

| Feat                |    | <b>About the policy</b>   | Covers hospitalization expenses incurred as a result of illness and/or accidental injuries   |  |                        |   |           |           |           |           |  |  |  |  |  |
|---------------------|---|---|--|--|------------------------|---|-----------|-----------|-----------|-----------|--|--|--|--|--|
|                     |    | <b>Type of Cover</b>  | Individual Sum Insured   |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Entry Age</b>  | <b>For Adults:</b> 18 years – 65 years   |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    |   | <b>For Dependent Children:</b> 16 days to 25 years   |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Co-payment</b>   | 10% Co-payment is applicable if the Insured age at entry is above 61 years   |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Renewal</b>  | Lifelong   |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Policy Term</b>  | One Year, Two Years & Three Years  |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Pre Policy Medical Checkup</b>   | Required for persons above 50 years of age   |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Discounts</b>  | (i) 5% if 2 or more family members are covered (Family = Self, Spouse & Dependent Children)<br>(ii) 25% for major organ donor during renewal |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    |   | <b>Sum Insured Options (Rs.)</b>   | 3,00,000   | 4,00,000               | 5,00,000                                      | 10,00,000 | 15,00,000 | 20,00,000 | 25,00,000 |  |  |  |  |  |
| Basic Covers        |    | <b>Hospitalization - Room Rent</b>  |  | Rs.5,000/- per day   | Private Single AC Room |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Shared accommodation benefit (admission &amp; discharge days excluded)</b> | 500 per day & 3,000 per admission  |  |                        | 1,000/- per day & up to 6,000/- per admission |           |           |           |           |  |  |  |  |  |
|                     |    |   | Payable for every 24hrs of stay in a networked hospital (payable if hospitalization exceeds 48 hrs)  |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |    | <b>Cataract treatment</b>   | <b>Limit per eye</b>   | 30,000/- per eye   | 40,000/-               |   | 45,000/-  |           |           |           |  |  |  |  |  |
|                     |    |   | <b>Per policy period</b>   | 40,000/- per policy period   | 50,000/-               |   | 60,000/-  |           |           |           |  |  |  |  |  |
|                     |   | <b>Health Check-up benefit (for every claim free year)</b>                    |  | 1,500/-  | 2,500/-                |   | 5,000/-   |           |           |           |  |  |  |  |  |
|                     |  | <b>ICU, Dr Fees, Tests, Medicines</b>   |  | Covered (Actuals)  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Organ Donor Cover</b>  |  | Covered (Actuals)  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Domiciliary hospitalization</b>  |  | Covered (Actuals) – Covered for the period exceeding three days  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Ambulance Charges</b>  |  | Rs.2,000/- per hospitalization   |                        |   |           |           |           |           |  |  |  |  |  |
| Additional Benefits |  | <b>Day Care Procedures</b>  |  | All day care procedures are covered up to Sum Insured (Except for Cataract)  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Pre &amp; Post Hospitalization</b>   |  | 30 days & 60 days (Actuals)  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Non-Allopathic Treatment</b>   |  | Up to 25% of the Basic Sum Insured subject to a maximum of Rs.25000/- per policy year  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Psychiatric &amp; Psychosomatic</b>  |  | If diagnosed for the first time and hospitalized for minimum 5 consecutive days (Actuals)  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Coverage for New Born Baby</b>   |  | Cover starts from 16 <sup>th</sup> day - up to 10% of the Sum Insured or maximum up to Rs.50,000/- (available if the mother is covered under this policy for a continuous period of 12 months) |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Auto Restoration of Sum Insured</b>  |  | Up to 200% once in a year - Can't be utilized for illness/s for which claim/s was/were made  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Super Restoration</b>  |  | Up to 100% once in a year – <b>Can be utilized</b> for illness/s for which claim/s was/ were made  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Additional Sum Insured for RTA</b>   |  | 50% additional sum insured will be given for wearing helmet either riding or as pillion rider  |                        |   |           |           |           |           |  |  |  |  |  |
| Optional Covers     |  | <b>No Claim Bonus</b>   |  | 25% after first claim free year & 20% for each subsequent claim free year, max up to 100%  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Instalment Options</b>   |  | Monthly/ Quarterly/ Half-Yearly/ Yearly, Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years).  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Modern treatments</b>  |  | Based on the Sum insured chosen limits differ, refer policy wording for further details  |                        |   |           |           |           |           |  |  |  |  |  |
|                     | <b>Optional Covers</b>  |   |  |  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Hospital Cash</b>  |  | Rs.1,000/- per every 24 hrs, up to 7 days per hospitalization & max 14 days in a policy year   |                        |   |           |           |           |           |  |  |  |  |  |
| Waiting Period      |  | <b>Patient Care</b>   |  | Rs.400/- per every 24hrs up to 5 days per occurrence & maximum 14 days in a policy year  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Initial waiting period Code Excl 02</b>                                    |  | 30 days for all illnesses (except accident)  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>For Specific diseases Excl 03</b>  |  | 2 years  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>For Pre-existing diseases Code Excl 01</b>                                 |  | 4 years  |                        |   |           |           |           |           |  |  |  |  |  |
|                     |  | <b>Moratorium Period</b>  |  | Available after completion of 8 years  |                        |   |           |           |           |           |  |  |  |  |  |

\* The information provided in this document is only indicative. For more details on the terms and conditions, please read the policy wordings before concluding a sale.