Prospectus - Smart Super Health Assure

I. AGE LIMIT:

1. This Policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years.

2. Children between 91 days and 5 years can be covered provided either parent is getting insured under this Policy.

3. The age at entry for Individual ranges between 5 year and 65 Yrs.

4. There is no maximum cover ceasing age on renewals.

5. This Policy can be issued to an individual and/or family.

6. The family means maximum of five persons including self, spouse and three dependent children up to the age of 23 years.

7. The age considered is the completed number of years as on last birthday.

8. Optional Benefit

   Optional benefits are additional benefits which chosen by Insured by paying additional premium, however optional benefits cannot be opted without Base Hospitalization cover

   a. Critical Illness
      i. Critical Illness Sum Insured opted should not be more than the Sum Insured of base hospitalisation Policy.
      ii. Critical illness cover is available for Insured/Insured person(s) selected, with each member having Individual limit of coverage, however limits for Insured/Insured person(s) cannot be different from each other.

   b. Hospital Cash
      i. Hospital Cash allowance if opted has to be opted for all Insured / Insured person(s) in a Policy with common limit for Insured/Insured person(s).

   c. Maternity with New Born Baby Cover
      i. This benefit is available only under a Family Floater Policy.

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

ii. This benefit is available for Insured / Insured's spouse provided both are covered under the same Policy.

iii. This benefit can be opted only with a 3 year term of base coverwhere both base hospitaliZation coverand add-on cover term is 3 years only.

Note:

Dependents means only the family members listed below:

- Insured's legally married spouse as long as she/he continues to be married to insured;
- Insured's children aged between 91 days and 23 years if they are unmarried

"Dependent Child" means a child (natural or legally adopted), who is unmarried, aged between 91 days and 23 years, financially dependent on the Insured and does not have his / her independent sources of income.

II. POLICY PERIOD:

The Policy will be issued for annual period of 1 year, 2 years and 3 years as per the requirement of customer.

III. SALIENT FEATURES & BENEFITS:

A. Basic cover upto the Sum Insured limit		
1	In-patient treatment	In-patient treatment covers hospitalization expenses which are reasonable and customary charges incurred for treatment of Disease, Illness contracted or Injury sustained. This includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges Operation Theatre charges, Medical Practitioner's charges, fees of Surgeon, Anaesthetist, Qualified Nurse, Specialists, the cost of diagnostic tests, medicines, drugs, blood, oxygen, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure. A minimum period of 24 consecutive hours hospitalization as in-patient is must.
2	Pre-hospitalization	Covers relevant medical expenses incurred upto 60 days before hospitalization or day care treatment for treatment of Disease, Illness contracted or Injury sustained.
3	Post-hospitalization	Covers relevant medical expenses incurred upto 90 days after discharge from Hospital / Day Care treatment for continuous and follow up treatment of the Disease, Illness contracted or Injury sustained for which the Insured/ Insured Person was hospitalized.
4	Organ Donor	Covers hospitalization expenses for Medical treatment of the organ donor for harvesting the organ.
5	Day care Treatment	Medical treatment, and/or surgical procedure which is undertaken under General or Local Anesthesia in a Hospital/ Day Care centre in less than 24 hours because of technological advancement, which would have otherwise required a hospitalization of more than 24 hours, In

		respect of listed treatments as given in the Annexure I at the end of this document.
6	Ayush Treatment	Medical expenses for in-patient treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems in a government Hospital or in any institute recognized by government and/ or accredited by Quality Council of India/ National Accreditation Board on Health. Ayush Treatment is also covered provided the treatment has been undergone in *i.* Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) ii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria: a. has at least fifteen in-patient beds; b. has minimum five qualified and registered AYUSH doctors; c. has qualified paramedical staff under its employment round the clock; d. has dedicated AYUSH therapy sections; e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel .
7	Domiciliary Hospitalization	Medical treatment for an Illness/Disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances: 1. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or, 2. The Patient takes treatment at home on account of non-availability of room in a Hospital. Treatment of less than 3 days is not covered. (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable if treatment period is greater than 3 days).
B. Other Benefits available.		
1	Restoration of Sum Insured	In case of a situation where the Sum Insured and Cumulative Bonus are exhausted due to claims made and paid during the Policy Year, and the Insured/ Insured Persons have to subsequently, incur any hospitalization expenses due to any Disease / Illness / Injury for which

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

		a valid claim is admissible under the Policy, then the Sum Insured shall be restored which is equal to 100% for the particular Policy year for all members in the Policy, provided that; I. The Restored Sum Insured will be enforceable only after the Basic Sum Insured and Cumulative bonus (if any) have been completely exhausted in that year; and the Restored Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in respect of basic cover and additional covers. II. The Restored Sum Insured shall be available only for fresh/ any new Disease / Illness / Injury and not in relation to any Illness/ Injury for which a Claim has already been admitted partially or fully for that Insured person during that Policy Year. III. The Restored Sum Insured will only be allowed once during a Policy Year; IV. Restoration of Sum insured is not applicable for add-on benefits If the Restored Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.
2	Emergency Surface Ambulance charges	Covers expenses incurred for surface transport by ambulance to Hospital or between Hospitals and/ or diagnostic centre for treatment of Disease, Illness or Injury in a Hospital as an in-patient, provided a valid claim under the Policy is admissible. This benefit is subject to sub limits (per hospitalization claim) as mentioned in Schedule of benefit but within over all limit of the Sum Insured. This benefit is applicable irrespective of the number of occurrences during the Policy period subject to the over all Sum Insured.
C. Optional Add-on benefits on payment of extra premium		
1	Hospital cash allowance	Daily cash amount will be payable per day upto the specified limits opted, if the Insured Person is Hospitalized for treatment of any Disease / Illness / Injury for which a valid claim is admissible under the Policy for each continuous and completed period of 24 hours and if the Hospitalisation exceeds for more than 24 hours. First continuous and completed period of 24 hours will act as deductible. This is paid upto a maximum of 30 days including all the members & all claims for the entire Policy year.

2	Maternity Benefit New Born Baby Cover	This benefit covers the medical expenses including (after a waiting period of 9 months with the company) up to limits specified in the schedule (over and above Sum Insured mentioned in the Schedule) for the delivery of a baby and / or expenses related to medically recommended lawful termination of pregnancy but only in life threatening situation under the advice of Medical Practitioner, limited to maximum of two deliveries or terminations as said herein during the lifetime of an Insured Person between the ages of 18 years to 45 years (being the age of eldest member in the Policy). This benefit may be opted subject to the following: (a) This benefit is available only under a Family Floater Policy. (b) This benefit is available for Insured / Insured's spouse provided both are covered under the same Policy. This benefit is applicable only for the Insured person who has opted for 3 year Policy term.This benefit can be opted only on renewals for female Insured/ Insured Person. In case, insured has taken three year policy without maternity add-on and would like to opt for maternity add-on, then this can be availed on at the time of renewal. This benefit is applicable only for the Insured person who has opted for maternity benefit along with 3 year Policy term. New Born Baby benefit Covers medical Expenses for any medically necessary treatment described in in-patient care section while the Insured Person (the Newborn baby) is Hospitalized during the Policy Period within first 90 days of birth, as an inpatient Under this benefit. The coverage is subject to the Policy exclusions, terms and conditions. This Benefit is applicable if Maternity Benefit is opted and the Company has accepted a maternity claim under this Policy. This benefit is subject to the specified limits as mentioned in Schedule however over and above the Sum Insured mentioned in the Schedule.
3	Lump sum benefit for critical Illnesses (over and above S.I)	If, 60 days after the inception of this Policy, the Insured / Insured Person is at any time during the Policy period (after the above waiting period of 60 days), being diagnosed as contracting any Critical Illness as specified below and surviving for more than 30 days post such diagnosis, the specified limits as mentioned in Schedule (over and above the Sum Insured mentioned in the Schedule) for this benefit shall be

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

payable to the Insured/Insured Person as Lump Sum benefit.
The illnesses qualified as Critical Illnesses and covered in this section are as follows:

1. Cancer of Specified Severity
2. First Heart Attack of Specified Severity
3. Coronary Artery Disease
4. Open Chest CABG
5. Open Heart Replacement or Repair of Heart Valves
6. Surgery to Aorta
7. Stroke resulting in Permanent Symptoms
8. Kidney Failure requiring Regular Dialysis
9. Aplastic Anaemia
10. End Stage Lung Disease
11. End Stage Liver Failure
12. Coma of Specified Severity
13. Major Burns
14. Major organ /bone marrow transplant
15. Multiple Sclerosis with Persisting Symptoms
16. Fulminant Hepatitis
17. Motor Neurone Disease with Permanent Symptoms
18. Primary Pulmonary Hypertension
19. Terminal Illness
20. Bacterial Meningitis

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma

The following are excluded -

1. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential,neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3

2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

3. Malignant melanoma that has not caused invasion beyond the epidermis;

4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at

least clinical TNM classification T2N0M0

5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

6. Chronic lymphocytic leukaemia less than RAI stage 3

7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

9. All tumors in the presence of HIV infection.

2. Myocardial Infarction (First Heart Attack of specified severity):

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

i. A History of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers

II. The following are excluded:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery.

4. Open Chest CABG (Coronary Artery By-pass Graft) surgery

		I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. II. The following are excluded: i. Angioplasty and/or any other intra-arterial procedures **5. Open heart replacement or repair of heart valves** The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded. **6. Surgery to Aorta** The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures are excluded. **7. Stroke resulting in permanent symptoms** I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. II. The following are excluded: 1. Transient ischemic attacks (TIA) 2. Traumatic injury of the brain 3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

		8. Kidney failure requiring regular dialysis I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. **9. Aplastic Anaemia** Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: I. Blood product transfusion; II. Marrow stimulating agents; III. Immunosuppressive agents; or IV. Bone marrow transplantation The diagnosis must be confirmed by a haematologist. **10. End Stage Lung Disease** End Stage Lung Disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: I. FEVI test results which are consistently less than one litre; II. Permanent supplementary oxygen therapy for hypoxemia; III. Arterial blood gas analyses with partial oxygen pressures of 55mm Hg or less (PaO2 <- 55 mm Hg); and IV. Dyspnea at rest. The diagnosis must be confirmed by a respiratory physician **11. End Stage Liver Failure** I. Permanent and irreversible failure of liver function that has resulted in all three of the following: i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. II. Liver failure secondary to drug or alcohol abuse is excluded. **12. Coma of specified severity** I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: i. no response to external stimuli continuously for at least 96 hours; (ii) life support measures are necessary to sustain life; and (iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. II. The condition has to be confirmed by a specialist medical practitioner.

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

		Coma resulting directly from alcohol or drug abuse is excluded. **13. Major Burns** There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.19. Motor Neurone Disease with Permanent Symptoms; **14. Major organ /bone marrow transplant** I. The actual undergoing of a transplant of – i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. II. The following are excluded: a. Other stem-cell transplants b. Where only islets of langerhans are transplanted **15. Multiple Sclerosis with persistent symptoms** I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. II. Other causes of neurological damage such as SLE and HIV are excluded. **16. Fulminant Hepatitis** A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: I. Rapid decreasing of liver size; II. Necrosis involving entire lobules, leaving only a collapsed reticular framework; III. Rapid deterioration of liver function tests; IV. Deepening jaundice; and V. Hepatic encephalopathy. **17. Motor Neurone Disease with permanent symptoms**

		Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months **18. Primary Pulmonary Hypertension** Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterization resulting in permanent physical impairment of Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment (Source "Current Medical Diagnosis & Treatment- 39th edition"): Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. **19. Terminal Illness** The conclusive diagnosis of an Illness that is expected to result in the death of the insured person within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed Doctor. **20. Bacterial Meningitis** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by: I. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and II. A consultant neurologist.

IV. SUM INSURED:

Sum Insured that can be opted upto the age at entry of 65 years on Individual and/or Floater basis are as follows:

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

Plan	Sum Insured
Economy	1,00,000 / 2,00,000 / 3,00,000 / 4,00,000

This is the over all limit of Sum insured inclusive of all benefits under all sections except for Add-on benefits referred under Section III C.

V. RENEWAL INCENTIVE

5.1) Health Check-up:

The Company will cover the cost of a health checkup as per annexure II. Only that Insured / Insured Person who has attained minimum age of 18 years at the time of Renewal shall be eligible for a health check-up. The Company will only cover health checkups arranged by the Company through their empanelled service providers. Insured / Insured Person further understand and agree that this benefit is only available at Renewal for Policies that are renewed without any break. For multi year policies health check up eligibility will be annually from 2nd year onwards.

The list of tests conducted is as per **Annexure II**.

5.2) Cumulative Bonus:

If there is no claim in a Policy Year under the Policy, then for each such Policy year irrespective of the policy term whether 1 year, 2 years or 3 years, the Company will offer a Cumulative Bonus as mentioned in the **Annexure III**.

Cumulative Bonus will be provided on the expiring Policy Sum Insured, provided that the Policy is renewed continuously.

The sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the increase in Cumulative Bonus.

Cumulative Bonus will be calculated on the basis of Sum Insured of the last completed Policy Year.

In case of a claim, the Cumulative bonus earned shall be automatically reduced in the same proportion in the following renewal of the Policy. However, in cases where the insured has availed health checkup, the same shall not be considered as claim and the policy shall be eligible for Cumulative Bonusprovided there is no claim in the respective policy year. This will not affect the Sum Insured of the Policy.

5.3) Portability:

i. From another company to Bharti AXA Policy

(i). If the proposed Insured Person was insured continuously and without a break under another Indian retail health insurance Policy with any other Indian General Insurance company or stand-alone Health Insurance Company, it is understood and agreed that:

(1) If Insured person wish to exercise the Portability Benefit, The Company should have received the application for portability and the completed Portability Form with complete documentation at least 45 days before the expiry of the existing insurance Policy.
(2) This benefit is available only at the time of renewal of the existing health insurance Policy.
(3) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring Policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
(4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/ waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.
(5) The Portability Benefit shall be applied by the Company within 15 days of receiving the completed Application and Portability Form from the proposer subject to the following:
(a) Proposer shall provide the Company all additional documentation and/or information requested;
(b) The proposer shall pay the Company the applicable premium in full;
(c) The Company may, subject to medical underwriting, restrict the terms upon which the Company may offer cover, the decision as to which shall be in the Company sole and absolute discretion; This is subject to Company's Board approved Underwriting policy filed with Authority.
(d) There is no obligation on the Company to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if the proposer have given all documentation to the Company; This is subject to Company's Board approved Underwriting policy filed with Authority.

(e) The Company shall be received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance Policy through the IRDA's web portal.

ii. No additional loading or charges shall be applied by the Company exclusively for porting the policy.

ii. From the Company's existing health insurance policies to this Policy

(i) If the proposed Insured Person was insured continuously and without a break under another health insurance Policy with the Company, it is understood and agreed that:

(1) If the Insured wish to exercise the Portability Benefit, the Company should have received the Insured's application and completed Portability Form before the expiry of the existing insurance Policy;
(2) This benefit is available only at the time of renewal of existing health insurance Policy ;
(3) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied

on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority ;

(4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority ;

(5) The Portability Benefit shall be applied by the Company within 15 days of receiving insured's completed Application and Portability Form subject to the following :

(a) Insured / Insured Person shall give the Company all additional documentation and/or information requests;

(b) Insured / Insured Person pay the Company the applicable premium in full;

(c) The Company may, subject to medical underwriting, restrict the terms upon which the company may offer cover, the decision as to which shall be in Company's sole and absolute discretion; This is subject to Company's Board approved Underwriting policy filed with Authority.

(d) There is no obligation on Company to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if Insured/ Insured person have given all documentation ; This is subject to Company's Board approved Underwriting policy filed with Authority.

(e) No additional loading or charges shall be applied by Company exclusively for porting the Policy.

The Company reserves the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

VI. POLICY SERVICING:

The Policy will be serviced by Third Party Administrator who will provide cash less facility for hospitalization treatment.

The scope of cover and the Sum Insured levels available are mentioned in Schedule of Benefits annexed hereto.

VII. EXCLUSIONS:

A. Waiting Period:

A1. 30 days waiting period:

Expenses incurred for treatment undertaken for Disease or Illness within 30 days of the inception date of first/ initial Policy. This exclusion, however, doesn't apply in case of

- Subsequent renewals with the Company without a break.

- Expenses due to Accident occurring after the Policy inception date.

- Portability to the extent of waiting period and Sum insured waived off in the Schedule of the Policy.

A2. Specific waiting period:

Hospitalization Expenses incurred on treatment of following Diseases or Illness or procedures/ surgeries within the first two years (continuously renewed without any break) from the inception of initial / first this Policy:

1. Any types of gastric or duodenal ulcers
2. Benign prostatic hypertrophy
3. All types of sinuses
4. Hemorrhoids
5. Dysfunctional uterine bleeding
6. Endometriosis
7. Stones in the urinary and biliary systems
8. Surgery on ears/tonsils/adenoids/ paranasal sinuses
9. Cataracts,
10. Hernia of all types and Hydrocele
11. Fistulae,
12. Fissure in ano
13. Fibromyoma
14. Hysterectomy
15. Surgery for any skin ailment
16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy
17. Dialysis required for Chronic Renal Failure.
18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date.
19. Dilatation and curettage
20. Varicose Veins and Varicose Ulcers
21. Non Infective Arthritis and other form arthritis

22) Gout and Rheumatism

23)Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident

This exclusion, however, doesn't apply in case of :

- Subsequent renewals with the Company without a break post the first 2 years of the Policy

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

- Portability to the extent of waiting period and sum insured waived off in the Schedule of the Policy.

In the event that the above listed illness/diseases arise on account of a pre-exisiting condition, they shall be covered under this policy only upon completion of 48 months of continuous coverage.

A3. Pre-existing Diseases / Illness / Injury / conditions:
The benefits will not be available for any condition(s) as defined in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with the Company.

Disclosure of any Pre-existing Diseases with details must to done at the time of application for this Policy/ addition of member in existing Policy, in the proposal form and shall be classified as pre-existing Disease post acceptance of such application by the company.

A4. Maternity expenses where maternity cover is opted:
The benefits will not be available for any condition(s) as defined in the Policy, until 9 months since inception of the first Policy with the Company. In all other cases where maternity benefit cover is not opted, all claims directly or indirectly related to maternity stands excluded always.

A5. Internal Congenital Anomalies : 48 months.

A6. Genetic disorders are covered after a waiting period of 48 months.

B. The Company shall not be liable to make any payment for any claim directly or indirectly caused by or based on or arising out of or howsoever attributable to any of the following:

1. 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.

2. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with criminal intent.

3. Disease/ Illness/ Injury whilst performing duties as a serving member of a military or a police force.

4. Any loss, Injury/Illness, directly or indirectly caused due to an act of terrorism or terrorist incident, regardless of any contributory causes (if the Company alleges that by reason of this exclusion any loss is not covered by this insurance, the burden of proving the contrary shall be upon the Insured / Insured Person).

5. Expenses following Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

6. Medical Treatment in respect of the Illness / Injury/ Disease caused whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports.
7. Medical treatment in respect of the Injury caused whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled commercial airline

8. Circumcision unless necessary for treatment of a Disease, Illness or Injury not excluded hereunder, or, as may be necessitated due to an Accident.

9. Dental treatment or surgery of any kind unless requiring hospitalization or in case of out-patient Dental Emergency Treatment (unless arising out of Accident only as specified under the scope of the Policy).

10. Birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.

11. Any treatment arising from or traceable to any fertility, infertility, sub-fertility or assisted conception procedure or sterilization.

12. Charges incurred in connection with cost of spectacles and/or contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and or all other similar external appliances and/or devices whether for diagnosis or treatment, Issue of medical certificates and examinations as to suitability for employment or travel.

13. Any condition directly or indirectly caused by or associated with venereal Disease, sexually transmitted Disease, including Genital Warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Human T-Cell Lymphtropic Virus Type III (HTLV–III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

14. Vitamins and tonics unless forming part of treatment for Disease, Illness or Injury as certified by the Medical Practitioner.

15. Weight management services and or treatment, services and supplies including treatment of obesity (including morbid obesity.

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

16. Any treatments related to sleep disorder, sleep apnoea syndrome, general debility, treatment received in convalescent homes, cure, rundown condition or rest cure, congenital external Diseases / Illness or defects or anomalies, sterility, venereal Disease or intentional self-Injury.

17. Any treatment received in convalescent homes, convalescent Hospitals, health hydros, nature cure clinics or similar establishments.

18. Medical Treatment following use/abuse of intoxicating drugs or alcohol or drug abuse, solvent abuse or any addiction or medical condition resulting from or relating to such abuse or addiction.

19. Sex change or treatment, which results from, or is in any way related to, sex change.

20. All preventive care vaccination including inoculation or immunization of any kind unless forming a part of post animal bite treatment.

21. Treatment by a family member (Father, Mother, Father-in-law, Mother-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Brother or Sister) and or self-medication or any treatment except AYUSH, that is not scientifically recognized.

22. Medical treatment required following involvement in any criminal act of the Insured / Insured Person.

23. Prostheses, corrective devices and medical appliances, which are not, required intra-operatively.

24. Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner.

25. Aesthetic treatment, cosmetic surgery or plastic surgery unless necessitated due to Accident

26. Experimental and unproven treatment.

27. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Disease, Illness or Injury.

28. Cost incurred for medicines which are not under the advice of the Medical Practitioner.

29. Any treatment which is taken as an out-patient without any admission as an in-patient at the Hospital except those that are specifically mentioned as covered specifically in the this Policy.

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

30. Costs of donor screening or treatment, unless specifically covered and specified in the this Policy.

31. Any treatment received outside India.

32. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.

33. stem cell implantation / Surgery or Growth Hormone Therapy

34. Acupressure, acupuncture, magnetic therapies.

35. Treatment for Age Related Macular Degeneration (ARMD), treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and Robotic surgery.

36. Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital. (other than government taxes).

37. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition**.**

VIII. GENERAL CONDITIONS:

8.1) Duty of Disclosure:

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material facts in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent` means or device being used by the Insured/Insured Person or any one acting on their behalf to obtain a Benefit under this Policy.

8.2) Floater Policy:

Where the Policy is obtained on floater basis covering the family members, the Sum Insured as specified in the Schedule to this Policy, shall be available to the Insured and all other Insured members. However, the Sum Insured shall be the over all limit including add-on Sum Insured unless otherwise specified, if opted and Cumulative Bonus, if any for the entire period of Insurance/Policy period including all members/Insured persons and all claims.

8.4) Observance of terms and conditions:

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured / Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

8.5) Material Change:
The Insured / Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business, partial disclosure of the medical history at Insured / Insured person own expense. The Company may, adjust the scope of cover and / or the premium,if necessary, accordingly.

8.6) Fraudulent Claims:
If any claim 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 / Insured Person or anyone acting on his/her behalf to obtain any Benefits under the Policy, all Benefits under this Policy shall be forfeited. The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this condition as well as condition No.8.1 of this Policy.

8.7) No Constructive Notice:
The Company shall not take notice of any information relating to the Insured person unless such information is submitted in writing by the Insured, even if such information was available with the Company.

8.8) Notice of Charge:
The Company is not under obligation to take note of any trust, assignment, lien or similar charge on or relating to the Policy. However, any payment by the Company to Insured or legal representative or bank shall be binding on all concerned and shall be considered as complete discharge by the company.

8.9) Special Provisions:
Any special provisions subject to which this Policy has been entered into and endorsed on the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

8.11) Electronic Transaction:
The Insured / Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirm that all transactions affected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centres, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of Policy holder's interests.

8.12) Duty of the Insured on occurrence of loss/event leading to claim

On the occurrence of loss/event/claim within the scope of cover under the Policy resulting in a claim, the Insured / Insured Person shall:

a) Forthwith file/submit a claim form in accordance with "Claim Procedure" clause.
b) Allow the Medical Practitioner or any agent of the Company to inspect the medical and hospitalization records and to examine the Insured / Insured Person.
c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

In case the Insured / Insured Person does not comply with the provisions of this clause or other obligations cast upon the Insured / Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at the option of the Company.

8.13) Right to Inspect:

If required by the Company, an agent/ representative of the Company including a physician appointed in that behalf in case of any loss/ event/ claim or any circumstances that have given rise to a claim to the Insured / Insured Person, be permitted at all reasonable times to examine into the circumstances of such loss/ event leading to claim. The Insured/ Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss/ event or such circumstance in his/ her possession including presenting himself/ herself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or shall assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

The Company shall bear all cost of examination required under this section

8.14) Position after a claim:

As from the day of receipt of the claim amount by the Insured / Insured Person, the Sum Insured for the remainder of the Policy year of insurance shall stand reduced by a corresponding amount.

8.15) Multiple policies

If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the policyholder/Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. In all such cases the insurer who has issued the chosen policy 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.
2. 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 hospitalization costs in accordance with the terms and conditions of the chosen policy.
3. The Insured Person having multiple policies shall also have the right to prefer claims from other policy / policies for the amounts disallowed (Including but not limited to exhaustion of Sum Insured) under the earlier chosen policy / policies, even if the sum insured is not

exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.

8.16) Forfeiture of claims:

If any claim is made and rejected and no court action or suit is commenced within 12 months after such rejection or, in case of arbitration taking place as provided therein, within 12 calendar months after the arbitrator or arbitrators have made their award, all benefits under this Policy shall be forfeited and will not have any rights whatsoever.

8.17) Free Look Period:

Insured has a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the Insured has any objections to any of the terms and conditions, he / she have the option of cancelling the Policy stating the reasons for cancellation and in such a case, the company will refund premium subject to

- A deduction of the expenses incurred on any medical check-up, stamp duty charges, if the risk has not commenced.
- A deduction of the expenses incurred on any medical check-up, stamp duty charges and proportionate risk premium for period on cover, if the risk has commenced.
- A deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced.

The Policy can be cancelled only if Insured has not made any claims under the Policy.

Free look provision is not applicable and/or available at the time of renewal of the Policy.

8.18) Grace Period:

All applications for renewal of the Policy must be received by us before the end of the Policy. A Grace Period of 30 days for renewing the Policy is provided under this Policy.

However, there is no coverage provided during the break period.

8.19) Cancellation/Termination:

The Company may cancel this Policy, by giving 15 days' notice in writing by registered post acknowledgment due to the Insured at his / their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, in which case the Company shall be liable to repay on demand a ratable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice, cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales given below. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy / Policy riders.

Period on Risk	Rate of Premium to be retained by Company for 1 year Policy	Rate of Premium to be retained by Company for 2 years Policy	Rate of Premium to be retained by Company for 3 years Policy
Up to 1 month	25%	15%	10%
Exceeding 1 month Up to 3 months	50%	25%	15%
Exceeding 3 months Up to 6 months	75%	50%	25%
Exceeding 6 months Up to 12 months	100%	75%	50%
Exceeding 12 months Up to 18 months	N.A	85%	75%
Exceeding 18 months Up to 24 months	N.A	100%	85%
Exceeding 24 months Up to 30 months	N.A	N.A	90%
Beyond 30 months	N.A	N.A	100%

8.20) Cause of action/Currency of payment:
No claim shall be payable under this Policy unless the cause of action arises in India. All claims shall be payable in India in Indian Rupees only.

8.21) Policy Disputes:
The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian Territory.

8.22) Arbitration:
If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/ difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators - 1 to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such 2 arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referred to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss shall be first obtained.

8.23) Terms of renewal:

. The Company offers life-long renewal unless the Insured / Insured Person or any one acting on behalf of an Insured / Insured Person has acted in an improper, dishonest or fraudulent manner or has made misrepresentation in relation to this Policy or the Policy poses a moral hazard.

a. The premium for renewal will be applicable as per the premium chart based on age, sum insured and geography.
b. Company will not load the premium for any adverse claims experience of particular Insured/ Insured Person at the time of renewal if there is no change in the coverage of continuing Policy.
c. The Company may change the renewal premium and/or benefits payable subject to approval from regulator (IRDA) and inform the same to the Insured at least 3 months prior to the effective date of revision and/ or modification or renewal
d. In the likelihood of this Policy being withdrawn in future, the Company will inform the same to the Insured at least 3 months prior to expiry of the Policy. Insured will have the option to migrate to other plan under similar health insurance Policy at the time of renewal, provided the Policy is maintained without a break.

All applications for renewal of the Policy must be received by us before the expiry of current Policy. A Grace Period of 30 days for renewing the Policy is provided under this Policy.

However, there is no coverage for Injury sustained or Disease contacted during this grace period/ break period.

8.24) Sum Insured Enhancement:

i. The Insured member can apply for enhancement of Sum Insured at the time of renewal by submitting a duly filled fresh proposal form to the Company.

ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured members, claim history and subject to acceptance by the company post underwriting

All waiting periods as defined in the Policy shall apply afresh for this enhanced Sum Insured from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy in respect of such increased Sum Insured.

8.25) Inclusion of Dependent members under the Policy:

New Person can be added to this Policy, either by way of endorsement in case of mid-term inclusion or at the time of renewal. Mid-term inclusion is available only in case of such new person i.e spouse and or new born child post 90 days of birth subject to acceptance by underwriters.

The pre-existing Disease clause, exclusions and waiting periods will be applicable afresh in respect of such newly added person.

8.26) Renewal:

The Company shall allow renewal of the Policy and accept renewal premium in all cases except in case of noncooperation of the Insured/Insured Person in implementing the terms and conditions of this Policy.

8.27) Notices:
Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to
a) In case of the Insured, at the address given in the Schedule to the Policy.
b) In case of the Company, to the Policy issuing office/ nearest office of the Company

9: Claim Procédure:
9.1 Claim Notification - Multi Model Intimation:
It is the endeavor of Company to give multiple options to the Insured/covered person/patient's care taker to intimate the claim to the Third party administrator (TPA)/Company. The intimation can be given in following ways:

- Toll Free call Centre of the Insurance Company(24x7) - **1800-103-2292**
- Login to the website of the Insurance Company and intimate the claim – http://www.bharti-axagi.co.in/contact-us
- Send an email to the TPA/Company- customer.service@bhartiaxa.com
- Post/courier to TPA/Company - Bharti AXA General Insurance Company Limited, Spectrum Tower, 3rd flr, Chincholi Bunder Rd, Rajan Pada, Mindspace, Malad West, Mumbai, Maharashtra 400064 - replace with malad office Telephone: + 91 8049123900; www.bharti-axagi.co.in
- Directly Contacting our Company office but in writing. - Bharti AXA General Insurance Company Limited, Spectrum Tower, 3rd flr, Chincholi Bunder Rd, Rajan Pada, Mindspace, Malad West, Mumbai, Maharashtra 400064 Replace with malad officeTelephone: + 91 8049123900; www.bharti-axagi.co.in, Dial :+ 91 80 49123900

In all the above, the intimations are directed to a central team for prompt and immediate action.

9.2 Information Details
When the Insured/ covered person/ patient's care taker intimate the claim as mentioned above the following information should be given for prompt services :

- Policy number
- Name of the Insured
- Name of Covered person/ Insured member making the claim
- Contact details
- Nature of the Disease, illness or injury
- Name and address, phone number of the attending medical practitioner/Hospital.
- Date of hospitalization.

9.3 Claim Form

Upon the notification of the claim, the TPA/Company will dispatch the claim form to the Insured/Covered person. Claim forms will also be available with the network Hospitals and Company offices and on its website.

9.4 Claim Procedure

9.4.1 Cashless hospitalisation:

- Company will work with one or more TPAs for providing cashless facility to the Insured/Covered person.
- List of network Hospitals is provided to the Insured/Covered person along with the Policy .Insured/Covered person can view the updated Hospitals list from the website of the TPA/Company too.
- Insured/covered person on admission (emergency) or willing to admit (planned admission) in the network Hospitals, a preauthorization request form has to be filled in by the treating doctor/ Hospital and the same has to be faxed to the TPA by the insured/Hospital. The TPA after verifying the same will decide on the issuance of authorization after necessary discussion(approval) with insurance company. The action of pre-authorization will be done within 6 hours for emergency admission and 48 hours for planned admission.
- The preauthorization request form will be available in the guide issued along with the Policy, and also will be available in the Hospitals or can be downloaded from the website of the TPA/Company or can request for the same to the TPA/Company via email or fax or can be collected in person from the branches of the TPA/Company.
- Denial of the cashless does not mean the claim has been rejected. Such claims will be examined on merits and will be paid on reimbursement basis later if admissible.
- The Insured/covered person can send the requisite claim documents to the TPA/Company seeking reimbursement.
- The Insured/covered person need not pay any amount to the Hospital if he/she has received the authorization letter except;
  - If the bill amount is in excess of the Sum insured
  - Non-medical expenses
  - Unrelated treatments
  - Excess/deductible, if any which has to be borne by insured
- The Hospital will receive the payment from Company within 21 days from the date of receipt of complete claim documents.

. 9.4.2 Reimbursement claims

- All reimbursement claims should be intimated to TPA/Insurance company within 7 days from date of discharge.

- Insured/covered person admitted in a non-network Hospital can send the claim documents to the TPA/ Company for the reimbursement within 30 days from the date of discharge. However Pre and post hospitalization bills can be sent within 15 days from the end of post hospitalization period as specified in the Policy.

9.5 Claim Service Guarantee

9.5.1. Re-imbursement Claims :

Notwithstanding the above, upon the receipt of all required documents and processing of the claim, tthe claim will be settled 30 days from the date of submission of the said documents. Settlement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of settlement, failing which penal interest (in compliance with applicable regulations) at a rate of 2% higher than bank rate (prevailing as on the date of beginning of financial year in which the claim is reviewed) will be paid.

9.5.2. Cashless Claim:

In the event of delay in approval / rejection of cashless claim, a penalty of Rs.500/- for every delay of 6 hours beyond 6 hours in case of emergency hospitalization. For planned hospitalization The Company shall pay the penalty for every 6 hours beyond 48 hours. This penalty shall apply after receipt of all information / documents and will be subject to a maximum amount of Rs.5000/-.

.

10. Pre-Policy Checkup

1. No pre-policy checkup would be required upto 45 years of age, subject to no adverse medical history declaration in the proposal form
2. Medical tests (pre-Policy check-up) may be necessary for members aged 46 years and above.

Pre Policy Medical Grid – Base Product

Pre Policy Medical Grid –Smart Health Insurance Policy	
Age Band	
18-45	Nil*
>45	Level 1

Level 1	FMR, RUA, HbA1c, ECG,CBC, Total Cholesterol, FBS, S Creat
Level 2	FMR, RUA, HbA1c, ECG, Lipid profile, CBC, FBS, Serum Creatinine
Level 3	FMR, RUA, HbA1c, ECG, Lipid profile, CBC, FBS, Serum Creatinine, SGOT, SGPT

Pre Policy Medical Grid – Critical Illness	
Age Band	
18-45	NIL*
46-55	Level 2
56-65	Level 3

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

* Level 1 applicable if the proposer answers to any of the health related questions in the proposal form as unfavorable

3. The Company will reimburse 50% of the cost of medical examination underwent by the Insured person(s) at the designated Hospital/ Diagnostic centre, if the proposal is accepted. The medical reports are valid for a period of 30 days from the date of pre-Policy checkup.
4. The Company can call for additional medical test(s) on the basis of declaration in proposal form or based on findings of first set of medical reports.

11. CUSTOMER SERVICE – SENIOR CITIZENS

In respect of Senior Citizens, both the Company and TPA have established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company or TPA for faster attention or speedy disposal of grievance, if any.

- Website : www.bharti-axagi.co.in
- Email : customerservice@bharti-axagi.co.in
- Phone : 080-49123900
- Courier : Any of the Company's Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday

12. PREMIUM PAYABLE

- As per the Premium Schedule
- The premium under individual coverage will be charged as per the completed age, Sum insured and geography of the individual Insured member
- The premium under family floater coverage will be charged as per the completed age of the eldest Insured member
- Premium rates can be revised post approval from the IRDA, as said above.

PREMIUM SCHEDULE – As per Enclosure I attached to Prospectus and Sales Literature.

13. GENERAL NOTE

- The Proposer can contact the agent/intermediary/any of our offices for a full version of the Policy document.
- This Policy is subject to IRDAI - Protection of policyholders Interest 2017 -

14. 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 Insurers.

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. .

Disclaimer

This document 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 approach your insurance advisor or any of your nearest branch office of the company, if you require any further information or clarification.

This document gives summary of the main features. For more details -please refer to the Policy wordings, which can collected by writing to customer.service@bhartiaxa.com or connect us by Toll free no: or by visiting the nearest branch office or visit our website www.bharti-axagi.co.in

We suggest our prospective customers to kindly have a detailed look at our Policy wording for complete information.

Schedule of Benefit: Smart Health Insurance Policy				
SALIENT FEATURES & BENEFITS	**Economy**			
	1L	**2L**	**3L**	**4L**
Basic cover (upto the Sum Insured limit)	Up to S.I			
In-patient Treatment				
Pre-hospitalization - 60 Days				
Post-hospitalization- 90 Days				
Organ Donor				
Day care Treatment (As per Annexure I)				
Ayush Treatment				
Domiciliary Hospitalization				
Other Benefits (Per Policy Period including all members)				
Cumulative Bonus	As per Annexure – III			
Health Check-up	Annual – As per Annexure – II			
Restoration of Sum Insured	Up to 100% of S.I			
Emergency Surface Ambulance charges	Rs.3000/event			
Optional Add-on Benefit (on payment of additional premium): Covered only if specified in Policy schedule				
Hospital cash allowance (Up to Maximum up to 30 days with one day deductible)#	Option of Rs.100, 200, 300, 500/ day			
Maternity Benefit: -Maternity Benefit with 9 month waiting period, up to first 2 deliveries/MTP in lifetime (available only with 3 yr. Policy term) -New Born Baby for first 90 days	Rs.35,000 – Maternity Rs. 25000 -New Born			

Lump sum benefit for critical illnesses (over and above the S.I)*	Not available	2L	Option of Rs.2L, 3L	Option of Rs.2L, 3L, 4L

*Critical Illness Sum Insured opted should not be more than the Sum Insured under section 3.A.1, Critical Illness cover is available for Insured/Insured person(s) selected, with each member having Individual limit of coverage, however limits for Insured/Insured person(s) cannot be different from each other.

Hospital Cash allowance if opted has to be opted for all Insured/Insured person(s) in a Policy with common limit for Insured/Insured person(s)

Annexure I: Day Care Procedures

1. Suturing - CLW -under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma
8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/-Synovial biopsy/-Bone trephine
biopsy/-Pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Brochoscopic treatment of bleeding lesion
24. Brochoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy

Prospectus and Sales Literature – Smart Super Health Assure
UIN: BHAHLIP20108V011920
Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubic cytostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contractureHG/V004/wef 1st Oct 2013 16
75. Carpal tunnel decompression
76. Excision of granuloma

77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the Diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com

118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies
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.

Annexure II - Health Check-up tests on Renewal

Age band <35 years	
Complete Blood Count and ESR Tests	Pre and Post Fasting Blood Sugar Test
Urine Routine Analysis	
Age band 36-50 years	
Complete Blood Count and ESR Tests	Serum Cholesterol & Triglycerides
Urine Routine Analysis	ECG
Pre and Post Fasting Blood Sugar Test	
Age band > 50 years	
Complete Blood Count and ESR Tests	Lipid Profile
Urine Routine Analysis	ECG
Pre and Post Fasting Blood Sugar Test	

Annexure III - Cumulative Bonus

Cumulative Bonus	
Age at the inception of 1st Policy year <=45 yrs.	50% of expiring Policy S.I per annum not exceeding Cumulative Bonus of 100% of current Policy S.I
Age at the inception of 1st Policy year >45 yrs. and <=65 yrs.	20% of expiring Policy S.I per annum not exceeding Cumulative Bonus of 100% of current Policy S.I

The rate of accrual or reduction for each applicable policy year shall remain the same even for a policy term of 2 years or 3 years. Cumulative Bonus rate which is applicable at the age at inception, the same rate shall be applicable in all policy years till the time the policy is renewed.

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43,Millers Road. Vasanth Nagar, Bangalore -560052 Ph: 1800-103-2292, CIN : U66030KA2007PLC043362., IRDAI Reg No:- 139
Wesbite:www.bharti-axagi.co.in, Email: customer.service@bhartiaxa.com