

Prospectus

1. ELIGIBILITY CRITERIA

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|---|--|
| Entry Age : | |
| Minimum | 12 Years |
| Maximum | 55 Years |
| Cover Type | Individual basis |
| Policy Duration: | |
| Minimum | 1 Day |
| Maximum | 1096 Days |
| Eligible Relationship with the Insured Person (Student) | Self (Student only), Legally married spouse, up to 2 Dependent Children |
| Geographical Scope | USA & Canada |
| Age of Proposer | 18 Years or above |
| Premium Payment Term | Single/Monthly/Quarterly/Half-yearly Note- (Monthly/Quarterly/Half-yearly Installment option available only in case where Policy Duration is of 1 Year/2 Year/3 Years.) |

Notes: All the Age calculations are as per "Age Last Birthday" as on the date of first issue of the Policy

2. Scope Of Cover

1. The policy is subject to the terms and conditions, exclusions and applicable endorsements.
2. Any claim under the Policy will only be admissible when it qualifies according to the terms, conditions and exclusions.
3. Specified Benefit Deductible and Coinsurance (if applicable) shall be borne by the Insured Person on each Claim and Policy Deductible shall be applicable on aggregate basis as specified in Policy Terms & Conditions.
4. All covered benefits are subject to the Benefit Deductible, Policy Deductible and Coinsurance unless otherwise specified and are applicable on individual basis.
5. The Policy Year maximum is unlimited unless the limit is stated under the benefits.
6. Coverage outside USA & Canada is subjected to a maximum of USD 500 per Insured Person per Policy Year (cumulative of all base benefits except Accidental Death and Dismemberment (PTD, PPD)) after applying the Benefit Deductible and / or Policy Deductible and Coinsurance.
7. Any prescribed drug or other medication required for more than thirty (30) days should be pre- approved by us / Assistance Service Provider.
8. We shall indemnify post-natal costs related to routine care and post-natal complications up to ninety (90) days following the delivery of the baby
9. Pre-certification is compulsory otherwise, the Insured Person will be required to bear fifty percent (50%) of the eligible expenses after **Policy Deductible, Coinsurance and Benefit Deductible** (if applicable), not exceeding any limit stated.
10. Benefit Deductible is not applicable for **out-patient treatment** at the student health centre run by Educational Institute.
11. Insured Person shall firstly pay Benefit Deductible, then Policy Deductible, Coinsurance.
12. Out of Pocket Maximum Expenses refers to the maximum amount that Insured Person pays during the Policy Year including Benefit Deductible, Policy Deductible and Coinsurance. Once this amount is reached, the benefit plan pays 100% of the allowed claim amount for covered services.

The following expenses shall not be accounted in the accumulation for the Out of Pocket Maximum Expenses:

- a) Expenses incurred for non-covered services and supplies or in excess of the maximum allowed amount
- b) Non Pre-certification Penalty
- c) Expenses incurred under following-

I. Coverage at home country benefit

II. Benefits under Optional Covers

Note: Out-of-Pocket Maximum Expenses condition shall be applicable only in USA & Canada (In-Network). The Insured Person will still be responsible for Coinsurance & Deductibles in USA & Canada (Out-of-Network) & Outside USA & Canada Plans.

- 13. Emergency Medical Evacuation and Repatriation, Repatriation of Mortal Remains are to be arranged by Assistance Service Provider. No benefits will be payable if these services were not Pre-approved/Pre-certified by us and Assistance Service Provider was not informed of the activation of such services.
- 14. The benefit values are based on the stated percentage (Coinsurance) of the eligible expenses or the stated benefit values after applying the Benefit Deductible and/ or Policy Deductible, as applicable.
- 15. The cover under the Policy shall not be attached to any journey that has already commenced prior to the Policy Period Start Date unless student of Indian origin who is already studying abroad with similar insurance coverage who wishes to purchase this policy will have Period of Insurance commencement from Policy Period Start Date.
- 16. In case if tenure of the Policy is other than a completed Policy Year then the Benefits coverage, term & condition shall be applicable for the term of the Policy opted will be as per Policy Year.
- 17. Benefits / Optional Covers (if opted) shall be available to the Insured Person, only if the particular Benefit / Optional Covers are specifically mentioned in the Policy Schedule.

2.1 Base Benefits

2.1.1 In-patient and Day-Care Treatment Benefits

If an Insured Person is diagnosed with an illness or suffers an injury and which requires the Insured Person to be admitted in a Hospital which should be Medically Necessary during the Period of Insurance and while the Policy is in force for:

- (i) **Benefit: In-patient Care:** We will indemnify the Insured Person for Medical Expenses incurred towards Hospitalization through Cashless or Reimbursement Facility, subject to Deductible and Coinsurance, as applicable, as specified in the Policy Schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

We will indemnify the Medical Expenses incurred during the hospitalization such as

- Diagnostic procedures
- Surgical procedures
- Operating theatre charges
- Nursing care, drugs and dressings
- Surgical appliance and surgical implants
- Surgeon and anaesthetist charges
- Intensive care unit and high dependency unit charges
- CT scan, MRI, and other such proven medical imaging techniques
- Chemotherapy and/or radiotherapy
- Kidney dialysis

- (ii) **Benefit: Day Care Treatment:** We will indemnify the Insured Person for Medical Expenses incurred on all Day Care Treatments through Cashless or Reimbursement Facility, subject to Deductible & Coinsurance, as applicable, as specified in the Policy Schedule, provided that the period of treatment of the Insured Person in the Hospital/Day Care

Centre does not exceed 24 hours, which would otherwise require an in-patient admission and such Day Care Treatments was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

Room Charges

Single Private Room: The maximum eligible Room Category in case of Hospitalization of the Insured Person payable by us is limited to stay in a Single Private Room.

If the Insured Person is admitted in a Hospital room where the Room Category opted or Room Rent incurred is higher than the eligible Room Category/ Room Rent as specified in the Policy Schedule, then, the Policyholder/Insured Person shall bear the ratable proportion of the total Associate Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Policy Schedule or the Room Rent of the entitled Room Category to the Room Rent actually incurred.

The nomenclature of Room category may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.

Intensive Care Unit Charges (ICU Charges):

The eligibility of ICU Charges of the Insured Person is 'no sub-limit', it means that there is no separate restriction on ICU Charges incurred towards stay in ICU during Hospitalization.

(iii) Mental Health: We shall indemnify the Medical Expenses incurred on Inpatient mental health treatment in a Hospital or approved facility subject to Deductible and Coinsurance, as applicable.

(iv) Organ Transplant: We shall indemnify the Medical Expenses incurred in respect Medically Necessary Organ transplant surgery during the Period of Insurance subject to Deductible and Coinsurance, as applicable, under the conditions specified below:

- i. This transplant benefit begins once the need for transplantation has been certified by a Medical Practitioner.
- ii. Expenses for Donor are not covered.
- iii. Coverage is not available if out of network provider is used.

(v) Injury from Attempted Suicide/Self-inflicted Injury: We shall indemnify the Medical Expenses incurred by the Insured Person for Medically Necessary Inpatient treatment of injury incurred due to attempted suicide / self-inflicted Injury subject to Deductible and Coinsurance, as applicable.

Clause 4.2 (B)(4) under Specific Exclusions, supersede to the extent covered under this Benefit.

(vi) Alcohol and Substance Abuse: We shall indemnify the Medical Expenses incurred by the Insured Person for inpatient detoxification treatment for alcohol or substance abuse subject to Deductible and Coinsurance, as applicable. We are not responsible for the cost of any devices, supplements or substitutes (whether or not prescribed by a licensed Medical Practitioner) for the treatment or prevention of alcohol or drug abuse.

Clause 4.2 (B)(4) under Specific Exclusions, supersede to the extent covered under this Benefit.

(vii) AIDS, HIV, and Sexually Transmitted Diseases: We shall indemnify the Medical Expenses incurred by the Insured Person for Medically Necessary Inpatient non-Experimental treatment of Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV +), AIDS Related Complex (ARC), sexually transmitted diseases and all related conditions subject to Deductible and Coinsurance, as applicable.

(viii) Coverage at Home Country: We shall indemnify Medical Expenses up to the amount specified in Policy Schedule, if the Insured Person returns to his/her Country of Residence during a vacation, the scope of cover under this Policy during his stay in the Country of Residence shall be restricted to In-patient & Day care Treatment Benefit subject to Benefit Deductible, as applicable.

All the payments during this restricted scope of cover shall be made in India in Indian rupees.

Note - Policy Deductible and Coinsurance is not applicable to this benefit.

2.1.2 Out-patient Treatment Benefits

If an Insured Person is diagnosed with an Illness or suffers an Injury during the Period of Insurance that requires the Insured Person to

take Out-patient Treatment, then we will indemnify the Medical Expenses incurred on that Out-patient Treatment subject to Deductible and Coinsurance, as applicable, as specified in the Policy Schedule.

Benefit Deductible shall be applicable on per visit to General Physicians and/or Specialist Physicians / Medical Practitioner who is not from the University Student Centre or Student Health Centre.

We shall indemnify the following Medical Expenses incurred on Out-patient Treatment:

(I) Consultations

We shall indemnify Insured Person for the Out-patient consultation with General Physicians and/or Specialist Physicians / Medical Practitioner.

(ii) Diagnostic Procedures

We shall indemnify the Medical Expenses incurred for prescribed diagnostic procedures not limited to CT, MRI, PET scans etc.

(iii) Radiotherapy and/or Chemotherapy

The cost of radiotherapy and/or chemotherapy received as an outpatient

(iv) Kidney Dialysis

The cost of kidney dialysis received as an outpatient

(v) Out-patient Surgical Procedures

We shall indemnify the Medical Expenses incurred under Outpatient surgery performed at an outpatient department of a hospital or surgery center by a surgeon (includes anesthetist and surgical assistant).

(vi) Out-patient Prescription Drugs (including Contraception drugs)

We shall indemnify the Medical Expenses incurred for prescribed drugs by Medical Practitioner.

Note: - Any dosage exceeding thirty (30) days of drug prescriptions, the Insured Person should obtain our/ Assistance Service Provider prior approval except for contraception drugs.

- Benefit Deductible do not apply to this benefit

- Contraception Drug cover shall not be applicable on dependent children under Family Cover if opted.

Not Covered Under this Benefit

Certain treatments and medications, such as vitamins, herbs, Experimental and/or Investigational medications, even when recommended by a Physician, do not qualify as Prescription Medications. Any medication that is not scientifically or medically recognized for a specific diagnosis or that is considered as off label use, Experimental, or not generally accepted for use will not be covered, even if a Physician prescribes it.

Outpatient prescription drugs exclusions

The following are not covered under the outpatient prescription drugs benefit:

- i. Compounded prescriptions containing bulk chemicals not approved by the U.S. Food and Drug
- ii. Cosmetic drugs including medications and preparations used for cosmetic purposes
- iii. Dietary supplements including medical foods
- iv. Drugs or medications
 - Which do not, by federal or state law, require a prescription order i.e. over-the-counter (OTC) drugs), even if a prescription is written except as specifically approved by us / Assistance Service Provider
 - Not approved by the FDA or not proven safe or effective
 - That are used to treat sexual dysfunction, enhance sexual performance or increase sexual desire.
- v. Duplicative drug therapy.

(vii) Emergency Out-patient Treatment

We shall indemnify the Medical Expenses incurred by the Insured Person for an Emergency Medical Condition in a Hospital emergency room, surgical center or clinic as an out-patient. If Insured Person is hospitalized as In-patient directly after emergency Out-patient treatment, then the Benefit Deductible shall be waived off.

(viii) Therapeutic Services

We shall indemnify the Medical Expenses incurred by the Insured Person for outpatient occupational therapy, physical therapy, and speech therapy subject to per visit limit as specified in Policy Schedule and maximum up to 30 days per Policy Year.

- Physical therapy (except for services provided in an educational or training setting) is covered provided it is expected to improve or restore physical functions lost as a result of an acute illness, injury or surgical procedure.
- Occupational therapy (except for vocational rehabilitation or employment counseling or services provided in an educational or training setting) is covered provided it is expected to improve, develop or restore functions lost as a result of an acute illness, injury or surgical procedure that improves ability to perform the activities of daily living on your own.
- Speech therapy (except for services provided in an educational or training setting or to teach sign language) is covered provided the therapy is expected to develop speech function as a result of delayed development. Speech function is the ability to express thoughts, speak words and form sentences.

The treatment must meet the following conditions at the same time:

- (1) Prescribed by a Physician if it is considered medically necessary.
- (2) A clear treatment plan (including expected therapeutic effects and end time) and provide therapeutic services.
- (3) The treatment is given at a registered center specialized for such services.

(ix) Mental Health

We shall indemnify the outpatient expenses related to mental health treatment which interferes with daily functioning. Psychiatrist, licensed clinical psychologist, or licensed professional counselor must provide all mental health treatments.

Not Covered Under this Benefit:

Non-medical counseling services include addictive behavior counseling, marriage and family counseling, educational counseling etc.

2.1.3 Maternity Benefits

The following Maternity Benefits are covered subject to Deductible and Coinsurance, as applicable, as specified in Policy Schedule.

(i) Maternity Care for covered pregnancy

- i. We shall indemnify the medical expenses incurred by the Insured Person due to pregnancy during the Period of Insurance in a Hospital or approved birthing center for a normal vaginal delivery and for a Medically Necessary C-section, Pre- natal and post-natal routine care & Pre-natal and post-natal complications and including but not limited to childbirth and miscarriage.
- ii. All prenatal and postnatal consultations and diagnostic tests.
- iii. Investigation and treatment to the cause of infertility: We shall indemnify the Medical Expenses incurred on out-patient diagnostic tests to find the cause of infertility and to treat the underlying medical conditions that may be associated with involuntary infertility (e.g., endometriosis, obstructed fallopian tubes, hormone deficiency). Prescription Drugs related to infertility are not covered, except where specifically required by law.

Note : - This Benefit does not cover the dependent daughters of the primary insured.

- Conception must occur after the Policy Period Start Date
- Elective C-sections are not covered.
- We shall indemnify the reasonable Medical Expenses incurred on post-natal routine care and post-natal complications up to ninety (90) days following the delivery of the baby

(ii) Surgical Contraception Benefit

We shall indemnify the medical expenses incurred by Insured Person for surgical contraception treatments. We shall not cover the cost of follow-up treatment of contraception surgery or medical expenses caused by postoperative complications.

Note - Policy Deductible and Coinsurance is not applicable to this benefit.

Coverage under this benefit shall supersede to the extent under the clause 4.1 (13)

(iii) Abortion

We shall indemnify the Medical Expenses incurred on:

1. Medically necessary artificial termination of pregnancy before the embryo is viable independently (i.e. pregnancy within twenty-eight (28) weeks) of voluntary termination of pregnancy and related treatment expenses. Voluntary termination of pregnancy is limited to one time in Policy Year.
2. Hospitalization expenses for complications arising from the therapeutic abortion or voluntary termination of pregnancy.

Medically necessary artificial termination of pregnancy is limited to the following situations:

- a) If the pregnancy continues, the Insured Person will be in danger of death;
- b) Conditions in the fetus that lead to its death before or shortly after birth.

Under this Benefit we shall indemnify the Medical Expenses subject to USD 500 per Insured Person per Policy Year.

Note: Coverage under this section -Maternity Benefit shall be available to Primary Insured Person only if aged 18-45 Years.

2.1.4 New born Benefits

A newly born child of an Insured Person will be covered subject to Deductible and Coinsurance, as applicable, as specified in Policy Schedule, from the moment of birth (including premature birth). Such newborn child will be covered for an initial period of up to (90) days from the date of the birth. This includes the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities from the moment of birth.

For continuous coverage under this Policy of the child of 91 days and above, the Insured Person must notify us of the birth and pay the additional premium.

Routine New born Care

We shall indemnify subject to Deductible and Coinsurance, as applicable:

- I. The expenses for routine nursing and health care incurred by the newborn up to 4 days during the Insured Person's (mother) hospitalization;
- II. Expenses for one (1) visit/ consultation immediately after birth is covered.

2.1.5 Other Benefits

The following Benefits are covered subject to Deductible and Coinsurance, as applicable, as specified in Policy Schedule.

(i) Dental Treatment due to Accident

We shall indemnify the Medical Expenses up to USD 300 per tooth and a maximum of USD 600 per Policy Year for Dental treatment and restoration of sound natural teeth which is required as a result of an Accident.

Note: - All treatment/ reporting must begin within 72 hours of the Accident.

- Routine dental treatment is not covered under this benefit.
- Sound teeth do not include teeth with previous crowns, fillings, or cracks.
- Damage to teeth caused by chewing food or usage of prohibited substances does not qualify for coverage.

(ii) Paediatric Dental and Vision Care

The following Benefits are only applicable to dependent children who are under the age of 19 years.

Pediatric Dental Care - We shall indemnify the reasonable Medical Expenses incurred on out-patient routine dental

check-ups subject to 2 visits per Policy Year.

Pediatric Vision Care - We shall indemnify the reasonable Medical Expenses incurred for preventive and routine vision care, such as:

Expenses incurred for one Vision examination per Policy Year performed by an optometrist at a vision care center for the purpose of determining the need for corrective lenses or spectacles, and if needed, to provide a prescription for corrective lenses.

Charges for spectacles or contact lenses that are medically necessary and must have a diopter report from an optometrist, ones per Policy Year subject to limit specified in Policy Schedule.

In any one Policy Year, this benefit will cover either prescribed spectacles or prescribed contact lenses, but not both.

The following are not covered under this benefit:

- Spectacles, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes.

Note- Policy Deductible does not apply to this benefit.

(iii) Cancer Screening

We shall indemnify the reasonable Medical Expenses for the medical examinations incurred by the Insured Person in relation to cancer screening.

Note: i. Policy Deductible & Coinsurance is not applicable to this benefit.

ii. Coverage applicable only in USA & Canada(In-Network).

(iv) Extended Care / Inpatient Clinics / in-patient Rehabilitation

We shall indemnify the rehabilitation treatment expenses of the Insured Person at any licensed rehabilitation center who meet the following conditions immediately after the hospital discharge. The rehabilitation treatment time subject to maximum of 30 days per Policy Year:

- i. Rehabilitation is administered by a Medical Practitioner specializing in nursing and/or rehabilitation
- ii. Rehabilitation is not done on an outpatient basis
- iii. The Insured Person has agreed in writing with us / Assistance Service Provider on the relevant expenses before the rehabilitation treatment
- iv. A rehabilitation treatment plan is prepared by a licensed physician / Medical Practitioner responsible for the treatment of a patient's illness or injury.

(v) Hospice and Palliative Care

We shall indemnify the reasonable Medical Expenses such as nursing and treatment in the terminal stage of Insured Person maximum up to 30 days who requires Hospice Care or palliative care as the result of an injury or illness. The Insured Person must have been diagnosed with a terminal illness by a licensed Physician/ Medical Practitioner providing written certificate and medical prognosis must be death within six months. The Insured Person must have elected to receive palliative rather than curative care.

For this benefit purpose:

Hospice Care means a coordinated program of home and inpatient care provided directly or under the direction of a properly licensed Hospice. Such services will include palliative and supportive physical, psychological, psychosocial and other health services to individuals with a terminal illness.

Palliative care means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than the treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

(vi) Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse

We shall indemnify the cost of providing nursing services at the Insured Person's residence maximum up to 100 days per Policy Year provided:

1. The Insured Person was admitted to the intensive care unit due to illness or injury before being discharged from the hospital.
2. The attending physician / Medical Practitioner certifies that home care is Medically Necessary;
3. The Insured Person must obtain the written consent from us / Assistance Service Provider before receiving home care
4. This Benefit does not apply to terminally ill and Palliative Care patients.

(vii) Intercollegiate, Interscholastic, Intramural, Club Sports

If the Insured Person participates in sports organized by the educational institution (such as intercollegiate, interschool, intramural, club sports, etc.) and causes illness or accidental injury, we shall indemnify the medical expenses arising therefrom subject to limit as specified in Policy Schedule.

Accidental damage to natural teeth caused by the above sports does not fall within the scope of this insurance liability, and the medical expenses under such circumstances belong to the liability of "Dental treatment due to accident".

For all intercollegiate, intramural, and sports club sports, the policyholder or the Insured Person should obtain prior authorization from us / Assistance Service Provider.

The coverage under this benefit is limited to In-patient & Day Care treatment benefit and Out-patient treatment benefits.

(viii) Durable Medical Equipment

We shall indemnify Medical Expenses for medically necessary medical aids, devices or durable medical equipment prescribed by a Physician / Medical Practitioner to restore the insured's bodily functions, including but not limited to orthopedic arch braces, compression stockings, speech aids (electronic larynx) , wheelchairs, crutches, medical splints, medical orthopedic braces, respirators, dialysis machines

Such Durable Medical Equipment must be:

- i. Prescribed by a Physician / Medical Practitioner,
- ii. Customarily and generally useful to a person only during an Illness or Injury,
- iii. Equipment must be appropriate for use in the home and are not disposable except as needed for effective use of covered equipment.
- iv. Determined by us / Assistance Service Provider to be Medically Necessary and appropriate.
- v. Allowable rental fee of the Durable Medical Equipment (for the period as specified by the Medical Practitioner) must not exceed the purchase price. Charges for repairs or replacement of artificial devices or other Durable Medical Equipment originally obtained under this Plan will be paid at 50% of the allowable reasonable and customary amount.

Some items not covered under Durable Medical Equipment include but are not limited to the following:

- I. Comfort items such as telephone arms and over bed tables, or
- II. Items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers, or
- III. Miscellaneous items such as exercise equipment, heat lamps, heating pads, toilet seats, bathtub seats, or
- IV. The customizing of any vehicle, bathroom facility, or residential facility.
- V. High performance devices for sports or improvement of athletic performance, and power enhancement or power controlled devices, nerve stimulators, and other such enhancements are not covered. Limbs and other devices intended to replace the functionality of the body part being replaced and the repair and replacement of such devices are not covered.

(ix) Local Road Ambulance

We shall pay the road ambulance expenses for Medically Necessary emergency transportation of the Insured Person to the nearest Hospital from the place of occurrence of medical emergency.

Not Covered Under this Benefit

The use of ambulance services for the convenience of the Insured Person will not be considered a covered service.

(x) Emergency Medical Evacuation and Repatriation

a) Emergency Medical Evacuation:

If the Insured Person is hospitalized due to illness or Injury, experiences an emergency medical event and adequate medical facilities are not available locally in the opinion of the attending physician / Medical Practitioner and we/ Assistance Service Provider, we or Assistance Service Provider will provide an emergency medical evacuation (under medical supervision if necessary) to the nearest facility capable of providing adequate care. We will pay the Medically Necessary reasonable charges for evacuation to another nearest medical facility and related medical services necessarily incurred in connection with the Emergency Medical Evacuation.

b) Medical Repatriation:

After an Insured Person receives initial treatment and get discharge from the above-mentioned hospital, the attending physician / Medical Practitioner and we / Assistance Service Provider will determine that it is medically necessary, we/ Assistance Service Provider will arrange and pay the cost of an economy-class air ticket of a civil flight or other appropriate means of transportation and the reasonable Medical Expenses incurred in connection with the repatriation during the transportation of an Insured Person back to the Insured Person's Home Country. If the Insured Person refuses Repatriation, the Policy will be terminated for failure to meet Eligibility requirements.

Conditions applicable to Emergency Medical Evacuation and Medical Repatriation

- i. Emergency Medical Evacuation and Medical Repatriation benefits shall only be provided to an Insured Person after we/ Assistance Service Provider receives the request (in writing or via phone) from the Insured Person or an authorized representative of the Insured Person of the need for the requested Emergency Medical Evacuation and Medical Repatriation benefits. In all cases, the requested Emergency Medical Evacuation and Medical Repatriation benefits services and payments must be arranged, authorized, verified and approved in advance by us / Assistance Service Provider. If the Insured Person doesn't notify us or Assistance Service Provider, the Insured Person will be responsible for paying all charges and no benefits will be paid.
- ii. The evacuation is recommended by the attending physician / Medical Practitioner who certifies that it is medically necessary.
- iii. **Sea and Offshore Evacuation:** If an Insured Person is injured or becomes ill at sea (i.e cruises, yachting, etc.), we will not consider any benefit until the Insured Person is on land. This means any costs involved from an evacuation from sea to land will not be considered. Once on land, we will cover medical costs and further evacuation, according the insurance coverage and terms. If an Insured Person is at sea, we would request the Insured Persons are evacuated by sea rescue to a country within their purchased Area of Coverage, where circumstances allow.
- iv. If on the date of Policy Cover ends, the Insured Person is hospitalized, this benefit continues in force until the earlier of the date of discharge or 30 days after the Policy cover end date.

Limitations applicable to Emergency Medical Evacuation and Medical Repatriation

In no event we shall be responsible for providing Emergency Medical Evacuation and Medical Repatriation benefits to an Insured Person in a situation arising from or in connection with any of the following:

- i. Travel costs that were neither arranged nor approved in advance by us or Assistance Service Provider.
- ii. Taking part in military or police service operations.
- iii. Insured Person's failure to properly procure or maintain immigration, work, residence or similar type visas, permits or documents.
- iv. The actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
- v. Any evacuation or repatriation that requires an Insured Person to be transported in a biohazard-isolation unit.
- vi. Medical Evacuations from a marine vessel, ship, or watercraft of any kind.
- vii. Medical Evacuations directly or indirectly related to a natural disaster.

- viii. Subsequent Medical Evacuations for the same or related Sickness, Injury or Emergency Medical Event regardless of location.
- ix. Medically Necessary treatment, services and supplies can be provided locally; or
- x. If transportation by any other method would not result in the loss of Insured Person's life or limbs; or
- xi. The condition giving rise to the Emergency Medical Evacuation did not occur suddenly and unexpectedly and without advance warning, either in the form of physician / Medical Practitioner recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the emergency; or
- xii. As a result of deliberate self-inflicted injury, suicide or attempted suicide
- xiii. The Insured Person ignores the reminders of the Indian Government or the United States of America (USA) & Canada Government, and during the travel to the destinations that are not recommended or prohibited.
- xiv. The Insured Person participates in a sport or receives relevant training for which salary or monetary compensation (including subsidies and sponsorship fees) can be obtained, except that the Insured Person only receives travel expenses.
- xv. Skydiving, cliff diving, flying in an aircraft without a flight permit or flying as a student, martial arts, free climbing, mountaineering (with or without ropes), scuba diving (to a depth of more than ten (10) meters), trekking To heights above two thousand five hundred (2,500)meters, bungee jumping, canyoning, hang gliding, paragliding or motorized paragliding, skydiving, caving, off-piste skiing or other off-piste winter sports.
- xvi. Expenses arise directly or indirectly from anything in the General Exclusions.

(xi) Repatriation of Mortal Remains

In the event of an Insured Person's death outside the country of nationality, we or Assistance Service Provider will assist for the Insured Person's cremation or the return of the Insured Person's mortal remains to Home Country or place of primary residence. We shall indemnify the reasonable costs for death certificates required by the Home Country or Host Country to release the remains and expenses of the preparation and transportation of the Insured Person's mortal remains to the Insured Person's Home Country or place of primary residence.

Documents to be submitted for any Claim under this Benefit :

- i. Copy of the death certificate providing details of the place, date time, and the circumstances and cause of death.
- ii. Copy of the postmortem certificate.
- iii. Documentary proof for expenses incurred towards disposal of the mortal remains.
- iv. In case of transportation of the body of the deceased to the Country of Residence or Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased

(xii) Emergency Reunion

- (a) We shall indemnify the Insured Person up to the coverage amount as specified in Policy Schedule per Policy Year for the actual expenses / cost incurred by the Insured Person for the actual cost of a return (two-way) 'direct route – economy class' air ticket from the Country of Residence of an Immediate Family Member to the place of Hospitalization of the Insured Person as well as reasonable expenses incurred by Immediate Family Member for lodging and meals for a period not exceeding 15 days, provided that:
 - i. The Insured Person is hospitalized for Emergency Care of any Injury or Illness suffered during the Period of Insurance and claim is admissible under Benefit: Inpatient & Day Care Treatment;
 - ii. The treating Medical Practitioner advises that the attendance of an Immediate Family Member is necessary; and
 - iii. The Insured Person is hospitalized for at least five (5) consecutive days, and the treating doctor certifies that his medical condition forbids Insured Person's repatriation and no adult member of Insured Person's immediate family is present; and
 - iv. The Immediate Family Member's return travel to the Country of Residence shall commence not later than

the date of the Insured Person's return to the Country of Residence.

Note - Policy Deductible and Coinsurance is not applicable to this benefit.

(b) Documents to be submitted for any Claim under this Benefit :

- i. A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of Hospitalization. The certificate shall also specify the minimum period of Hospitalization.
- ii. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- iii. Original ticket with invoice used for the travel by the Immediate Family Member.
- iv. Copy of passport of Immediate Family Member with entry and exit stamp.

(xiii) Accidental Death and Dismemberment

If the Insured Person suffer an Injury during the Period of Insurance, which results in an insured event within 12 calendar months from the injury, we will pay to the Policyholder/Insured (or the Nominee or his/ her legal heir), the amount specified against this benefit in the Policy Schedule subject always to the term and conditions of the Policy and the availability of the Coverage Amount, as applicable.

Note - Coverage under this benefit shall be available in Home Country as well.

Accidental Death

(a) If the Insured Person dies within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance, we will pay the Coverage Amount provided that death is solely and directly due to the Injury (including felonious assault).

(b) Documents to be submitted for any Claim under this Benefit :

- i. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided
- ii. Death certificate
- iii. Postmortem certificate
- iv. Accident Proof: FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket or Boarding Pass of the Common Carrier or any other proof to the satisfaction.
- v. Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury

Permanent Total Disablement (PTD)

(a) If the Injury (including felonious assault) suffered by the Insured Person solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury during the Period of Insurance, we will pay the amount specified in the table below:

| Sr. No. | Insured Events | Amount payable = % of the Coverage Amount specified in the Policy Schedule against PTD Benefit. |
|---------|---|---|
| i | Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot | 100% |
| ii | Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot | 100% |
| iii | Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot | 50% |
| iv | Total and irrecoverable loss of use of a hand or a foot without physical separation | 50% |
| v | Paraplegia or Quadriplegia or Hemiplegia | 100% |

Note: For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.

For the purpose of this Benefit only:

- i. Hemiplegia means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- ii. Paraplegia means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- iii. Quadriplegia means complete and irrecoverable paralysis of all four limbs.

Insured Event means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

(b) Documents to be submitted for any Claim under this Benefit :

- i. Medical reports giving the details of the Accident, nature of Injury and the extent of disability (if applicable) and the details of treatment provided.
- ii. Accident Proof: FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket or Boarding Pass of the Common Carrier or any other proof to the satisfaction.
- iii. Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury.

Permanent Partial Disablement (PPD)

(a) If the Injury (including felonious assault) suffered by the Insured Member solely and directly results in any of the following

| Sr. No. | Insured Events | Amount payable = % of the Coverage Amount specified in the Policy Schedule against PPD Benefit. |
|---------|---|---|
| 1 | Total and irrecoverable loss of hearing in: a) Both ears b) One ear | 75% 20% |
| ii | Loss of toes a) All b) Both phalanges of great toes bilateral c) Both phalanges of one great toe d) Both phalanges of other than great toe for each toe | 20% 5% 2% 1% |
| iii | Loss of four fingers and thumb of one hand | 40% |
| iv | Loss of four fingers of one hand | 35% |
| v | Loss of thumb a) both phalanges b) one phalanx | 25% 10% |
| vi | Loss of Index finger a) three phalanges b) two phalanges c) one phalanx | 10% 8% 4% |
| vii | Loss of middle finger a) three phalanges b) two phalanges c) one phalanx | 6% 4% 2% |
| viii | Loss of ring finger a) three phalanges b) two phalanges c) one phalanx | 5% 3% 2% |

| | | |
|----|---|---|
| ix | Loss of little finger | |
| | a) three phalanges | 4% |
| | b) two phalanges | 3% |
| | c) one phalanx | 2% |
| x | Loss of metacarpus | |
| | first or second | 3% |
| | third, fourth or fifth | 2% |
| xi | Any other Permanent partial disablement not otherwise mentioned under Sr. No. I to X. | Such percentage of the Sum Insured as determined in accordance with the medical assessment carried out by Medical Practitioner provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured. |

Note: For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.

Insured Event means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

(b) Documents to be submitted for any Claim under this Benefit:

- i. Medical reports giving the details of the Accident, nature of Injury and the extent of disability (if applicable) and the details of treatment provided.
- ii. Accident Proof: FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket or Boarding Pass of the Common Carrier or any other proof to the satisfaction.
- iii. Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury.

Exclusion applicable to this benefit:

Accident or loss is caused by or contributed to by any of the following:

- I. Terrorism, war or act of war, whether declared or undeclared;
- II. participation in a riot, insurrection or violent disorder;
- III. service in the armed forces of any country;
- IV. Suicide or attempted suicide or intentional self-inflicted injury, while sane or insane;
- V. The voluntary use of any chemical compound, poison or drug, unless used according to the directions of a physician / Medical Practitioner;
- VI. Committing or attempting to commit a felony;
- VII. Illness, mental health disorder, or pregnancy;
- VIII. Myocardial infarction or cerebrovascular accident (CVA / Stroke);
- IX. Infection, except infection through a wound that was caused solely by an accident;
- X. learning to operate the aircraft, serving as a member of the aircraft crew, or if the aircraft was being used for any purpose other than passenger transportation;
- XI. Medical or surgical treatment for any of the above; or
- XII. Any non-covered sports activities.

2.2 Optional Covers

Benefit Deductible, Policy Deductible & Coinsurance shall not be applicable on the following Optional Covers. Deductible mentioned against any particular Optional Cover in Policy Schedule shall be applicable.

2.2.1 Daily Allowance

- (a) If the Illness or Injury suffered by the Insured Person solely and directly requires the Insured Person's Hospitalization during

the Period of Insurance, then we will pay the fixed amount per day as specified in Policy Schedule for each continuous and completed period of 24 hours of Hospitalization, post expiry of first 3 consecutive days of Hospitalization up to maximum duration of 7 days in a Policy Year, provided that the Insured Person is hospitalized as In-patient for an Injury or Illness suffered during the Period of Insurance and claim is admissible under In-patient Treatment.

- (b) Documents to be submitted in support of the claim:
- i. Copy of pathological and diagnostic reports
 - ii. Discharge summary
 - iii. Indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.

2.2.2 Loss Of Checked-In Baggage

- (a) We will indemnify up to the amount specified in Policy Schedule, if the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier in which the Insured Person was ticketed passenger provided that:
- i. Coverage under this Benefit shall commence only after the Checked-In Baggage is entrusted to the Common Carrier and a receipt obtained and coverage under this Benefit shall terminate automatically on the Common Carrier reaching the Place of Destination specified in the ticket of the Insured Person during the Period of Insurance and coverage under this benefit shall not be available in case of Insured Person returning to India;
 - ii. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person, we shall pay the amount in proportion to the pieces of Checked-In Baggage that are lost; (e.g. the benefit amount opted is \$ 300 and 3 pieces of baggage are checked-in out of which one bag is lost, then our liability is restricted to 1/3 of \$ 300 i.e. \$100);
 - iii. If the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by us under this Benefit in full irrespective of whether delivery of the baggage is taken or not;
 - iv. If a portion of the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by us under this Benefit attributable to the portion of Checked-in Baggage traced in full irrespective of whether delivery of the baggage is taken;
 - v. Liability shall be determined based on the market value of the Contents of the Checked-In Baggage as on the scheduled/expected date of delivery at the destination port.
 - vi. In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds US\$ 100, our liability shall be limited to US\$ 100 only.

- (b) Exclusions applicable to Loss Of Checked-In Baggage:

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- i. Any partial loss or damage of any items contained in the Checked-In Baggage.
- ii. Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
- iii. Any loss due to damage to the Checked-In Baggage.
- iv. Any loss of the Checked-In Baggage sent in advance or shipped separately.
- v. Valuables
- vi. Any loss for which a Claim has already been made under Delay of Checked-in Baggage.

For this Benefit, **Valuables** shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals.

- (c) Documents to be submitted for any Claim under this Benefit:

- i. Property irregularity report issued by the appropriate authority.

- ii. Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.
- iii. Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage.

2.2.3 Delay Of Checked-In Baggage:

- (a) We will pay the fixed amount as specified in Policy Schedule if the delivery of the Insured Person's Checked-In Baggage which has been entrusted to the Common Carrier is delayed by more than 12 hours from the Insured Person's arrival at the Place of Destination specified on his valid ticket during the Period of Insurance.
- (b) For Claim to be payable under this Benefit, It is a condition precedent that upon discovering the delay in arrival of Checked-in Baggage the Insured Person shall obtain a non-delivery confirmation from common carrier along with the period of delay which must be submitted to us / Assistance Service Provider in event of a claim.

(c) Exclusions applicable to Delay Of Checked-In Baggage:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- i. Any delay which does not exceed the time period specified in this Benefit.
- ii. Any loss for which a Claim has already been made under Loss Of Checked-In Baggage;
- iii. Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies;
- iv. Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.
- v. Any delay while returning to India

2.2.4 Loss of Passport

- (a) If the Insured Person loses his original passport while on foreign land during the Period of Insurance, we will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new passport up to the amount specified in Policy Schedule subject to Deductible applicable.

(b) Documents to be submitted for any Claim under this Benefit :

- i. Copy of the police report
- ii. Details of the attempts made to trace the passport;
- iii. Statement of claim for the expenses incurred;
- iv. Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

2.2.5 Loss of International Driving License

- (a) If the Insured Person loses his original International Driving license obtained from India while on foreign land during the Period of Insurance, we will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new International Driving license up to the amount specified in Policy Schedule subject to Deductible applicable.

(b) Documents to be submitted for any Claim under this Benefit:

- i. Copy of the police report;
- ii. Original receipt for payment of charges to the authorities for obtaining a new or duplicate International Driving license.

2.2.6 Personal Liability

- (a) We shall indemnify the Policyholder / the Insured Person, up to the amount as specified in the Policy Schedule subject to Deductible applicable, against actual legal liability arising on account of Insured Person's negligence occurring during the Period of Insurance for which civil Claim is made or suit brought against the Insured Person by the third parties and Insured Person intimated to us not later than 60 days from the date of event or first intimation to the Insured Person of the event/suit, whichever is earlier for the following causes:

- (i) Accidental Injury to third parties

- (ii) Property damage to third parties

We shall also indemnify the Insured Person towards the cost of legal defense incurred, upon the prior written consent from us.

(b) Exclusions applicable to Personal Liability

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- i. Liability of the Insured Person in relation to any professional services rendered by him.
- ii. Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities.
- iii. Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract.
- iv. Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances.
- v. Fines, penalties, punitive or exemplary damages of any kind.
- vi. Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- vii. Any liability, which is the subject matter of specific insurance elsewhere.
- viii. Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial.
- ix. Liability resulting from transmission of an illness or disease by the Insured Person.
- x. Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from.
- xi. Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- xii. Liability arising from the possession of animals, birds, reptiles or insects and their byproducts like skin, hair, feathers, horns, fur, ivory, bones or eggs.
- xiii. Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or use of firearms.
- xiv. Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- xv. Liability arising from any supply of goods or services on the part of the Insured Person.
- xvi. Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- xvii. Any liability arising from a contingency occurring anywhere in the Country of Residence of the Insured Person.
- xviii. Liability arising out of any breach of law or rules or any criminal liability.

(c) Documents to be submitted for any Claim under this Benefit:

- i. Statement of Claim furnishing particulars of the event leading to the liability such as the court order;
- ii. Photocopy of the police report (wherever reported)

2.2.7 Study Interruption

- (a) We will indemnify the Insured Person up to the amount specified in Policy Schedule for tuition fees which is to be paid to the educational institute on account of the Insured Person having to repeat the semester solely and directly for any of the following reasons:

- i. Hospitalization of the Insured Person for more than 30 days consecutive for either a covered Injury or Illness for which a Claim has been admitted under In-patient & Day care Treatment or in case of an Emergency Medical Repatriation, or
- ii. Death of an Immediate Family Member arising out of and consequent upon an Injury sustained during the Period of Insurance provided that no claim has already been made under Sponsor Protection and:
- iii. We will be liable to pay such fees (excluding penalties) only after the demand for such fees is raised by the educational institute and paid by the Insured Person
- iv. In the event of a Claim, the Insured Person shall make a request to the educational institute, in writing, seeking a written response from it towards any amount due to the Insured Person by way of refunds. Any such refunds shall be first Deducted from the amount payable us.

(b) Documents to be submitted in support of the claim:

I. In relation to Death of the Immediate Family Member

- i. Medical reports giving the details of the Accident and nature of Injury.
- ii. Death Certificate
- iii. Postmortem certificate (if applicable)
- iv. Police report (if applicable)

II. In relation to Hospitalization of Insured Person

- i. Documents as applicable to In-patient & Day care Treatment

III. In relation to Fees

- i. Demand letter from educational institute raising such demand
- ii. Copy of the original fee schedule
- iii. Certificate from educational institute establishing the discontinuity of studies and re-admission to the same semester under the same course
- iv. All semester passing certificate
- v. All Documentary proof of fee paid.

2.2.8 Sponsor Protection

(a) We will indemnify the Insured Person up to the amount specified in Policy Schedule for the balance fees for regular classroom study for the educational course specified in the Policy Schedule at the educational institute specified in the Policy Schedule in the event of the death of the Sponsor directly arising out of and consequent upon an Injury sustained during the Period of Insurance, provided that:

- I. Our cumulative liability under this Benefit shall be limited to the actual unpaid fees (excluding penalties) for the remaining period of the course or the Period of Insurance, whichever is earlier.
 - i. We will be liable to pay for such fees only after the demand for such fees is raised by the educational institute.
 - ii. We will pay the outstanding fees semester wise or as per the periodicity based on which demand for such fees is raised by the educational institute.
 - iii. We will be liable to pay such fees under this Benefit only if the Insured Person continues to be enrolled and attend that course at the educational institute as per the rules of such institute.
 - iv. If the Insured Person discontinues his studies for any reason, we shall have the right to recover such fees paid by it from the Insured Person.
- II. No claim has already been paid under Study Interruption.

(b) Documents to be submitted in support of the claim:

I. In relation to the Sponsor

- i. Medical reports specifying the details of the Accident and the nature of Injury.
- ii. Death Certificate.
- iii. Postmortem certificate (if applicable)
- iv. Police report (if applicable)

II. In relation to Unpaid Fees

- i. Demand letter from educational institute
- ii. Copy of the original fee schedule
- iii. Certificate from educational institute establishing the continuity of studies
- iv. All semester passing certificate
- v. All Documentary proof of fee paid.

2.2.9 Bail Bond

(a) We will indemnify for the legal costs of procuring a bail bond up to the amount specified in Policy Schedule, which is required to be furnished in the event of the arrest or imminent arrest of the Insured Person by any government or statutory body or authority, provided that every notice, writ, summons or process and all documents relating to the claim/ event shall be forwarded to us immediately on receipt by the Insured Person.

(b) Exclusions applicable to Bail Bond

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- i. Legal liability of the Insured Person
- ii. Any amount paid towards bail, surety or guarantee or of similar nature
- iii. Fines, penalties, punitive or exemplary damages of any kind.
- iv. Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- v. Any liability, which is the subject matter of specific insurance elsewhere.
- vi. Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- vii. Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- viii. Liability arising out of any breach of law or rules or any criminal liability.

(c) Documents to be submitted for any Claim under this Benefit:

- i. Statement of claim furnishing particulars of the event
- ii. Copy of the report and notice received from the government or statutory body/authority
- iii. Copy of the application for bail and the evidence of cost incurred towards procurement of such bail.

2.2.10 University Insolvency

(a) We will indemnify the Insured Person up to the amount specified in Policy Schedule for expenses/cost incurred by the Insured Person for Common Carrier expenses for returning back to the Country of Residence and accommodation expenses in case the University in which the Insured Person has applied has become insolvent, provided that:

- i. Our liability shall be in relation to the economical category of accommodation in the same place of stay where the University is situated for a maximum of 7 days and additional expenses in relation to the economical class of travel.
- ii. It is a condition precedent to admission of liability under this cover that the Insured Person shall take all steps to fix the primary responsibility for the University Insolvency and try to recover from them the consequential loss incurred by the

Insured. Details of the steps taken by the Insured Person shall be furnished to us.

- iii. Any recovery towards additional expenses from the University as the case may be, if any, affected from the concerned agencies after settlement of the claim under the policy, shall be remitted to us to the extent of the amount of claim admitted and paid by us to the Insured.

(b) Exclusions applicable to University Insolvency:

- i. A Claim is not admissible under this Benefit unless expressly stated to the contrary elsewhere in respect of any Insured Person for, arising out of or directly or indirectly due to the Insured Person failing to adhere to the rules of the University or regulation of state in connection to admission as the case may be.

(c) Documents to be submitted for any Claim under this Benefit :

- i. A declaration from the Insured Person that he / she has strictly complied with the rules laid down by the University;
- ii. Proof enrollment into university ;
- iii. Copy of the complaint lodged by the Insured Person on the University to competent authority;
- iv. Statement of Claim for the expenses incurred;
- v. Original receipt for payment of charges to the other Common Carrier and / or other the accommodation provider;
- vi. Valid visa having the same University name.

2.2.11 Trip Delay

- (a) We will pay fixed amount specified in Policy Schedule if the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 12 consecutive hours from the later of the declared time of departure or expected time of departure due solely and directly to any one of the following:

- i. Earthquake, flood, rains, storm, cyclone or tempest; or
- ii. Terrorism

We will pay the Coverage Amount provided that:

- i. We or the Assistance Service Provider has given written notice of the delay immediately and in any event within 30 days of the commencement of the delay.
- ii. No alternate travel arrangements were made by the same airlines before completion of 12 hours.

(b) Exclusions applicable to Trip Delay

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- i. Any contingencies other than those specifically named above;
- ii. The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority.

(c) Documents to be submitted in support of the Claim:

- i Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay

2.2.12 Loss of Laptop / Tablet

- (a) We will indemnify the depreciated amount to the Insured Person as specified in the Policy Schedule, due to declaration of loss of Laptop / Tablet (while the Insured Person was carrying them) within the Period of Insurance due to Theft, robbery or being stolen.

Re-imbursment will be maximum up to the limits shown in the Policy Schedule and will be on depreciated value of the lost item/s at the time of loss. Depreciated Value will be calculated after taking into account depreciation on the lost item as per the below table (for below example: assumed purchase value during the time of purchase is \$100 with depreciation of 50% each year). Year after purchase of item will be rounded of nearest integer year in case of partial year as per date of loss and date of purchase of the item

| Years after purchase of the item | 1 | 2 | 3 | 4 | 5 | 6 |
|----------------------------------|------|------|------|-----|-----|---|
| Depreciated Value (\$) | 50.0 | 25.0 | 12.5 | 6.3 | 3.1 | 0 |

Provided that; Claim must be supported by documentary evidence for purchase value

(b) Exclusions applicable to Loss Of Laptop / Tablet :

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- i. Any electrical or mechanical breakdown of the laptop / Tablet
- ii. Any loss of softwares or data in the laptop / Tablet and any consequential loss
- iii. Any loss as a result of any action taken by customs department.

(c) Documents to be submitted for any Claim under this Benefit :

- i. Copy of the police report;
- ii. Details of the attempts made to trace the Laptop / Tablet;
- iii. Letter defining incidence of theft
- iv. Original bill or bill copy of the Laptop / Tablet;

2.2.13 Adventure Sports Injury

The coverage under this benefit will be limited to **In-Patient Treatment** for the illness or injury occurring due to participation of Insured Person in adventure sports. We will reimburse up to the Coverage Amount as specified in the Policy Schedule subject to deductible, provided that:

- (i) Insured Person participates in a non-professional capacity and under the supervision of a trained professional, as applicable; and
- (ii) Insured Person shall follow/adhere to all safety measures and guidelines laid down by the instructors/trainers/coaches/the organization conducting the adventure sports while engaged in the adventure sports.

Insured Person shall claim either under “Adventure Sports” or “Intercollegiate, interscholastic, intramural, club sports” Benefit

2.2.14 Family Cover

We provides option for coverage of spouse and / or up to 2 children on an individual basis for the Benefits mentioned below as specified in Policy Schedule, subject to Benefit availability in the selected plan:-

- i. In-patient & Day care Treatment (except Injury from Attempted Suicide/Self-inflicted Injury, Alcohol & Substance Abuse Benefits)
- ii. Out-patient Treatment
- iii. Dental Treatment due to accident
- iv. Paediatric Dental & Vision
- v. Accidental Death & Dismemberment
- vi. Delay of checked in baggage
- vii. Loss of checked in baggage
- viii. Loss of Passport
- ix. Personal Liability
- x. Trip Delay
- xi. Daily Allowance

xii. Local Road Ambulance

Note: - Benefit conditions as mentioned under specific Benefits, as detailed above, shall be applicable to this Cover as well.

2.2.15 Health Screening /Preventive Care

We shall indemnify the reasonable Medical Expenses up to the amount specified in the Policy Schedule for the medical examinations as specified by educational institute or Medical Practitioner incurred by the Insured Person in relation to health screening or preventive health care except cancer screening.

Note: Coverage applicable only in USA & Canada (In-Network).

2.2.16 Deductible Options

If this Optional Benefit is opted, then the Insured Person will have an option to modify the Policy Deductible.

- (i) The claim amount assessed by us for a particular claim shall be reduced by the Policy Deductible as specified in the Policy Schedule and we shall be liable to make payment under the Policy for any Claim only when the Policy Deductible and / or Benefit Deductible (if applicable) on that Claim is exhausted.
- (ii) Policy Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Person in a Policy Year.

3. SPECIAL CONDITION

Assistance Services

Assistance Service Provider will provide the following services as described below.

1. Pre- trip Information Services

Assistance Service Provider will provide information concerning visas and inoculation requirements for foreign countries worldwide.

2. Embassy Referral

Assistance Service Provider India will provide the user with the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

3. Lost Luggage Assistance

Assistance Service Provider will assist the User if he has lost his/her luggage while traveling outside his/her home country or usual country of residence by providing directions for recovery.

4. Lost Passport Assistance

Assistance Service Provider will assist the User who has lost a passport while traveling outside his/her home country or usual country of residence by providing directions for recovery.

5. Weather and Exchange Rate Information Assistance

Assistance Service Provider will assist the User by providing referral information services including weather and exchange rate information.

6. Emergency Message Transmission Assistance

In the event of a medical emergency, Assistance Service Provider will assist the User to transmit urgent messages to family Users, friends or business associates upon the User's request.

7. Interpreter Referral

Assistance Service Provider will assist the User by providing the address, telephone number and hours of operating of interpreters worldwide.

8. Arrangement of Hotel Accommodation

Assistance Service Provider will arrange for hotel accommodation for the User's companion who is visiting the User while he/she is hospitalized outside his/her home country or usual country of residence.

9. Legal Assistance

If Insured Person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to the Insured Person, Assistance Service Provider will, if required, provide the Insured Person with the name of an attorney who can represent you in any necessary legal matters.

10. Political Risk and Catastrophe Evacuation

When, in the opinion of the Assistance Service Provider, it is Judged that for the Insured Person's safety it is recommended to return to the Country of Residence / City of Residence or the nearest place of safety, the Assistance Service Provider will make arrangements or provide for a cost of a direct route economy class air fare for the same (one way) or hotel accommodation for the below mentioned conditions

- (i) Officials of embassy of the Country of Residence of the Insured in writing recommend, or a notification is issued by the Government of the city where Insured is visiting, that people, which include the Insured should leave the city, or
- (ii) A catastrophe (fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the City the Insured is in, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself/herself.

The above services are purely on referral or arrangement basis, Assistance Service Provider shall not be responsible for any third-party expenses incurred, which shall be the responsibility of the User.

MEDICAL ASSISTANCE SERVICES:

11. Telephone Medical Advice

Assistance Service Provider will arrange for the provision of medical advice to the Users over the telephone.

12. Medical Service Provider Referral

Assistance Service Provider shall provide the name, address, telephone number and, if requested by the User and if available, office hours for physicians, hospitals, clinics, dentists and dental clinics (collectively, "Medical Service Provider"). Assistance Service Provider shall not be responsible for determining the appropriate medical specialist for handling the User's particular problem nor for providing medical diagnosis or treatment. Assistance Service Provider shall not be liable in respect of any consequences arising out of or howsoever caused by the services provided by the Medical Service Providers referred by Assistance Service Provider. The final selection of the Medical Service Provider shall be the responsibility of the User.

13. Arrangements of Appointments with Local Doctors for Treatment

Assistance Service Provider will assist the User by arranging for appointments with local doctors for treatment.

14. Arrangement of Hospital Admission

If the medical condition of the User is of such gravity as to require hospitalization, Assistance Service Provider will assist the User with hospital admission.

15. Guarantee of Medical Expenses Incurred During Hospitalization

In the event the User calls Assistance Service Provider to arrange for hospital admission and requests for guarantee of hospitalization expenses, Assistance Service Provider shall, when authorized by the Subscriber, will place guarantee of medical expenses incurred during his/her hospitalization in an In-Network hospital.

Assistance Service Provider shall, when authorized by the Subscriber guaranteed his/her hospitalization expenses on best effort basis outside of Assistance Service Provider's provider network.

Assistance Service Provider shall monitor the User's medical condition with the hospital's attending physician; subject to any and all obligations in respect of confidentiality and relevant authorization. Assistance Service Provider shall ensure that the hospitalization expenses incurred by the User are reasonable and customary and consistent both with reasonable standards for the User's condition and location.

16. Arrangement of Emergency Medical Evacuation

Assistance Service Provider will arrange for the air and/or surface transportation and communication for moving to the nearest

hospital where appropriate medical care is available. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

17. Arrangement of Emergency Medical Repatriation

Assistance Service Provider will arrange for the return of the User to his/her home country or usual country of residence following an emergency medical evacuation for subsequent in-hospital treatment in a place outside his/her home country or usual country of residence. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

18. Arrangement of Repatriation of Mortal Remains

Assistance Service Provider will arrange for transporting the User's mortal remains from the place of death to his/her home country or usual country of residence or arrange for local burial at the place of death as requested by the User's family. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

19. 24/7 Psychological Hotline

The psychological hotline is available for all types of enquiries, e.g. everyday problems such as stress-related issues and illness, acute personal crisis or traumatic incidents. The services will be offered in English.

20. Private Nurse Service

Dispatch a nurse to assist and support a hospitalized patient and his/her family at the destination. The nurse can act as a link between the patient/family and the hospital and help explain medical issues and procedures as well as assist with caring activities.

Travel Assistance Services

21. Arrangement of Compassionate Visit

Assistance Service Provider will arrange for a return airfare for a relative or friend of the User wishing to visit the User who is hospitalized outside his/her home country or usual country of residence. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

22. Arrangement of Return of Minor Children

Assistance Service Provider will arrange for one-way airfares for the return of minor to their home country or usual country of residence if they are left unattended as a result of the accompanying User's illness, accident or Emergency Medical Evacuation. Assistance Service Provider will also arrange for an escort, whenever necessary. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

23. Arrangement of Bail Bond

Assistance Service Provider shall arrange the bail bond, up to a limit of USD 2500, for User's conditional release when traveling outside the Home country or usual country of residence. The User shall be responsible for any other related expense. The provision of Bail bond is subject to Assistance Service Provider first securing payment from the User through his/her credit card or funds from the User's family. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

24. Emergency Cash Advance

Assistance Service Provider shall arrange to provide Emergency Cash advance, up to the limit authorized by the Subscriber or the limit prescribed in the Policy, to the insured. Assistance Service Provider shall have the sole discretion to determine whether a financial emergency has occurred. Assistance Service Provider shall charge a Handling fees in addition to the third-party expenses

25. Claims Payment & Management

Assistance Service Provider shall provide the User all the relevant information regarding the claims procedure & where required send a copy of the claim form together with process guidelines on necessary documentation to file for reimbursement directly with Assistance Service Provider claims team in the local Emergency Response Centre. Assistance Service Provider would directly settle such claims once the Subscriber has made available the necessary funds to disburse the payments. Assistance Service Provider would not deploy their internal cash resources for the purpose of settlement of such claims. Outpatient Claims maybe authorized for cashless settlement on a case-by-case basis as agreed mutually between Assistance Service Provider and the Subscriber.

For interventions handled by Assistance Service Provider where the Subscriber is responsible for the payment of all/any third-party expenses incurred, Assistance Service Provider shall provide the financial guarantees subject to the Subscriber giving a confirmation in writing to guarantee coverage of expenses.

26. International SIM Card

Assistance Service Provider will arrange for an International SIM Card for the Country that the Insured Person is visiting during the Period of Insurance if the need arises by the Insured Person. The SIM Card service provider along with the Data Plan (if any) will be at the sole discretion of the Assistance Service Provider and can change depending on the Country the Insured Person is travelling during the Period of insurance.

4. EXCLUSIONS

4.1 Standard Exclusions:

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere.

1. Investigation & Evaluation: (Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care: (Code- Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/Weight Control: (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this

to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Note: Refer Annexure – II for list of excluded hospitals.

9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

11. Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

12. Unproven Treatments: (Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

13. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

4.2 Specific Exclusions

A) Waiting Period

No waiting period shall be applicable for Pre-Existing Condition provided the Pre Existing illness or any other medical history has been declared at the time of policy issuance and the same has been incorporated in the Policy Schedule.

B) Permanent Exclusions

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere:

- 1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure –I)
- 2. We shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – II.

3. The Insured Person:
 - a. traveling against the advice of a Medical Practitioner; or
 - b. receiving, or is supposed to receive, medical treatment; or
 - c. having received terminal prognosis for a medical condition; or
 - d. travelling for the purpose of obtaining medical treatment; or
 - e. taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
4. An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.
5. Any dental treatment or surgery unless necessitated due to an Injury.
6. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
7. Charges incurred in connection with ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
8. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
9. Treatment of all external Congenital Anomalies or Illnesses or defects or anomalies or treatment relating to external birth defects or vegetative state cover (on the basis of declaration by treating doctor).

We define vegetative state as a condition of profound non-responsiveness with no sign of awareness or consciousness or a functioning mind, even if the Insured can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery
10. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
11. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
12. All vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.
13. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
14. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine
15. All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
17. Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
18. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

- c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded

19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
20. Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
21. Any claim relating to Hazardous Activities.
22. Any claim relating to aviation training
23. Treatment within ninety (90) days of birth of a baby conceived by artificial means or any assisted conception.
24. Treatments directly related to surrogacy that occurs when the insured acts as a surrogate mother or a parent entrusting others to carry a surrogate.
25. Fetal surgery (referring to the treatment of the fetus in the womb).
26. Subsequent treatment or treatment of complications of voluntary male or female sterilization surgery.
27. Treatment to eliminate symptoms associated with physical changes caused by physiological or natural causes (such as aging, menopause or puberty), except for treatment caused by underlying diseases or trauma.
28. Sleep disorders, including but not limited to snoring, insomnia, obstructive sleep apnea, or sleep study tests; however, the first sleep study test (limited to one per Insured Person) and our prior consent and compliance with the following Except for standard obstructive sleep apnea surgery:
 - I. Specialist has prescribed other forms of treatment for the Insured Person but has not been successfully cured, and the specialist has confirmed that the operation is medically necessary, otherwise it will be life-threatening;
29. Examination or treatment for hair loss, replacement or hair transplantation; treatment for all forms of acne, ear or body piercings and tattoos;
30. Evaluation and treatment of various learning disabilities, educational problems, behavioral problems, physical development or mental development problems, including but not limited to dyslexia, movement disorders, autism, attention deficit hyperactivity disorder (ADHD) and speech question;
31. Non-medically necessary or non-reasonable and customary treatment; hospitalization for a condition that can be treated entirely as an outpatient.
32. Treatment provided to the Insured Person by the policyholder or its business partners, agents, family members, and treatment performed by the Insured Person for himself.
33. Fees for childcare or other training (such as prenatal classes), courses (such as abstinence from alcohol, tobacco, drugs or addictive substances).
34. Expenses for using drugs that have not been proven to be effective, or experimental drugs, or drugs that are still in the clinical trial stage.
35. Home visit expenses (such as visits by physicians, health professionals) unless specified elsewhere in the Policy.
36. Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future unless requires for current medical treatment;
37. Purchase of personal items and use of telephone, television, radio, newspapers, visitor catering, report fees, printing fees and any non-medical administrative expenses.
38. Bank foreign currency transfer fees and exchange losses incurred when making claims in foreign currencies;

39. The cost of any prescription drug in excess of the amount prescribed by the Physician / Medical Practitioner, or the cost of refilling the drug ninety 90 days after the initial prescription was issued by the Physician / Medical Practitioner except for contraception drugs; The cost of non-prescription drugs purchased directly over the counter at the pharmacy.
40. Expenses incurred in countries not sanctioned by the Indian Government, the United Nations (UN), the United States of America (USA) & Canada, and the European Union (EU).

5. GENERAL TERMS AND CONDITIONS

5.1 Standard Terms And Conditions:

I. Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in our opinion, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, we shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

II. Multiple Policies

- a. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- b. Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- c. If the amount to be claimed exceeds the sum insured under a single policy, the Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- d. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

III. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:-

- (a) The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) The active concealment of a fact by the Insured Person having knowledge or belief of the fact;

- (c) Any other act fitted to deceive; and
- (d) Any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

IV. Cancellation / Termination

At the request of the Policyholder, the Policy will be cancelled any time prior to the Policy Period End Date subject to the following conditions:

- a. Full refund shall be made if the request for Policy cancellation is received by us not later than 30 days from the Policy Period Start Date and before commencement of Period of Insurance if the sole reason for such cancellation is denial of visa for countries where the Insured Person was scheduled to Study or in the event of non-acceptance of this Policy by the Educational Institute. The visa denial or cancellation or the Educational Institute's non-acceptance letter issued by appropriate authorities shall be submitted to us along with the request for cancellation.
- b. The policyholder may request for cancellation of the policy prior to Policy period start date. In such cases, we shall cancel the policy and premium will be refunded post deducting Rs. 300 towards cancellation charges before refunding any amount
- c. Cancellation of Policy, at a date earlier than the Policy Period End Date can be done only if the Insured Person completes or discontinues the educational course at the Educational Institute prior to the Policy Period End Date. Refund of premium shall be applicable as per below table:

| Risk Period utilized | Policy Premium retained |
|--|-------------------------|
| Above 50% of Policy Period | 100% of Premium |
| Above 40% to 50% of Policy Period | 80% of Premium |
| Above 30% to 40% of Policy Period | 75% of Premium |
| Above 20% to 30% of Policy Period | 50% of Premium |
| Policy inception to 20% of Policy Period | 30% of Premium |

- d. No refund of premium shall be eligible in case of cancellation of this Policy where any Claim has been incurred/ registered under the Policy.

We may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud

Note: Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

V. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, we will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. In case this product is withdrawn by us, this policy can be extended under the then prevailing product or its nearest substitute available with us provided the policy has been maintained without a break.

VI. Possibility of Revision of Terms of the Policy Including the Premium Rates

We, with prior approval of IRDA, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three months before the changes are affected.

VII. Free Look Period

The Free Look Period shall be applicable only for the policies which are issued for a period of at least 12 months.

The Insured Person shall be allowed free look period of fifteen days (Thirty days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to

- i. A refund of the premium paid less any expenses incurred by us on medical examination of the Insured Person and the stamp duty charges or
- ii. Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

VIII. Grievances

In case of any grievance the Insured Person may contact us through

Website/link: <https://www.careinsurance.com/customer-grievance-redressal.html>

Mobile App : Care Health- Customer App

Toll free (whatsapp number): 8860402452

Courier: Any of our branch office or corporate office

Insured Person may also approach the grievance cell at any of our branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or corporate office. For updated details of grievance officer, kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

Note: The Contact details of the Insurance Ombudsman offices have been provided as Annexure III.

IX. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to us in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, we will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

X. Premium payment Installment

If the Insured Person has opted for Payment of Premium on an installment basis i.e. Half Yearly or Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply.

1. Grace Period of 30 days would be given to pay the installment premium due for the policy
2. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by us.
3. No interest will be charged If the installment premium is not paid on due date.
4. In case of installment premium due not received within the grace period, the policy will get cancelled
5. In the event of a claim, all subsequent premium installments shall immediately become due and payable.(This clause will not apply to claims arising under 'Loss of Checked-in Baggage', 'Delay of Checked-in Baggage', 'Loss of Passport', 'Loss of International driving license', 'Trip Delay', 'Loss of Laptop / Tablet', 'Health Screening /Preventive Care ', 'Cancer Screening', 'Paediatric Dental and Vision Care',')

6. We have the right to recover and deduct all the pending installments from the claim amount due under the policy.

Note: Installment option shall be available only if the Insured Person has opted Policy with Policy duration of 1 Year/ 2 Year/ 3 Year.

5.2 Specific Terms And Conditions

I. Extension of the Policy Period

- a. The reason for requesting the extension is the extension of the duration of the education course specified in the Policy Schedule.
- b. The total Policy Period shall not in any event exceed 3 years from the original Policy Period End Date;
- c. Additional premium is received by us in advance of commencement of coverage;
- d. If a Claim has been made under the Policy in respect of the original Policy Year:
 - i. No insurance cover will be available under the Benefit- Accidental Death and Dismemberment (PTD, PPD) in respect of which the Claim is made for that Policy Year;
 - ii. Insurance cover is restricted only up to the Coverage Amount under any Benefit or Optional Cover in respect of which the Claim is made if such Benefit or Optional Cover is available on an indemnity basis for that Policy Year.
- e. Extension premium will be premium for extended Policy Period.

Example – Premium for 2 months Policy Period is X & Premium for 8 months Policy Period is Y.

If the Proposer buys the Policy for a period of 8 months, then the premium will be Y. Now if he wants to extend his Policy Period by 2 months, he will have to pay an additional premium of X.

All requests must be made at least 1 day before the expiry of the original Policy Period and accompanied by all the following information and documentation:

- a. Duly completed application for extension;
- b. Details of complete particulars of all Claims;
- c. A good health declaration.

Note - Extension will automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

II. Eligibility

Eligible Insured Person is an individual who meets all the requirements shown below:

- Student attending classes shall be minimum age of 12 years and maximum of 55 years;
- Student must have a current passport with minimum 6 month validity, valid visa and travelling outside their Home Country.

Students must actively attend classes after the course has been started for which coverage is purchased. Home study (if not mandated by university), correspondence, Internet, and television (TV) and online courses do not fulfill the Eligibility requirements. We maintain its right to investigate eligibility or student status and attendance records to verify that the policy Eligibility requirements have been met. If and whenever it is discovered that policy eligibility requirements have not been met, the insurance coverage will be terminated.

Eligible Dependents

Coverage can be extended to the following family members who are traveling with the student who is the Insured Person. Insured Dependents may include:

- Spouse
- Up to 2 Dependent children maximum aged 24 Years. Dependent children include the Insured Person's natural children, legally adopted children.

Dependents who are USA/ Canada citizens / resident are not eligible for coverage.

The Policy Period of the dependents shall be within the Policy Period of the Primary Insured Person.

III. Extended Coverage

The Extended Coverage benefit is available to newly enrolled students who arrive in the United States of America (USA) & Canada prior to the beginning of the first term of study in the United States of America (USA) & Canada, or Insured Persons who have completed their final term of study in the United States of America (USA) & Canada and are preparing to return to the Home Country. The Extended Coverage benefit provides up to 30 days of additional coverage.

Extended Coverage does not apply to Insured Persons who are continuing their studies or returning to studies in the United States of America (USA) & Canada whether at the same or different institutions.

IV. Network Providers and Non Network Providers

If an Insured Person uses a Network Provider, the policy will pay the Coinsurance percentage of Network Provider as shown in the Policy Schedule for Covered Medical Expenses.

If a Non-Network Provider is used, the policy will pay the percentage of the Usual and reasonable Covered Medical Expense shown in the Policy Schedule.

However, we will pay as per Coinsurance percentage of Network Provider if treatment taken at a Non-Network Provider if:

1. There is no Network Provider available to treat the Insured Person for a specific Covered Injury or Covered Sickness; or
2. There is an Emergency Medical Condition and the Insured Person cannot reasonably reach a Network Provider.

This benefit will continue to be paid for the emergency services until the Insured Person can reasonably be expected to safely transfer to a Network Provider. If the transfer does not occur at that time, benefits will then be reduced and paid at the lower percentage applicable to a Non-Network Provider.

V. Pre-certification

A requirement that Insured Person or Insured Person's physician / Medical Practitioner need pre-approval from us/ Assistance Service Provider for some eligible health services. Pre-approval is also called pre-certification. Insured Person's In-network physician / Medical Practitioner shall obtain any necessary precertification before Insured get the care. When Insured go to an out-of-network provider, it is Insured Person responsibility to obtain pre-certification from us / Assistance Service Provider for any services and supplies on the pre-certification list. Failure to apply for pre-certification and obtain our written consent will result in deductions on the payable insurance benefits within the scope of insurance liability for each type of eligible health service that was not pre-certified.

- A. Following are the list of Benefits that require Pre-certification, failure of non Pre-certification will result in deductions of 50% of the payable insurance benefits within the scope of insurance liability.
 1. In-patient and Day-Care Treatment Benefits except emergency hospitalization and Coverage at Home Country.
 2. Out-patient treatment Benefits
 - (i) Out-patient Treatment (except out-patient consultation)
 - (ii) Out-patient Prescription Drugs including Contraception drugs
 - Any prescribed drug or other medication required for more than thirty (30) days should be pre- approved by us except for contraception drugs
 - (iii) Therapeutic Services
 - (iv) Mental Health
 3. Maternity Benefits
 4. Other Benefits:
 - (i) Extended Care / Inpatient Clinics /in-patient Rehabilitation
 - (ii) Hospice and palliative care
 - (iii) Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse

- (iv) Intercollegiate, interscholastic, intramural, club sports except in case of emergency
 - (v) Durable Medical Equipment
- B. No benefits will be payable if the following benefits are not Pre-approved/Pre-certified by us/ Assistance Service Provider.
1. Emergency Medical Evacuation and Repatriation
 2. Repatriation of Mortal Remains

6. CLAIM INTIMATION, ASSESSMENT AND MANAGEMENT

Upon the occurrence of any event that may give rise to a Claim under this Policy, then as a condition precedent to our liability under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir if the Insured Person is deceased) shall undertake in addition to any specific requirements specified within the Benefit under which the Claim is made:

6.1. Claims Intimation

- a. If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir if the Insured Person is deceased), shall notify us either at our / Assistance Service Provider's call center or in writing immediately and in any event within the timeframe specified.
- b. It is agreed and understood that the following details are to be provided to us at the time of intimation of the Claim:
 - i. Policy Number;
 - ii. Claimant's Name;
 - iii. Name of the Insured Person in whose relation the Claims is being made;
 - iv. Nature of Illness or Injury or contingency for which Claim has been made and the Benefit and/or Optional Cover under which the Claim is being made;
 - v. Date of admission to Hospital or loss;
 - vi. Name and address of the attending Medical Practitioner and Hospital (if applicable);
 - vii. Any other information, documentation or details requested us or Assistance Service Provider.

6.2. Claim Procedure

a. Pre-certification Call

Pre-certification should be secured within the timeframes specified below. To obtain pre-certification, us or Assistance Service Provider to be reached at the toll-free number. This call must be made:

- Non-emergency admissions: Insured Person, Insured Person's physician / Medical Practitioner or the facility will need to call and request pre-certification at least 48 hours before the date Insured Person is scheduled to be admitted.
- An emergency admission: Insured Person, Insured Person's authorized representative, Physician/ Medical Practitioner or the facility must call within 48 hours or as soon as reasonably possible after Insured Person has been admitted.

We / Assistance Service Provider will provide a written notification to Insured Person and Insured Person's Physician/ Medical Practitioner of the pre-certification decision, where required by state law. If Insured Person's pre-certification services are approved, the approval is valid for 30 days as long as Insured Person remain enrolled in the plan.

If Insured Person requires an extension to the services that have been pre-certified then the Insured Person, Insured Person's Physician / Medical Practitioner, or the facility will need to call us / Assistance Service Provider at the earliest, but not later than the final authorized day.

Pre-authorization approval does not guarantee payment of a claim in full, as additional Coinsurance, Policy Deductible and / or Benefit Deductible and Out-of-Pocket expenses may apply. Benefits payable under the Plan are still subject to Eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Plan.

b. Cashless: Cashless treatment facilities are available only at Network Providers. The Insured Person can avail of this cashless facility at the time of admission into a Network Provider by completing the following procedure.

- I. We will process the request for authorization after having obtained accurate and complete information for the Illness or Injury for which cashless facility is sought to be availed. We or the Assistance Service Provider will confirm in writing authorization or rejection of authorization to avail cashless facility for the Insured Person's Hospitalization.
- II. If the request for availing cashless facility is authorized by us or the Assistance Service Provider, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing cashless facility. Payment in respect of all Benefit Deductible and / or Policy Deductible /Coinsurance (if applicable) shall be made directly by the Policyholder or Insured Person to the Network Provider.
- III. If we do not authorize the cashless facility due to insufficient information provided to us to determine the admissibility of the Claim or if the treatment is not taken at Network Provider, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which will be considered by us subject to the Policy terms and conditions.
- IV. It is agreed and understood that in all cases where availing of cashless facility has been authorized in writing by us, all the information and documentation specified below shall be submitted to us or the Assistance Service Provider immediately and in any event before the Insured Person's discharge from Hospital:
 - i. Duly filled and signed claim form
 - ii. Duly filled and signed 'Release of Medical information Form'

It is agreed and understood that:

- I. When authorizing the availing of cashless facility under this Policy, we may authorize the Policyholder's or Insured Person's request for direct settlement of admissible Claims resulting from the Hospitalization in accordance with the agreed charges and the terms and conditions between the Network Provider and us. If this authorization is provided then, we will directly pay all amounts payable in accordance with the terms and conditions of the Policy to the Network Provider to the extent the Claim is admissible under the Policy.
- II. We may modify or add to the list of Network Providers or modify or restrict the extent of cashless facilities that may be availed at any particular Network Provider. The updated list would be available at our or Assistance Service Provider's website or call centre.
- III. Before availing the cashless facility, the Policyholder or the Insured Person is required to check the applicable list of Network Providers for the area where he intends to avail the cashless facility through the call center number as provided in the Policy Schedule.

c. Reimbursement :

It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified against the Benefit / Optional Cover and Clause 6.3 below shall be submitted (at the Insured Person's expense) to us/ Assistance Service Provider immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss.

6.3. Claim Documentation

- a. The Policyholder or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his expense) give the documentation specified below and any additional information or documentation specified in the Benefit provision and/or Optional Cover under which the Claim is being made to us or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury.
 - i. Duly completed and signed claim form in original
 - ii. Passport copy with entry and exit stamp
 - iii. Copy of the Educational institute Identification card
 - iv. Any other document as required by us or Assistance Service Provider

v. Additional documents as specified for each benefit

Note:All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefits or Optional Covers. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.4. Policyholder's Or Insured Person's Or Claimant's Duty At The Time Of Claim

It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:

- a. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and we shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- c. Intimation of the claim, notification of the claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy and the specific procedures and timeframes specified under the Benefit or Optional Cover under which the Claim is being made.
- d. The Insured Person will, at our request, submit himself for a medical examination by us/ Assistance Service Provider's nominated Medical Practitioner as often as we considers reasonable and necessary.
- e. Our/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and hospitalization records and to investigate the facts and examine the Insured Person.
- f. We shall be provided with complete documentation and information which we have requested to establish its liability for the Claim, its circumstances and its quantum.

6.5. Claim Assessment

- a. We / Assistance Service Provider shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, we / Assistance Service Provider may call for any additional documents or information as required, based on the circumstances of the Claim.
- b. All admissible Claims under this Policy shall be assessed by us / Assistance Service Provider in the following progressive order:
 - i. Benefit Deductible and / or Policy Deductible (if applicable)
 - ii. Coinsurance (if applicable) on the amount payable by us after applying Clause 6.5(a) (i)
- c. All claims incurred in India are dealt by us directly.

6.6. Payment Terms

- a. We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to the Policyholder.
- b. Only for reimbursement cases, payments under this Policy shall be made in Indian Rupees and within India. For all admissible reimbursement claims, the exchange rate on the date of payment shall be applied and for all admissible benefit claims, the exchange rate on the date of loss shall be applied.
- c. If we/ Assistance Service Provider requests that bills/vouchers in a local language/ vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by the Policyholder or the Insured Person.
- d. We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person once the coverage amount (if any) for that Insured Person is exhausted.
- e. If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- f. For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.

- g. For Reimbursement Claims for, we will make payment to the Policyholder. In the event of Policyholder's death, we will make payment to the Nominee and in case of no Nominee to the legal heir of the Policyholder whose discharge shall be treated as full and final discharge of our liability under the Policy.
- h. We shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by us. We shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder, we shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, we shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- i. No loading based on individual claim experience shall be applicable.
- j. The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

7. UNDERWRITING

Wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, we may ask such Insured Person to undergo tele-underwriting as may deem fit to evaluate such member, irrespective of the member's age.

8. SCHEDULE OF BENEFITS

Base Benefits:

| | Plan A | | | Plan B | | | Plan C | | | Plan D | | |
|---|------------------------------|----------------------------------|----------------------|------------------------------|----------------------------------|----------------------|------------------------------|----------------------------------|----------------------|------------------------------|----------------------------------|----------------------|
| Policy Year Maximum | Unlimited | | | Unlimited | | | Unlimited | | | Unlimited | | |
| Per Illness / Injury Maximum Limit | Unlimited | | | Unlimited | | | Unlimited | | | Unlimited | | |
| Area of Cover | USA & Canada | | | USA & Canada | | | USA & Canada | | | USA & Canada | | |
| Maximum Outside USA & Canada cover limit per Insured Person per policy year | USD 500 | | | USD 500 | | | USD 500 | | | USD 500 | | |
| | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
| Policy Deductible (Per Insured per Policy Year) | USD 250 | USD 500 | USD 250 | USD 250 | USD 500 | USD 250 | USD 250 | USD 500 | USD 250 | USD 250 | USD 500 | USD 250 |
| Out of Pocket Maximum Expenses per Insured Person per Policy Year | USD 6,350 | NA | NA | USD 6,350 | NA | NA | USD 6,350 | NA | NA | USD 6,350 | NA | NA |

| In-patient and Day-Care treatment Benefits | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
|--|---------------------------|-------------------------------|----------------------|---------------------------|-------------------------------|----------------------|---------------------------|-------------------------------|----------------------|---------------------------|-------------------------------|----------------------|
| Hospital Room & Board – Single Private Room | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Hospital Charges - Diagnostic procedures - Surgical procedures - Operating theatre charges - Nursing care, drugs and dressings - Surgical appliance and surgical implants - Surgeon and anaesthetist charges - Intensive care unit and high dependency unit charges - CT scan, MRI, x-rays and other such proven medical imaging techniques - Chemotherapy and/or radiotherapy - Kidney dialysis | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Mental Health (treated as any other eligible medical condition) | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Organ Transplant - Expenses for Donor are not covered - No benefits when an Out-of-Network Provider is used | 80% | No Benefit | 100% | 90% | No Benefit | 100% | 90% | No Benefit | 100% | 70% | No Benefit | 100% |
| Injury from Attempted Suicide/Self-inflicted Injury | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Alcohol and Substance Abuse | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| AIDS, HIV, and Sexually Transmitted Diseases | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| Coverage at home country i. In-patient & Day care Treatment Subject to Benefit Deductible- USD \$ 100 (Policy Deductible and coinsurance do not apply to this benefit) | Up to USD 3,000 | | | Up to USD 3,000 | | | Up to USD 3,000 | | | Up to USD 3,000 | | |

| Out-patient treatment Benefits | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
|--|---------------------------|-------------------------------|----------------------|---------------------------|-------------------------------|----------------------|---------------------------|-------------------------------|----------------------|---------------------------|-------------------------------|----------------------|
| Benefit Deductible per visit by the Insured Person to a General Practitioner who is not from the University Student Centre or Student Health Centre | USD 25 | USD 50 | USD 25 | USD 25 | USD 50 | USD 25 | USD 25 | USD 50 | USD 25 | USD 25 | USD 50 | USD 25 |
| Benefit Deductible per visit by the Insured Person to a Specialist who is not from the University Student Centre or Student Health Centre | USD 50 | USD 100 | USD 50 | USD 50 | USD 100 | USD 50 | USD 50 | USD 100 | USD 50 | USD 50 | USD 100 | USD 50 |
| Out-patient treatment Benefits | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
| Out-patient Treatment - Consultation - Diagnostic procedures - CT Scan, PET Scan, MRI - Radiotherapy and/or Chemotherapy - Kidney dialysis - Out-patient Surgical Procedures | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Out-patient Prescription Drugs including Contraception drugs <i>(Benefit Deductible do not apply to this benefit)</i> | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Emergency Out-patient Treatment (Benefit Deductible shall be waived off if admitted as an in-patient) | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Therapeutic Services - Occupational Therapy - Physical Therapy - Speech Therapy Subject to USD 50 per visit and a maximum of 30 days per Insured Person per Policy Year | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |

| | | | | | | | | | | | | |
|--|---|----------------------------------|----------------------|---|----------------------------------|----------------------|---|----------------------------------|----------------------|---|----------------------------------|----------------------|
| Mental Health | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Maternity Benefits | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
| Maternity Care for covered pregnancy - Pre- and post-natal routine care , - Pre- and post-natal complications 5 and - Cost of delivery - Investigation and treatment to the cause of infertility * Dependent daughters are excluded from the coverage * No waiting period on coverage. * Conception must occur after the Policy Period start date | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| Surgical Contraception Policy Deductible and coinsurance do not apply to this benefit) | 100% | No Benefit | No Benefit | 100% | No Benefit | No Benefit | 100% | No Benefit | No Benefit | 100% | No Benefit | No Benefit |
| Abortion Subject to USD 500 per Insured Person per Policy Year | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| New born Benefits | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
| Premature Birth, Congenital conditions, Anomalies of the New born. | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| Routine New born Care | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Other Benefits | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
| Dental Treatment due to accident Subject to USD 300 per tooth and a maximum of USD 600 per Insured Person per Policy Year | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Paediatric Dental and Vision Care <i>(for dependent child < 19 years old)</i> <i>(Policy Deductible do not apply to this benefit)</i> | 100% | 70% | No Benefit | 100% | 70% | No Benefit | 100% | 70% | No Benefit | 100% | 50% | No Benefit |
| | Out-patient routine dental check-up subject to 2 visits per Policy Year Vision examination subject to 1 per Policy Year Eye glasses or contact lens subject to US\$ 150 per Policy Year | | | Out-patient routine dental check-up subject to 2 visits per Policy Year Vision examination subject to 1 per Policy Year Eye glasses or contact lens subject to US\$ 150 per Policy Year | | | Out-patient routine dental check-up subject to 2 visits per Policy Year Vision examination subject to 1 per Policy Year Eye glasses or contact lens subject to US\$ 150 per Policy Year | | | Out-patient routine dental check-up subject to 2 visits per Policy Year Vision examination subject to 1 per Policy Year Eye glasses or contact lens subject to US\$ 150 per Policy Year | | |

| | | | | | | | | | | | | |
|---|---|--|---|---|--|---|---|--|---|---|--|---|
| Cancer Screening (Policy deductible and coinsurance do not apply to this benefit) | 100% | No Benefit | No Benefit | 100% | No Benefit | No Benefit | 100% | No Benefit | No Benefit | 100% | No Benefit | No Benefit |
| Extended Care / Inpatient Clinics /in-patient Rehabilitation Subject to maximum of 30 days per Insured Person per Policy Year | 80% | 60% | 100% | 90% | 60% | 100% | 90% | 70% | 100% | 70% | 50% | 100% |
| Hospice and palliative care Subject to lifetime maximum of 30 days | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse Subject to a maximum of 100 days per Insured Person per Policy Year | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| Intercollegiate, interscholastic, intramural, club sports (shall restrict to IPD, OPD) | Pays 80% Up to USD 1500 per Insured Person per policy year | Pays 60% Up to USD 1500 per Insured Person per policy year | Pays 80% Up to USD 500 per Insured Person per policy year | Pays 90% Up to USD 1500 per Insured Person per policy year | Pays 60% Up to USD 1500 per Insured Person per policy year | Pays 80% Up to USD 500 per Insured Person per policy year | Pays 90% Up to USD 1500 per Insured Person per policy year | Pays 70% Up to USD 1500 per Insured Person per policy year | Pays 80% Up to USD 500 per Insured Person per policy year | Pays 70% Up to USD 1500 per Insured Person per policy year | Pays 50% Up to USD 1500 per Insured Person per policy year | Pays 70% Up to USD 500 per Insured Person per policy year |
| Durable Medical Equipment | 80% | 60% | 80% | 90% | 60% | 80% | 90% | 70% | 80% | 70% | 50% | 70% |
| Local Road Ambulance | 100% | | 100% | | 100% | | 100% | | 100% | | 100% | |
| Emergency Medical Evacuation and Repatriation | Unlimited | | Upto Outside USA & Canada cover limit | Unlimited | | Upto Outside USA & Canada cover limit | Unlimited | | Upto Outside USA & Canada cover limit | Unlimited | | Upto Outside USA & Canada cover limit |
| Repatriation of Mortal Remains | Unlimited | | Upto Outside USA & Canada cover limit | Unlimited | | Upto Outside USA & Canada cover limit | Unlimited | | Upto Outside USA & Canada cover limit | Unlimited | | Upto Outside USA & Canada cover limit |
| Emergency Reunion (Policy Deductible and coinsurance do not apply to this benefit) | Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit. | | Upto Outside USA & Canada cover limit | Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit. | | Upto Outside USA & Canada cover limit | Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit. | | Upto Outside USA & Canada cover limit | Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit. | | Upto Outside USA & Canada cover limit |
| Accidental Death and Dismemberment (PTD, PPD) Note - Coverage under this benefit shall be available in Home Country as well. | Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child) | | | Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child) | | | Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child) | | | Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child) | | |

| | | | | |
|-------------------------------|---|----------------------------------|----------------------------------|----------------------------------|
| Value Added Services (VAS) | VAS Services are provided by Assistance Service Provider such as Arrangement of Emergency Medical Evacuation, Medical Service Provider Referral, Psychological Hotline etc. | | | |
| Pre-Existing Condition | No waiting period | No waiting period | No waiting period | No waiting period |
| Non Pre-certification Penalty | 50% of eligible medical expenses | 50% of eligible medical expenses | 50% of eligible medical expenses | 50% of eligible medical expenses |

Optional Covers:

| Benefit | Deductible | Pay-out Basis | Description |
|--|--------------------------|--------------------------|---|
| Daily Allowance | 3 days | Benefit | US \$ 50 per day, max 7 days |
| Loss of Checked-in Baggage | N.A. | Indemnity | US \$ 1000, US \$ 2000 |
| Delay of Checked-in Baggage | 12 Hours | Benefit | US \$ 150 |
| Loss of Passport | US \$ 50 | Indemnity | US \$ 150, US \$ 200 |
| Loss of International driving license | US \$ 50 | Indemnity | US \$ 100, US \$ 150 |
| Personal Liability | US \$ 200 | Indemnity | US \$ 100,000 |
| Study interruption | N.A. | Indemnity | US \$ 10,000, US \$ 15,000 |
| Sponsor Protection Note - Coverage under this benefit shall be available in Home Country as well. | N.A. | Indemnity | US \$ 15,000 |
| Bail Bond | N.A. | Indemnity | US \$ 5,000 |
| University Insolvency | N.A. | Indemnity | US \$ 7,500 |
| Trip Delay | 12 Hours | Benefit | US \$ 200 |
| Loss of Laptop / Tablet | N.A. | Indemnity | US \$ 250 |
| Adventure Sports Injury | US \$ 100 | Indemnity | US \$ 50,000 / US \$ 100,000 / US \$ 300,000 / US \$ 500,000 / US \$ 1,000,000 |
| Family cover Benefits covered :- I. In-patient & Day care Treatment(except Injury from Attempted Suicide/Self-inflicted Injury, Alcohol & Substance Abuse Benefits) ii. Out-patient iii. Dental Treatment due to accident iv. Paediatric Dental & Vision v. Accidental Death & Dismemberment vi. Delay of checked in baggage vii. Loss of checked in baggage viii. Loss of Passport ix. Personal Liability x. Trip Delay xi. Daily Allowance xii. Local Road Ambulance | As per Benefit condition | As per Benefit condition | As per Plan |
| Health Screening /Preventive Care (except Cancer Screening) | N.A. | Indemnity | Upto \$500/1000/2000/5000 Note - Coverage applicable only in USA & Canada (In Network) |

| | S.No. | USA & Canada (In-Network) | USA & Canada (Out-of-Network) | Outside USA & Canada |
|---|----------|---------------------------|-------------------------------|----------------------|
| Deductible Options (Per Insured per policy year) | Option 1 | USD 100 | USD 250 | USD 100 |
| | Option 2 | USD 400 | USD 400 | USD 400 |
| | Option 3 | USD 500 | USD 750 | USD 500 |

Sub Limits:

| | | |
|---|------------------|---------------------|
| 1 | Room Eligibility | Single Private Room |
| 2 | ICU Charges | No limit |

About Us

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance was awarded 'Best Health Insurance Company of the Year' at the India Insurance Summit & Awards 2023, 'Best Health Insurance Product' and 'Best Health Insurance Agents' at the Insurance Alertss Awards, 2021. The company was also conferred the 'Best Medical/Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

Contact details for Claims & Policy Servicing

| | |
|-------------------------------|---|
| Registered Office: | Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 |
| Correspondence address | Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 |
| Tollfree (WhatsApp Number) | 8860402452 |
| E-mail ID for Claims | claims@careinsurance.com |
| Submit Your Queries/Requests: | https://www.careinsurance.com/contact-us.html |
| Website | www.careinsurance.com |

Disclaimer: This is only a summary of features of 'student explore health unlimited'. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

Statutory Warning : Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

- Note:
1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
 2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
 3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
 4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
 5. For full details of this product, please log on to www.careinsurance.com
 6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation.

Unique Advertisement number: 23115956

IRDA Registration Number - 148

CIN: U66000DL2007PLC161503

UIN: CHITIOP24111V012324

Annexure I - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

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

| Sr. No. | LIST - II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES | Sr. No. | List III – ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES |
|---------|---|---------|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | 1 | HAIR REMOVAL CREAM |
| 2 | HAND WASH | 2 | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3 | SHOE COVER | 3 | EYE PAD |
| 4 | CAPS | 4 | EYE SHEILD |
| 5 | CRADLE CHARGES | 5 | CAMERA COVER |
| 6 | COMB | 6 | DVD, CD CHARGES |
| 7 | EAU-DE-COLOGNE / ROOM FRESHNERS | 7 | GAUSE SOFT |
| 8 | FOOT COVER | 8 | GAUZE |
| 9 | GOWN | 9 | WARD AND THEATRE BOOKING CHARGES |
| 10 | SLIPPERS | 10 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS |
| 11 | TISSUE PAPER | 11 | MICROSCOPE COVER |
| 12 | TOOTH PASTE | 12 | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER |
| 13 | TOOTH BRUSH | 13 | SURGICAL DRILL |
| 14 | BED PAN | 14 | EYE KIT |
| 15 | FACE MASK | 15 | EYE DRAPE |
| 16 | FLEXI MASK | 16 | X-RAY FILM |
| 17 | HAND HOLDER | 17 | BOYLES APPARATUS CHARGES |
| 18 | SPUTUM CUP | 18 | COTTON |
| 19 | DISINFECTANT LOTIONS | 19 | COTTON BANDAGE |
| 20 | LUXURY TAX | 20 | SURGICAL TAPE |
| 21 | HVAC | 21 | APRON |
| 22 | HOUSE KEEPING CHARGES | 22 | TORNIQUET |
| 23 | AIR CONDITIONER CHARGES | 23 | ORTHO BUNDLE, GYNAEC BUNDLE |
| 24 | IM IV INJECTION CHARGES | | |
| 25 | CLEAN SHEET | | |
| 26 | BLANKET/WARMER BLANKET | | |
| 27 | ADMISSION KIT | | |
| 28 | DIABETIC CHART CHARGES | | |
| 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | | |
| 30 | DISCHARGE PROCEDURE CHARGES | | |
| 31 | DAILY CHART CHARGES | | |
| 32 | ENTRANCE PASS / VISITORS PASS CHARGES | | |
| 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | | |
| 34 | FILE OPENING CHARGES | | |
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | | |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG | | |
| 37 | PULSE OXYMETER CHARGES | | |

| SR. NO. | LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT |
|---------|---|
| 1 | ADMISSION/REGISTRATION CHARGES |
| 2 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE |
| 3 | URINE CONTAINER |
| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES |
| 5 | BIPAP MACHINE |
| 6 | CPAP/ CAPD EQUIPMENTS |
| 7 | INFUSION PUMP– COST |
| 8 | HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC |
| 9 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES |
| 10 | HIV KIT |
| 11 | ANTISEPTIC MOUTHWASH |
| 12 | LOZENGES |
| 13 | MOUTH PAINT |
| 14 | VACCINATION CHARGES |
| 15 | ALCOHOL SWABES |
| 16 | SCRUB SOLUTION/STERILLIUM |
| 17 | GLUCOMETER & STRIPS |
| 18 | URINE BAG |

Annexure II - List of Hospitals where Claim will not be admitted

| <i>Hospital Name</i> | <i>Address</i> |
|---|---|
| Nulife Hospital And Maternity Centre | 1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar , New Delhi , Delhi |
| Taneja Hospital | F-15, Vikas Marg, Preet Vihar , New Delhi , Delhi |
| Shri Komal Hospital & Dr.Saxena's Nursing Home | Opp. Radhika Cinema, Circular Road , Rewari , Haryana |
| Sona Devi Memorial Hospital & Trauma Centre | Sohna Road, Badshahpur , Gurgaon , Haryana |
| Amar Hospital | Sector-70, S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab |
| Brij Medical Centre | K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh |
| Famliy Medicare | A-55, Sector 61 , Rajat Vihar Sector 62 , Noida , Uttar Pradesh |
| Jeevan Jyoti Hospital | 162, Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh |
| City Hospital & Trauma Centre | C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh , Lucknow , Uttar Pradesh |
| Dayal Maternity & Nursing Home | No.953/23, D.C.F.Chowk, DLF Colony , Rohtak , Haryana |
| Metas Adventist Hospital | No.24, Ring-Road, Athwalines, Surat , Surat , Gujarat |
| Surgicare Medical Centre | Sai Dwar Oberoi Complex, S.A.B.T.V.Lane Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra |
| Paramount General Hospital & I.C.C.U. | Laxmi Commercial Premises, Andheri Kurla Road , Andheri , Mumbai , Maharashtra |
| Gokul Hospital | Thakur Complex , Kandivali East , Mumbai , Maharashtra |
| Shree Sai Hospital | Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East , Mumbai , Maharashtra |
| Shreedevi Hospital | Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra |
| Saykhedkar Hospital And Research Centre Pvt. Ltd. | Trimurthy Chowk, Kamatwada Road, Cidco Colony , Nashik , Maharashtra |
| Arpan Hospital And Research Centre | No.151/2, Imli Bazar, Near Rajwada, Imli Bazar , Indore , Madhya Pradesh |
| Ramkrishna Care Hospital | Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur , Chhattisgarh |
| Gupta Multispeciality Hospital | B-20, Vivek Vihar , New Delhi , Delhi |
| R.K.Hospital | 3C/59, BP, Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana |
| Prakash Hospital | D-12, 12A, 12B, Noida, Sector 33 , Noida , Uttar Pradesh |
| Aryan Hospital Pvt. Ltd. | Old Railway Road, Near New Colony, New Colony , Gurgaon , Haryana |
| Medilink Hospital Research Centre Pvt. Ltd. | Near Shyamal Char Rasta, 132, Ring Road, Satellite , Ahmedabad , Gujarat |
| Mohit Hospital | Khoya B-Wing, Near National Park, Borivali(E), Kandivali West , Mumbai , Maharashtra |
| Scope Hospital | 628, Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh |
| Agarwal Medical Centre | E-234, -, Greater Kailash 1 , New Delhi , Delhi |
| Oxygen Hospital | Bhiwani Stand, Durga Bhawan , Rohtak , Haryana |
| Prayag Hospital & Research Centre Pvt. Ltd. | J-206 A/1, Sector 41 , Noida , Uttar Pradesh |
| Palwal Hospital | Old G.T. Road, Near New Sohna Mod, Palwal , Haryana |
| B.K.S. Hospital | No.18, 1st Cross, Gandhi Nagar, Adyar , Bellary , Karnataka |
| East West Medical Centre | No.711, Sector 14, Sector 14 , Gurgaon , Haryana |
| Jagtap Hospital | Anand Nagar, Singhgood Road , Anandnagar , Pune , Maharashtra |
| Dr. Malwankar's Romeen Nursing Home | Ganesh Marg, Tagore Nagar , Vikhroli East , Mumbai , Maharashtra |
| Noble Medical Centre | SVP Road, Borivali West , Mumbai , Maharashtra |
| Rama Hospital | Sonepat Road, Bahalgarh, Sonipat , Haryana |
| S.B.Nursing Home & ICU | Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T.Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra |
| Saraswati Hospital | Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra |
| Shakuntla Hospital | 3-B Tashkant Marg, Near St. Joseph Collage, Allahabad , Uttar Pradesh |
| Mahaveer Hospital & Trauma Centre | 76-E, Station Road, Panki , Kanpur , Uttar Pradesh |
| Eashwar Lakshmi Hospital | Plot No. 9, Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh |

| Hospital Name | Address |
|--|--|
| Amrapali Hospital | Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh |
| Hardik Hospital | 29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi |
| Jabalpur Hospital & Research Centre Pvt Ltd | Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh |
| Panvel Hospital | Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra |
| Santosh Hospital | L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh |
| Sona Medical Centre | 5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh |
| City Super Speciality Hospital | Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana |
| Navjeevan Hospital & Maternity Centre | 753/21, Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana |
| Abhishek Hospital | C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh |
| Raj Nursing Home | 23-A, Park Road , Allahabad , Uttar Pradesh |
| Saras Healthcare Pvt Ltd. | K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh |
| Getwell Soon Multispeciality Institute Pvt Ltd | S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh |
| Shivalik Medical Centre Pvt Ltd | A-93, Sector 34 , Noida , Uttar Pradesh |
| Aakanksha Hospital | 126, Aaradhnanagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat |
| Abhinav Hospital | Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat |
| Adhar Ortho Hospital | Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat |
| Aris Care Hospital | A 223-224, Mansarovar Soc,60 Feet, Godadara Road , Surat , Gujarat |
| Arzoo Hospital | Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat |
| Auc Hospital | B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat |
| Dharamjivan General Hospital & Trauma Centre | Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat |
| Dr. Santosh Basotia Hospital | Bhatar Road , Bhatar Road , Surat , Gujarat |
| God Father Hosp. | 344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat |
| Govind-Prabha Arogya Sankool | Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat |
| Hari Milan Hospital | LH Road , Surat , Gujarat |
| Jaldhi Ano-Rectal Hospital | 103, Payal Apt.,Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat |
| Jeevan Path Gen. Hospital | 2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat |
| Kalrav Children Hospital | Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat |
| Kanchan General Surgical Hospital | Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat |
| Krishnavati General Hospital | Bamroli Road , Surat , Gujarat |
| Niramayam Hosptial & Prasutigruah | Shraddha Raw House, Near Natures Park , Surat , Gujarat |
| Patna Hospital | 25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat |
| Poshia Children Hospital | Harekrishan Shopping Complex 1St Floor, Varachha Road , Surat , Gujarat |
| R.D Janseva Hospital | 120 Feet Bamroli Road, Pandesara , Surat , Gujarat |
| Radha Hospital & Maternity Home | 239/240 Bhagunagar Society, Opp Hans Society, LH Road, Varachha Road, Surat , Gujarat |
| Santosh Hospital | LH Road, Varachha , Surat , Gujarat |
| Sparsh Multy Specality Hospital & Trauma Care Center | G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat |

Notes: 1. For an updated list of Hospitals, please visit the Company's website.

2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Annexure III - Office of the Ombudsman

| Office of the Ombudsman | Contact Details | Jurisdiction of Office (Union Territory, District) |
|-------------------------|---|--|
| AHMEDABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu |
| BENGALURU | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU - 560 078. Tel.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@cioins.co.in | Karnataka |
| BHOPAL | Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@cioins.co.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@cioins.co.in | Orissa |
| CHANDIGARH | Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@cioins.co.in | Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh |
| CHENNAI | Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@cioins.co.in | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry) |
| DELHI | Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@cioins.co.in | Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh |
| GUWAHATI | Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@cioins.co.in | Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 23312122 E-mail : bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry |
| JAIPUR | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel. : 0141-2740363 Email : Bimalokpal.jaipur@cioins.co.in | Rajasthan |
| ERNAKULAM | Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel. : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@cioins.co.in | Kerala, Lakshadweep, Mahe – a part of Pondicherry |

| Office of the Ombudsman | Contact Details | Jurisdiction of Office (Union Territory, District) |
|-------------------------|---|---|
| KOLKATA | Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@cioins.co.in | West Bengal, Andaman & Nicobar Islands, Sikkim |
| LUCKNOW | Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| MUMBAI | Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane |
| NOIDA | Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in | State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |
| PATNA | Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in | Bihar, Jharkhand |
| PUNE | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'
Secretary General/Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai - 400 054.
Tel : 022-69038801/03/04/05/06/07/08/09
Email - inscoun@cioins.co.in

Annexure IV - Applicability of Benefit Deductible / Policy Deductible/ Coinsurance

| | Benefit Deductible | Policy Deductible | Coinsurance |
|--|-----------------------------|-------------------|-------------|
| In-patient and Day-Care Treatment Benefits | No | Yes | Yes |
| Coverage at home country | Yes | No | No |
| Out-patient treatment Benefits | | | |
| Out-patient Treatment | Yes (Only on consultation) | Yes | Yes |
| Out-patient Prescription Drugs including Contraception drugs | No | Yes | Yes |
| Emergency Out-patient Treatment(Benefit Deductible shall be waived off if admitted as an in-patient) | Yes (Only on consultation) | Yes | No |
| Therapeutic Services | Yes (Only on consultation) | Yes | Yes |
| Mental Health | Yes (Only on consultation) | Yes | Yes |
| Maternity Benefits | | | |
| Maternity Care for covered pregnancy | No | Yes | Yes |
| Surgical Contraception | No | No | No |
| Abortion | No | Yes | Yes |
| New born Benefits | No | Yes | Yes |
| Other Benefits | | | |
| Dental Treatment due to accident | No | Yes | Yes |
| Paediatric Dental and Vision | No | No | Yes |
| Cancer Screening | No | No | No |
| Extended Care / Inpatient Clinics /in-patient Rehabilitation | No | Yes | Yes |
| Hospice and palliative care | No | Yes | Yes |
| Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse | No | Yes | Yes |
| Intercollegiate, interscholastic, intramural, club sports | No | Yes | Yes |
| Durable Medical Equipment | No | Yes | Yes |
| Local Road Ambulance | No | No | No |
| Emergency Medical Evacuation and Repatriation | No | Yes | Yes |
| Repatriation of Mortal Remains | No | Yes | Yes |
| Emergency Reunion | No | No | No |
| Accidental Death and Dismemberment (PTD, PPD) | No | No | No |

Note: Benefit Deductible, Policy Deductible & Coinsurance shall not be applicable on benefits under Optional Covers. Deductible mentioned against any particular Optional Cover shall be applicable