

## **Product Brief for POS under Credit Link Health Plan**

### **SECTION I: CRITICAL ILLNESS COVER.**

If the Insured Beneficiary is diagnosed as suffering from a Critical Illness covered under the Certificate of Insurance, which first occurs or manifests itself during the Cover Period, then we will pay 100% of Sum Insured as specified in the Certificate of Insurance, as on the date of Insured Beneficiary being diagnosed as suffering from a Critical Illness, subject otherwise to all other terms, conditions and exclusions of the Policy and Certificate of Insurance.

Insured event: For the purpose of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured Beneficiary shall mean any illness, medical event or surgical procedure, as specifically defined below, whose signs or symptoms first commence in Cover Period more than 90 days after the commencement of the Certificate of Insurance.

Number of Critical Illness covered under the Certificate of Insurance will depend upon the Plan opted the Insured Beneficiary. Following are the Plans available under the Section I:

#### **17 Critical Illness:**

1. Cancer of Specified Severity
2. Myocardial Infarction (First Heart Attack of Specific Severity)
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Coma of Specified Severity
6. Kidney Failure Requiring Regular Dialysis
7. Stroke Resulting in Permanent Symptoms
8. Major Organ /Bone Marrow Transplant
9. Multiple Sclerosis With Persisting Symptoms
10. Benign Brain Tumor
11. End Stage Liver Failure
12. Primary (Idiopathic) Pulmonary Hypertension
13. Alzheimer's Disease
14. Primary Parkinson's Disease
15. Surgery of Aorta
16. Third Degree Burns
17. Permanent Paralysis of Limbs

#### **I. Waiting Period**

1. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Certificate of Insurance is excluded.

This exclusion shall not apply to an Insured Beneficiary for whom coverage has been renewed (without a break) for subsequent years and or the person who have opted for waiver of waiting period for Critical Illness.

## **II. General Exclusion**

1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician/ Medical Practitioner, or which first manifested itself or was contracted before the start of the Cover Period, or for which a claim has or could have been made under any earlier policy.
2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LBIII) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
4. Occupational diseases.
5. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
6. Act of terrorism where the Insured Beneficiary is directly involved in the Perpetration or Commission of any act of terrorism
7. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
9. Radioactive contamination
10. Consequential losses of any kind, by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
11. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

## **SECTION II: PERSONAL ACCIDENT COVER**

Insured Event: For the purpose of this Section and the determination of the Company's liability under it, Insured Event in relation to the Insured Beneficiary, shall mean accidental bodily injury sustained during the Cover Period which shall within twelve months of its occurrence be the sole and direct cause of i) Death or ii) Permanent Total Disability (more specifically defined herein below) of the Insured Beneficiary, then we will pay Sum Insured as specified in the Certificate of Insurance as on the date of accident, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with Policy.

Our liability to make payment to you for one or more of the events described under Death due to accidental bodily injury, Permanent Total Disability due to accidental bodily injury, would be limited to a maximum of the Sum Insured as specified in the Certificate of

Insurance for this Section, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with Policy.

### **SUB-SECTION I. DEATH**

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Death of the Insured Beneficiary within twelve (12) months from the Date of accident, then the Company agrees to pay the Sum Insured stated in the respective section of the Certificate of Insurance to the Insured Beneficiary's assignee, as the case may be, (as per the Proposal Form read with the provisions of Section 38 Insurance Amendment Act 2015) and in the absence of any assignee, to the Nominee or legal representative of the Insured Beneficiary, Provided however in case the assignment is partial assignment/conditional assignment, then the payment of Sum Insured upon Death of the Insured Beneficiary shall depend upon and subject to terms and conditions of such partial assignment/ conditional assignment.

### **SUB-SECTION II: PERMANENT TOTAL DISABILITY**

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in permanent total disability within twelve (12) months from the Date of accident, then the Company agrees to pay you the Sum Insured stated in the Section II of the Certificate of Insurance.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- i. loss of the sight of both eyes
- ii. Physical separation of or the loss of ability to use both hands or both feet
- iii. Physical separation of or the loss of ability to use one hand and one foot
- iv. Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

### **SPECIFIC EXCLUSION APPLICABLE TO SECTION II: ACCIDENT PROTECTION COVER**

We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

1. Any Pre-existing Condition(s) and complications arising out of or resulting therefrom;
2. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
3. Mental or nervous disorder, anxiety, stress or depression,
4. Whilst engaging in Adventure Sports
5. While under the influence of liquor or drugs, alcohol or other intoxicants,
6. Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanor, civil commotion,
7. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world ,

8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
9. As a result of any curative treatments or interventions that you carry out or have carried out on your body,
10. Arising out of your participation in any police ,naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,
11. Your consequential losses of any kind or your actual or alleged legal liability.
12. Venereal or sexually transmitted diseases,
13. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused,
14. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these,
15. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines; or Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
16. Any Claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date,
17. No benefit under this policy would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor
18. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident.

### **SECTION III: ACCIDENT HOSPITALIZATION COVER**

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that Credit Linked Health Plan (Group) is extended to cover the Insured Beneficiary, if he/ she is Hospitalized for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner. because of Accidental Bodily Injury sustained during the Cover Period, then The Company will pay the In-patient Treatment- Medical Expenses for the below listed items up to the Sum Insured stated under the heading 'Accidental Hospitalization Expenses', in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,

- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor

#### **A. Day Care procedure coverage:**

Waiver of 24hours hospitalization would be considered under Accidental Hospitalization Expenses for the surgeries/procedures due to technological advancement provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions given in the Policy.

#### **B. Pre Hospitalization and Post Hospitalization:**

If the claim under Accidental Hospitalization Expenses (including day care procedure mentioned in Annexure 1) due to Accident of the Insured Beneficiary is accepted, then the Company will also pay below expenses:

##### **i. Pre Hospitalization**

If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 60 days immediately before the Insured Beneficiary was hospitalized for Accidental Bodily Injury, provided that such Medical Expenses were incurred for the same injury for which subsequent Hospitalization was required.

##### **ii. Post-Hospitalization**

If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 90 days immediately after the Insured Beneficiary was discharged post Hospitalization provided that, such costs are incurred in respect of the same injury for which the earlier Hospitalization was required.

The Pre and Post Hospitalization expenses payable under day care procedure shall include expenses incurred on Physiotherapy also.

#### **C. Road Ambulance Cover**

If the Company has accepted an Inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will reimburse the reasonable cost up to a maximum of Rs 25,000/- per Policy Year provided that:

- If due to an Accidental Bodily Injury sustained by the Insured Beneficiary during the Cover Period, the Insured Beneficiary has been transferred to the nearest hospital from the spot of Accident by an ambulance service offered by a healthcare or ambulance service provider, the Company will reimburse the actual expenses incurred for ambulance services
- The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities provided that: the treating doctor recommends the transfer of the Insured Beneficiary to a higher medical Centre for further treatment.

Provided that the maximum amount payable by the Company in respect of (a) and (b) together or singly shall not exceed the Sum Insured stated in the Certificate of Insurance against this cover, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

Specific Conditions Applicable to Road Ambulance Cover:

I. General Exclusion

- a. Expenses for Road ambulance transportation are restricted within India Only.
- b. Return transportation to the Insured's home by ambulance is excluded

\*Rest of the terms & condition as per Standard Policy wording of Credit Link Health Plan

## **Group Hospital Cash Under Group Guard**

### **SECTION 1- SICKNESS HOSPITAL CASH BENEFIT**

The Company will pay per day benefit amount for each completed day that the Insured Beneficiary had to be hospitalized for medical reasons because of the Disease/illness occurred during the Cover Period up to the Sum Assured for the maximum period specified in the Certificate of Insurance.

For the purpose of this benefit, allowance will be as below:

1. Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation
2. One day Daily Allowance as stated in the Certificate of Insurance, for Day Care Treatment carried out in the Day Care Centre.

### **Specific Condition Applicable to Sickness Hospital Cash Benefit, Extension as Double ICU Benefit**

1. The maximum daily allowance under this section and its extensions payable to the Insured individually is as shown under this section of Certificate of Insurance.
2. The final settlement of claim amount will be decided based on the final hospital bill having details of number of days the Insured Beneficiary was hospitalized.
3. The maximum period for which the daily allowance would be paid individually or collectively would not exceed maximum daily allowance as mentioned in Certificate of Insurance during Cover Period.

### **Extension applicable to Sickness Hospital Cash Benefit**

In consideration of payment of an additional premium at the inception of the Policy by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that if the claim under this section is accepted for the Insured Beneficiary, then the Company will pay for the following additional benefits/expenses which will be over and above the Sum Insured:

#### **Extension: Double ICU Benefit**

The Company will pay two times the Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalisation.

During the hospitalization period if the Insured Beneficiary is transferred from Normal room to ICU or vice versa the benefit would be payable only under one heading as specified above, as per the hospital bill for the respective day.

### **EXCLUSIONS UNDER SECTION “SICKNESS HOSPITAL CASH BENEFIT”-**

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period (Sickness Hospital Cash Benefit)

1. Pre-existing Diseases waiting period (Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 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 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 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. 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 12 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 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 is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma



13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth
19. Joint replacement surgery	20. Surgery for vertebral column disorders (unless necessitated due to an accident)
21. Surgery to correct deviated nasal septum	21. Hypertrophied turbinate
22. Congenital internal diseases or anomalies	23. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to +/-7

In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Group Guard Policy with Us without break in cover.

3. 30-day waiting period- Code- Excl03
  - a) 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.
  - b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
  - c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

## **SECTION 2) ACCIDENTAL HOSPITAL CASH BENEFIT**

The Company will pay per day benefit amount for each complete calendar day that the Insured Beneficiary had to be hospitalized for medical reasons because of the Accidental Bodily injury occurred during Cover Period up to the Sum Assured for the maximum period specified in the Certificate of Insurance.

For the purpose of this benefit, allowance will be as below:

1. Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation

2. One day Daily Allowance as stated in the Certificate of Insurance, for Day Care Treatment carried out in the Day Care Centre.

**Note:**

- i. Our maximum liability shall be restricted to the daily allowance till opted length of stay and Waiting Period mentioned in the Certificate of Insurance.

**Specific Condition Applicable to Accidental Hospital Cash Benefit**

1. The maximum daily allowance under this section payable to the Insured individually is as shown under this section of Certificate of Insurance.
2. The final settlement of claim amount will be decided based on the final hospital bill having details of number of days the Insured Beneficiary was hospitalized.
3. The maximum period for which the daily allowance would be paid individually or collectively would not exceed maximum daily allowance as mentioned in Certificate of Insurance during Cover Period.

**Extension applicable to Accidental Hospital Cash Benefit and Extension 1. Double ICU Benefit**

In consideration of payment of an additional premium at the inception of the Policy by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that if the claim under "Accidental Hospital Cash Benefit" is accepted for the Insured Beneficiary, then the Company will pay for the following additional expenses which will be over and above the Sum Insured:

**Extension) Double ICU Benefit**

The Company will pay two times the Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalization.

During the hospitalization period if the Insured Beneficiary is transferred from Normal room to ICU or vice versa the benefit would be payable only under one heading as specified above, as per the hospital bill for the respective day.

\*Rest of the terms & condition as per Standard Policy wording of Group Guard