can avail Health Services as specified in Policy Schedule or Certificate of Insurance. These Health Services can be Onsite Health Services or Offsite Health Services as opted by Group Manager. Health Services" may include but not be limited to below services:

- **Health Services** provided by a Medical Practitioner/Healthcare Professional through a clinic such as evaluation of specified health parameters, Medical Procedures, Vaccinations, First Aid etc.
- **Wellness Sessions** provided by Healthcare Professionals/Health Service Providers for creating awareness/ training/ education on complete wellbeing. These may include sessions for physical fitness, diet and nutrition, spiritual, occupational, environmental, financial, social and mental wellbeing and safety related parameters by relevant.
- **"Heath Camp"** shall mean any planned on-site or off-site camp focusing on health parameters such as but not limited to vaccination, eye screening, and dental screening, health talk, Body composition analysis, Bone Mineral Density check-up.

Onsite shall mean within the place of work of the Insured Beneficiary or a specified location.

Offsite shall mean outside of workplace of the Insured Beneficiary or elsewhere

vii. **Work Life Balance Programs:**

Insured Beneficiary can participate in "Work Life Balance Program" as opted by Group Manager. These services are not meant to be availed in replacement of the Medical Advice or treatment provided by a Medical Practitioner. The Insured Beneficiary must not avail or continue if they have received any express instructions from the treating/consulting Medical Practitioner.

Work Life Balance Programs shall mean any of the following:

- i. **Lifestyle management program** with a specific focus such as but not limited to smoking cessation, stress management to educate, empower and engage Insured Beneficiary/ies to become more aware about their health and proactively manage it. Each Insured Beneficiary shall have access to wellness coach. These programs can be app /web/chat/call based with/without wearable devices.
- ii. **Pregnancy management care program:** Customized pregnancy program, online app/web based and telephonic general tips and suggestions to expectant parents on antenatal support, labour preparation and post-partum support. These services are to educate, empower and engage the expecting parents, which will include but are not limited to customised diet plan, fitness advice, emotional support, educating on changes in the body, caution signs, advises on tests and scans, labour pain management, lactation counselling and counselling on breathing exercises for the expectant mother with discounts on pharmacy and necessary diagnostics. These programs can be app /web based with/without wearable devices.

## OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)

- iii. **Disease management program** will cover customized program for Insured Beneficiary/ies with any lifestyle disease or borderline cases, to educate, empower and engage Insured Beneficiary/ies to become more aware of their health and proactively manage it, each Insured Beneficiary shall have access to wellness coach. This program can be app/web/call/chat based with/without wearable devices.
- iv. **Employee Assistance Services (EAP) services** will cover customized program for Insured Beneficiary/ies with a specific focus such as but not limited to shift worker support program, gender diversity program, one to one counselling each insured shall have access to wellness coach. The programs can be offered thru app/web/chat/call based.
- v. **Value Added Services:** On Group Manager's request, We will arrange Value Added Services for the Insured Beneficiary/ies to avail as specified in the Certificate of Insurance. These may include but not be limited to Discount on services offered by Networks/Health care service providers on OPD consultation, Medicine, Lab investigations, Home Health care services, Fitness Centre Memberships.

### **Specific Condition applicable to Wellness Services:**

1. We shall not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations made by the Clinics/Network Provider/Health Service Provider in relation to the same.
2. The Insured Beneficiary is free to choose whether to act on the advice received in whole or in part. We shall not be liable or responsible for any consequences occurred thereof.
3. By seeking and availing services under this cover, the Insured Beneficiary is not prohibited or advised against visiting or consulting with any other independent Medical Practitioner or commencing or continuing any treatment advised by such Medical Practitioner.
4. Health records in respect of the Insured Beneficiary may be made available by digital modes for certain services directly to the Insured Beneficiary on request.

This Optional Cover can be opted with any of the 4 base Covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

**OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)**

**Optional Cover: Wellbeing Benefits**

Wellbeing Benefits intend to promote, incentivize and reward the Insured Beneficiary/ies for maintaining a healthy life style through various wellness activities. The Insured Beneficiary will be eligible for Wellbeing Benefits as specified in Policy Schedule or Certificate of Insurance.

Wellbeing Benefits will be enabled and administered online through BAGIC Digital Wellness Platform: [insurance.wallet/pro-fit.bjaz.in](https://insurance.wallet/pro-fit.bjaz.in)

These Wellbeing Benefits can be opted with any of the 4 Base Covers.

Options:

- i. Basic Plan
- ii. Advanced Plan

**OPTION 1: BASIC PLAN**

At each renewal of Flexi health Protect Plan (Group) with *Us*, the Insured Beneficiary will be entitled for a Wellbeing Discount on Renewal Premium subject to below mentioned criteria being fulfilled by Insured Beneficiary during the preceding Policy Year.

Sr. No	Health Parameter	Health Criteria	
1	Health Risk Assessment	Complete the online health risk assessment	
2	HbA1c (%)	Up to 6.5%	
3	Fasting Blood Sugar	Up to 120 mg/dl	
4	Blood Pressure (mm of Hg)	Systolic	Diastolic
		Up to 140	Up to 90
5	Body Mass Index (BMI)	18 – 25	
6	Serum Cholesterol	200mg/dl	
7	Steps Count	5,000 steps daily for 20 days every month	
8	Haemoglobin	Male-13-18mg/dl	
		Female- 11-15mg/dl	

Parameters Achieved	Wellbeing Discount
4/5 out of 8	5.00%
6/7 out of 8	7.50%
8 out of 8	10.00%
8 out of 8 and walks for 10,000 steps for 20 days every month	12.50%

**Specific Conditions:**

1. Wellbeing discount is applicable for members aged 25 years and above
2. In Floater Certificate of Insurance, discount will be offered basis the average of number of Parameters Achieved by all Insured Beneficiary's aged 25 years & above.
3. Discount under Floater Policy =  $\frac{\text{Total No. of Parameters achieved by eligible members}}{\text{Total No. of eligible members in the family}}$
4. The below mentioned criteria should be fulfilled each year in case of long-term Certificate of Insurance.

**OPTION 2: ADVANCED**

Insured Beneficiary can participate in Wellness Activities which help in improving their overall Wellbeing and earn Wellness Reward Points. The Reward Points earned, can then be utilized to avail Wellbeing Benefits as specified in Policy Schedule or Certificate of Insurance.

**OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)**

**Wellness Activities & Earning of Rewards Points:**

Wellness Activity	Reward Points	Maximum Reward Points	Criteria
Online Health Risk Assessment	100	100	Complete all the questions within one month from starting Policy Inception Date
Medical Risk Assessment: - Blood Pressure - Lipid Profile - Fasting Blood Sugar & PP or HbA1C - Serum Creatinine - Hemogram	400	500	Completes all the test and submits the reports will get 400 points.  If all the test results are normal will get additional 100 points
PAP Smear (Female above age 45)	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
Mammogram (Female above age 45)	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
PSA ( Male Above 45 age )	100	150	Completes the test and submits report will get 100 points.  If results are normal will get additional 50 points.
2D Echo	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
TMT	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
Average Daily/20 days a month Steps in a Policy Year are between - 5001 to 8000	200	200	Insured Beneficiary has to download the BAGIC "Caringly Yours" App for tracking steps taken.
Average Daily/20 days a month Steps in a Policy Year are between - 8001 to 10000	300	300	Insured Beneficiary has to download the BAGIC "Caringly Yours" App for tracking steps taken.
Average Daily/20 days a month Steps in a Policy Year are more than 10000	400	400	Insured Beneficiary has to download the BAGIC "Caringly Yours" App for tracking steps taken.
Participation in professional sporting events like Marathon/ Cyclothon/ Swimathon etc	200	200	Insured Beneficiary has to submit relevant document proofs to BAGIC
Membership in a health club ( For 1 year or more ) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	400	400	If Insured Beneficiary is not member of health club he/she has to join within 3 months from commencement of policy  Proof : Subscription
Quit Smoking-	100	100	Self-declaration
Participation in Weight Management program for overweight customers	150	200	On subscription Insured Beneficiary shall get 150 reward points. After completion of program if BMI within normal range will get 50 additional points.  Proof : Subscription

**OPTIONAL COVERS APPLICABLE TO FLEXI HEALTH PROTECT PLAN (GROUP)**

Participation in Chronic Condition Management Program (for the Insured Beneficiary who is suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	150	200	On subscription Insured Beneficiary shall get 150 reward points. After completion of program if results of relevant tests are within normal range will get additional 50 points  Proof : Subscription
Renewal of Policy With BAGIC	100	100	
Attend Online Health Sessions/Webinars	10	200	10 Points each session maximum up to 200 points
<b>Total Reward Points</b>	<b>3200</b>	<b>3650</b>	

**Options to Utilize Rewards Points:**

The Reward Points can be redeemed in the following manner

**Option 1: Discount on Renewal Premium**

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Reward Points Earned	Discount
If Reward Points are between 500 to 999	3%
If Reward Points are between 1000 to 1999	5%
If Reward Points are between 2000 to 2999	7%
If Reward points are more than or equal to 3000	10%

**Wellness Eligibility Criteria:**

- i. Wellness discount is applicable for members age 25 years and above.
- ii. In Floater Certificate of Insurance, discount will be offered basis the average of number of Parameters Achieved by all Insured Beneficiary/ies age 25 years & above.
- iii. Discount under Floater Policy =  $\frac{\text{Total No. of Parameters achieved by eligible members}}{\text{Total No. of eligible members in the family}}$

**OR**

**Option 2: Payment of Non-Medical Expenses/ Co-Pay during claim**

In the event of a claim during the Cover Period the Insured Beneficiary can utilize the Reward Points earned up to the date of claim in the following manner.

- i. For payment of Non- Medical Expenses or
- ii. For payment of co-pay.

The Earned Points shall be converted in the following manner

- i. Each Point will be equivalent to INR **0.50**
- ii. The total Points earned up to the date of claim during the Cover Period shall be multiplied by INR 0.50 to arrive at the value of the Points.
- iii. The value of the Points so arrived at can be utilized at the time of claim during the Cover Period either for the payment of Non- Medical Expenses or for the payment of co-pay.

**OR**

**Option 3: Redeemable vouchers**

For services like OPD Consultation/ E-Pharmacy or Lab Investigations, nutritional supplements, Braces, Belts, crutches, walkers, heat pads, cooling pads, pain relief support systems etc. In case of renewal of a policy, the Insured Beneficiary has to redeem the reward points within next 30 days from expiry date of the Policy.

The Earned Points shall be converted in the following manner

- i. Each Point will be equivalent to INR **0.50**
- ii. The total Points earned up to the date of claim during the Cover Period shall be multiplied by INR **0.50** to arrive at the value of the Points.
- iii. The value of the Points so arrived at can be utilized at the time of claim during the Cover Period either for the payment of Non- Medical Expenses or for the payment of co-pay.