

MediPlus – Prospectus

Eligibility

- This policy covers persons in the age group 91 days to 65 years.
- The maximum entry age is restricted upto 65 years.
- The family includes self, spouse, dependent children and dependent parents.
- Dependant child aged between 91 days and 21 years if they are unmarried are covered.
- Child between 91 days to 5 years can be insured only when either parent is getting insured under this policy.
- The policy offers coverage on individual sum insured basis.
- This policy can be issued to an individual and/or family.
- The policy offers coverage for treatment in all hospitals throughout the country provided definition of hospital is met.

Policy Period

- The policy will be issued for 1 year /2 years period

Benefits

The policy pays for the benefits mentioned below, in excess of the deductible opted by you.

- **In-patient Treatment** – Covers medical expenses for hospitalisation due to an illness or accident. We will pay for the medical expenses for room rent, boarding expenses, nursing, intensive care unit, medical practitioner(s), anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs and consumables, diagnostic procedures, cost of prosthetic & other devices or equipments if implanted internally during a surgical procedure.
- **Pre-Hospitalisation** - The medical expenses incurred due to an illness in 60 days immediately before the insured person was hospitalised.
- **Post-Hospitalisation** - The medical expenses incurred in 90 days immediately after the insured person was discharged post Hospitalisation.
- **Day care procedures** – The medical expenses for 140 day care procedures which do not require 24 hours hospitalisation due to technological advancement in medical science. Details of day care surgeries & day care treatments are available on the website and in annexure 1 of the prospectus
- **Organ Donor** - The medical expenses on harvesting the organ from the donor.
- **Emergency Ambulance** – Actual expenses incurred or Rs. 2000/- whichever is lower per hospitalisation for utilizing ambulance service for transporting insured person to hospital.
- **Domiciliary Treatment** - The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation

Deductible

We are not liable for any payment unless the Medical Expenses exceed the Deductible. Deductible shall be applicable for each and every Hospitalisation except claims made for Any One Illness. A deductible is a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number

of days / hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

A deductible shall be applicable for each and every Hospitalisation except claims made for Any One Illness.

Waiver of Deductible

We will offer the Insured Person to migrate to our indemnity health insurance Policy (without any Deductible) for a 5 Lacs sum Insured provided that:

- a) Insured Person has enrolled with Us for first time under this Policy before the age of 50 years and has renewed with Us continuously and without interruption,
- b) This option can be exercised by the Insured Person in the age group 58 - 60 years at the time of renewal only,
- c) Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered in this Policy.

In all other cases, No benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy and shifting to any other Health Insurance Policy with Us.

Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days 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 the Company 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

Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer Guidelines issued IRDAI(Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies – Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020

Key Definitions

Pre-existing Condition means any condition, ailment, injury or disease

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Any One Illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Deductible means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A Deductible does not reduce the Sum Insured. A deductible shall be applicable for each and every Hospitalisation except claims made for Any One Illness.

General Exclusions:

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

Exclusion with Waiting Periods

- a. **30 Days Waiting Period(Code- Excl03):**
 - i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- b. **Specified Disease/Procedure Waiting Period (Code- Excl02):**
 - a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of Specific Diseases/Procedures as furnished below

Sl No	Organ / Organ System/ Disciplines	Illness	Surgeries
a.	ENT	<ul style="list-style-type: none"> ▪ Sinusitis ▪ Rhinitis ▪ Tonsillitis 	<ul style="list-style-type: none"> ▪ adenoidectomy ▪ mastoidectomy ▪ tonsillectomy ▪ tympanoplasty ▪ surgery for nasal septum deviation ▪ nasal concha resection
b.	Gynaecological	<ul style="list-style-type: none"> ▪ cysts, polyps including breast lumps ▪ Polycystic ovarian disease ▪ fibroids (fibromyoma) 	<ul style="list-style-type: none"> ▪ Dilatation and curettage (D&C) ▪ Myomectomy for fibroids ▪ Hysterectomy for Dysfunctional uterine bleeding or menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.
c.	Orthopaedic	<ul style="list-style-type: none"> ▪ Non infective arthritis ▪ Gout and Rheumatism ▪ Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> ▪ Surgery for prolapsed inter vertebral disk ▪ Joint replacement surgeries
d.	Gastrointestinal	<ul style="list-style-type: none"> ▪ Calculus diseases of gall bladder including Cholecystitis ▪ Pancreatitis ▪ Fissure/fistula in anus, hemorrhoids, pilonidal sinus ▪ Ulcer and erosion of stomach and duodenum ▪ Gastro Esophageal Reflux Disorder (GERD) ▪ All forms of cirrhosis ▪ (Please Note: All forms of cirrhosis due to alcohol will be excluded) 	<ul style="list-style-type: none"> ▪ Cholecystectomy ▪ surgery of hernia

		<ul style="list-style-type: none"> ▪ Perineal Abscesses ▪ Perianal Abscesses 	
e.	Urogenital	<ul style="list-style-type: none"> ▪ Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone, Ureteric stone . <ul style="list-style-type: none"> • Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele
f.	Eye	<ul style="list-style-type: none"> ▪ Cataract 	<ul style="list-style-type: none"> ▪ NIL
g.	Others	<ul style="list-style-type: none"> ▪ NIL 	<ul style="list-style-type: none"> ▪ Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> ▪ Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> ▪ NIL

c. Pre-existing Diseases Waiting Period (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us

e) Other General Exclusions :

- i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.
- ii) 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.
- iii) Intentional self injury or attempted suicide while sane or insane.
- iv) Any Insured Person’s participation or involvement in naval, military or air force operation
- v) 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.
- vi) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).
- vii) Obesity and any weight control : (Code- Excl06)
 - a) Surgery to be conducted is upon the advice of the Doctor
 - b) The surgery/Procedure conducted should be supported by clinical protocols
 - c) The member has to be 18 years of age or older and
 - d) Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. 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:
 - 1. Obesity-related cardiomyopathy
 - 2. Coronary heart disease
 - 3. Severe Sleep Apnea
 - 4. Uncontrolled Type2 Diabetes
- viii) Stem cell therapy, excluding Hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under Benefit 1a and 1d of this Policy
- ix) Growth hormone therapy;
- x) Sleep-apnoea
- xi) Congenital external diseases, defects or anomalies
- xii) Venereal disease, sexually transmitted disease or Illness
- xiii) Maternity (Code- Excl18):
 - a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xiv) 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
- xv) Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- xvi) Expenses for donor screening, or, save as and to the extent provided for in 1)e), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xvii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- xviii) Change of Gender Treatment: (Code- Excl07): Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
- xix) Refractive error: (Code- Excl15): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- xx) Circumcisions (unless necessitated by illness or injury and forming part of treatment)
- xxi) 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.
- xxii) Unproven treatments (Code- Excl16), Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Chelation therapy, Hyperbaric Oxygen Therapy: 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.
- xxiii) Investigation and 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.
- xxiv) Rest cure, sanatorium treatment, rehabilitation and measures, private duty nursing, respite care, long-term nursing care or custodial 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.
- xxv) Any non allopathic treatment.

- xxvi) All preventive care, vaccination including inoculation and immunisations unless certified to be required by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim .
- xxvii) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxviii) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxix) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxx) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxxi) Any treatment or part of a treatment that is not of a Reasonable Charge, or not medically necessary; drugs or treatments which are not supported by a prescription.
- xxxii) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxxiii) Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured as per Our underwriting guidelines.
- xxxiv) 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)
- xxxv) 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)
- xxxvi) Any non medical expenses as per Annexure II of the policy document

Requirement

- Completed proposal form

Pre- Policy Checkup

- Pre-Policy Checkup at our network may be required based upon the age and sum insured as mentioned below.

FOR DIRECT & AGENCY

Sum Insured (Rs.)	500,000	500,000	500,000	500,000	500,000
Deductible (Rs.)	100,000	200,000	300,000	400,000	500,000
18-45 Yrs	Nil	Nil	Nil	Nil	Nil
46-55 Yrs	Cat 3	Cat 3	Cat 1	Cat 1	Cat 1
56-60 Yrs	Cat 4	Cat 4	Cat 2	Cat 2	Cat 2
61-65 Yrs	Cat 6	Cat 6	Cat 5	Cat 5	Cat 5

FOR CORPORATE AGENTS & BROKERS

Sum Insured (Rs.)	500,000	500,000	500,000	500,000	500,000
Deductible (Rs.)	100,000	200,000	300,000	400,000	500,000
18-50 Yrs	Nil	Nil	Nil	Nil	Nil
51-55 Yrs	Cat 3	Cat 3	Cat 1	Cat 1	Cat 1
56-60 Yrs	Cat 4	Cat 4	Cat 2	Cat 2	Cat 2
61-65 Yrs	Cat 6	Cat 6	Cat 5	Cat 5	Cat 5

Category	Tests
Cat 1	ME, FBS, ECG
Cat 2	ME, RUA, FBS, ECG
Cat 3	ME, RUA, FBS, ECG, CBC, TC
Cat 4	ME, RUA, FBS, CBC, Lipids, ECG
Cat 5	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, Total Proteins, Sr Creat, PSA (males), USG Abd (females)
Cat 6	ME, RUA, FBS, CBC, Lipids, TMT, LFT, Sr Creat, PSA (males), USG Abd (females)
ME-Medical Examination (Report), CBC-Complete Blood Count, ECG-Electro Cardio Gram, FBS-Fasting Blood Sugar, Lipids-Lipid Profile, Sr Creatinine-Serum Creatinine, PSA-Prostate Specific antigen, RUA-Routine Urine Examination, TMT-Treadmill Test, USG-Ultrasonogram, SGOT-Serum Glutamic Oxaloacetic Transaminase, TC-Total Cholesterol, LFT-Liver Function Test	

We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Discounts

- Family Discount of 10% if 2 or more family members are covered under same policy.
- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.

Loadings

- i. We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
- ii. The maximum risk loading applicable for an individual shall not exceed 100% of premium per diagnosis / medical condition and an overall risk loading of over 150% of premium per person.
- iii. The loading shall only be applied basis an outcome of Our medical underwriting.
- iv. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
 - a. We will inform You about the applicable risk loading through a counter offer letter.
 - b. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter.
 - c. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.

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

Cancellation

The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%

Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation 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 misrepresentation, non-disclosure of material facts or fraud.

▪ **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, 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 effected.

Alterations to the Policy

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

Change of Policyholder

The change of Policyholder is permitted only at the time of renewal. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court.

Renewability

- There is no maximum cover ceasing age under this policy.

Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

No loading shall apply on renewals based on individual claims experience.

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▪ **Migration**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer Guidelines issued by IRDAI (Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies – Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020

▪ **Moratorium Period**

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

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▪ **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Claim Procedure

We/Specified Third Party Administrator (TPA) licensed by IRDAI will process all claims under this policy on behalf of Tata-AIG General Company Limited. The final decision on any claim solely rests with Tata-AIG General Insurance Company Limited.

Intimation & Assistance – Please contact Us/our designated TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us/our TPA within 24 hours of the event. Details of your designated TPA & Details of Network Providers will available on our website and will be provided in your MediPlus policy kit.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, your designated TPA/We must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA/Us atleast 48 hours prior to the hospitalization.
- TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

While availing Cashless facility

- Insured person is entitled for cashless facility only in Our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)
- Rejection of cashless facility in no way indicates rejection of the claim.

Procedure for Reimbursement of Medical Expenses –

- Our TPA/We must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to your designated TPA/Us within 15 days of the occurrence of the Incident.
- Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, the TPA/We will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent in the name of the proposer.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Claim Settlement(provision for Penal Interest):

- i. The Company 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, the Company shall be liable to pay interest to the policyholder 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 the opinion of the Company, 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "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) .(Note to Insurers: The Clause shall be suitably modified by the insurer based on the amendment(s), if any to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017)

Important Points for Claims Procedure:

- Payment will only be made for items covered under your policy in excess of the deductible and upto the limits therein.
- In the case of a covered hospitalisation, the costs of which were not initially estimated to exceed the deductible but were subsequently found likely to exceed the deductible, the intimation should be submitted along with a copy of intimation made to the other insurer /reimbursement provider immediately on knowing that the deductible is likely to be exceeded.

Note : Any change in TPA by Us shall be communicated to You 30 days before such effect of change

Tax Benefit The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

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

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by The Insurance laws (Amendment) Act, 2015

1. 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 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.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

MediPlus Prospectus
UIN: TATHLIP21258V022021

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification. Insurance is the subject matter of the solicitation". For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Tata AIG General Insurance Company Ltd. Registered Address:- Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai -400013, Maharashtra, India Visit us at www.tataaig.com Toll Free Number: 1800 266 7780 or 1800 22 9966 (Senior Citizen)

Annexure 1 – Day Care procedure List

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

Microsurgical operations on the middle ear

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

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)

Operations on the breast

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

Operations on the digestive tract

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

Operations on the female sexual organs

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

Operations on the prostate & seminal vesicles

100. Incision of the prostate

21. Other operations on the nose

22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands

24. Other operations on the tear ducts

25. Incision of diseased eyelids

26. Excision and destruction of diseased tissue of the eyelid

27. Operations on the canthus and epicanthus

28. Corrective surgery for entropion and ectropion

29. Corrective surgery for blepharoptosis

30. Removal of a foreign body from the conjunctiva

31. Removal of a foreign body from the cornea

32. Incision of the cornea

33. Operations for pterygium

34. Other operations on the cornea

35. Removal of a foreign body from the lens of the eye

36. Removal of a foreign body from the posterior chamber of the eye

37. Removal of a foreign body from the orbit and eyeball

38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus

40. Other incisions of the skin and subcutaneous tissues

41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues

42. Local excision of diseased tissue of the skin and subcutaneous tissues

43. Other excisions of the skin and subcutaneous tissues

44. Simple restoration of surface continuity of the skin and subcutaneous tissues

45. Free skin transplantation, donor site

101. Transurethral excision and destruction of prostate tissue

102. Transurethral and percutaneous destruction of prostate tissue

103. Open surgical excision and destruction of prostate tissue

104. Radical prostatovesiculectomy

105. Other excision and destruction of prostate tissue

106. Operations on the seminal vesicles

107. Incision and excision of periprostatic tissue

108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

109. Incision of the scrotum and tunica vaginalis testis

110. Operation on a testicular hydrocele

111. Excision and destruction of diseased scrotal tissue

112. Plastic reconstruction of the scrotum and tunica vaginalis testis

113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114. Incision of the testes

115. Excision and destruction of diseased tissue of the testes

116. Unilateral orchidectomy

117. Bilateral orchidectomy

118. Orchidopexy

119. Abdominal exploration in cryptorchidism

120. Surgical repositioning of an abdominal testis

121. Reconstruction of the testis

122. Implantation, exchange and removal of a testicular prosthesis

123. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord

- 46. Free skin transplantation, recipient site
- 47. Revision of skin plasty
- 48. Other restoration and reconstruction of the skin and subcutaneous tissues
- 49. Chemosurgery to the skin
- 50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

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

Operations on the salivary glands & salivary ducts

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

Other operations on the mouth & face

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

Operations on the tonsils & adenoids

- 68. Transoral incision and drainage of a pharyngeal abscess
- 69. Tonsillectomy without

- 125. Excision in the area of the epididymis
- 126. Epididymectomy
- 127. econstruction of the spermatic cord
- 128. Reconstruction of the ductus deferens and epididymis
- 129. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

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

Operations on the urinary system

- 135. Cystoscopical removal of stones

Other Operations

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

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

adenoidectomy

70. Tonsillectomy with adenoidectomy

71. Excision and destruction of a lingual tonsil

72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

73. Incision on bone, septic and aseptic

74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis

75. Suture and other operations on tendons and tendon sheath

76. Reduction of dislocation under GA

77. Arthroscopic knee aspiration