

JEEVAN AROGYA (PLAN 903)
DATE OF LAUNCH 1.6.2011

COMPREHENSIVE HEALTH INSURANCE PLAN

COVERING

1. HUSBAND
2. WIFE
3. DEPENDENT CHILDREN
4. DEPENDENT PARENTS OF HUSBAND AND/OR WIFE.

ENTRY AGE LIMITS

- 18 TO 65 YEARS (LBD) FOR HUSBAND AND WIFE
- UPTO 75 (LBD) YEARS FOR PARENTS/INLAWS
- MIN. 91 DAYS TO 17 (LBD) YEARS FOR CHILDREN

AGE UPTO WHICH RISK COVER EXTENDS

- 80 YEARS (LBD) FOR SELF, SPOUSE, PARENTS AND INLAWS.
- 25 (LBD) YEARS FOR CHILDREN.

DATE OF COVER EXPIRY

- POLICY ANNIVERSARY ON WHICH THE INSURED LIFE ATTAINS MAXIMUM COVER CEASING AGE.
- ON ATTAINING THE LIFETIME MAXIMUM BENEFIT LIMITS.
- ON DEATH OR DATE OF EXPIRY OF P.I. AND IF THE POLICY DOES NOT CONTINUE WITH THE INSURED SPOUSE AS P.I.
- ON DEATH OF COVER EXPIRY OR INSURED SPOUSE AFTER THE POLICY CONTINUES WITH THE INSURED SPOUSE AS P.I. AFTER THE P.I. DIES OR REACHES HIS/HER DATE OF COVER EXPIRY.
- ON THE DEATH OF INSURED
- IF SPOUSE DIVORCES/SEPARATES FROM P.I. COVER EXPIRES FOR SPOUSE
- ON TERMINATION OF POLICY DUE TO NON PAYMENT OF PREMIUM

OR ANY OTHER REASON

TERMINATION OF POLICY

- **POLICY ISSUED ON SINGLE LIFE**
- 1. NON PAYMENT OF PREMIUM WITHIN THE REVIVAL PERIOD.
- 2. ON DEATH
- 3. ON THE DATE OF COVER EXPIRY.
- 4. ON EXHAUSTING ALL LIFE TIME COVER BENEFITS.
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- **POLICY ISSUED ON MORE THAN ONE LIFE..**
- 1. NON PAYMENT OF PREMIUMS WITHIN THE REVIVAL PERIOD.
- 2. ON P.I. EXHAUSTING ALL THE LIFE TIME BENEFIT LIMITS.
- 3. ON DEATH OR DATE OF EXPIRY OF COVER, OF THE P.I. AND THE POLICY DOES NOT CONTINUE WITH SPOUSE AS P.I.
- 4. ON DEATH OR DATE OF COVER EXPIRY OF INSURED SPOUSE AS P.I.

- **HOSPITAL CASH BENEFIT FOR EACH LIFE**
- Rs.1000/- per day
- Rs.2000/- per day
- Rs.3000/- per day
- Rs.4000/- per day
- P.I. can choose one of the above amounts. Spouse HCB will be equal to or less than that of P.I. Parents H.C.B. would be equal to or less than that of spouse. Children HCB would be less or equal to spouse (P.I. if no spouse). HCB amount to be only Rs.1000/- or Rs.2000/ or Rs.3000/-. Or Rs.4000/-.

- MAJOR SURGICAL BENEFIT
- DEFINED LIST OF SURGERIES
- THIS BENEFIT IS EQUAL TO 100 TIMES OF HCB.
- DOES NOT INCLUDE LIMITS OF PLAN 901 OR 902
- A PERCENTAGE OF MSB SUM ASSURED IS PAYABLE IN THE EVENT OF DEFINED SURGERIES. (100% FOR CATEGORY 1, 60% FOR CATEGORY II, 40% FOR CATEGORY III AND 20% FOR CATEGORY IV.
- MSB IS AVAILABLE FOR ALL INSURED INCLUDING CHILDREN
- MSB IS PAYABLE IRRESPECTIVE OF ACTUAL EXPENSES

- DAY CARE SURGICAL BENEFIT
- DEFINED PROCEDURES
- LUMP SUM BENEFIT
- **THIS BENEFIT IS EQUAL TO 5 TIMES OF HCB.**
- LIMIT OF 3 DAY CARE PROCEDURES PER YEAR
- 24 DAY CARE PROCEDURES IN POLICY LIFE TIME
- **NO HCB IS PAYABLE WHEN AN INDIVIDUAL UNDERGOES DCS PROCEDURE.**

- OTHER SURGICAL BENEFIT
- (SURGICAL PROCEDURE NOT COVERED IN MSB AND DCSB)
- **DAILY BENEFIT 2 TIMES OF HCB**
- ATLEAST 24 HOURS STAY IN HOSPITAL REQUIRED.
- LIMIT OF 15 DAYS IN FIRST POLICY YEAR
- LIMIT OF 45 DAYS IN SUBSEQUENT POLICY YEARS
- LIMIT OF 360 DAYS IN POLICY LIFE TIME

- TERM RIDER
- EQUAL TO MSB IN MULTIPLES OF 25000/-.
- MIN. ENTRY AGE ..18 YRS
- MAXIMUM ENTRY AGE .. 50 YRS

- MAXIMUM AGE FOR COVER.. 60 YEARS (NBD)
- MAXIMUM TERM ..35 YEARS

- ACCIDENT BENEFIT RIDER
- MINIMUM BENEFIT 25000/-.
- MAXIMUM BENEFIT EQUAL TO MSB
- AB SUM ASSURED MULTIPLE OF 5000
- MINIMUM ENTRY AGE 18 YEARS COMPLETED
- MAXIMUM ENTRY AGE 50 YEARS COMPLETED
- MAXIMUM AE FOR COVER 60 YEARS COMPLETED
- MAXIMUM TERM 35 YEARS

- DYNAMIC HCB
- INCREASES @ 5% PER YEAR OF INITIAL HCB TILL IT REACHES 150% OF INITIAL BENEFIT.
- HCB INCREASES @ 5% AFTER 3 YEARS OF NO CLAIM. THERE IS NO LIMIT WHEN THIS INCREASE STOPS.

- GENERAL WAITING PERIOD
- 0 DAYS FOR ACCIDENT CLAIMS.
- 90 DAYS FROM
- 45 DAYS AFTER REVIVAL, IF REVIVED WITHIN 90 DAYS FROM FUP OF THE POLICY, FOR HOSPITAL CASH BENEFIT AND MAJOR SURGICAL BENEFIT.
- 90 DAYS IF REVIVED AFTER 90 DAYS FROM FUP.
- SPECIFIC WAITING PERIOD
- 2 YEARS FROM THE DATE OF COVER COMMENCEMENT FOR EACH INDIVIDUAL.
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- IN CASE OF REVIVED POLICIES, IF REQUEST FOR REVIVAL RECEIVED WITHIN 90 DAYS FROM THE DATE OF F.U.P., WAITING PERIOD WILL BEGIN **FROM THE DATE OF COMMENCEMENT OF COVER FOR EACH INDIVIDUAL.**
- IN CASE OF REVIVED POLICIES, IF REQUEST FOR REVIVAL IS RECEIVED AFTER 90 DAYS FROM THE DATE OF F.U.P. , THEN THE WAITING PERIOD WILL BEGIN FROM THE DATE OF **REVIVAL**

THE SPECIFIC WAITING PERIOD OF 2 YEARS APPLIES TO HOSPITALIZATION OR SURGERY DIRECTLY OR INDIRECTLY CAUSED BY, BASED ON, ARISING OUT OF , OR ATTRIBUTABLE TO ANY OF THE FOLLOWING .

1. TREATMENT OF ADENOID OR TONSILLAR DISORDERS
2. TREATMENT OF ANAL FISTULA OR ANAL FISSURE
3. TREATMENT OF BENIGN ENLAREMENT OF PROSTATE GLAND
4. TREATMENT FOR BENIGN UTERIN DISORDERS LIKE FIBROIDS, UTERINE PROLAPSE, DYSFUNTIOAL UTERINE BLEEDING,ETC
5. TREATMENT FOR CATARACT
6. TREATMENT FOR GALL STONES
7. TREATMENT OF SLIP DISK
8. TREATMENT OF PILES
9. TREATMENT OF BENIGN THYROID DISORDERS
10. TREATMENT FOR HERNIA
11. TREATMENT FOR HYDROCELE
12. TREATMENT OF DEGENERATIVE JOINT CONDITIONS
13. TREATMENT OF SINUS DISORDERS
14. TREATMENT OF KIDNEY OR URINARY TRACT STONES
15. TREATMENT OF VARICOSE VEINS
16. TREATMENT FOR CARPAL TUNNEL SYNDROME
17. TREATMENT OF BENIGN BREAST DISORDERS, EG. FIBROADENOA, FIBROCYSTIC DISEASE, ETC/

- PREMIUM RATE GUARANTEED FOR 3 YEARS
- MAY BE REVISED AFTER 3 YEARS
- PREMIUM WILL BE CALCULATED AT THE ORGINAL ENTRY AGE.

- **PREMIUM WAIVER**
- IN THE EVENT OF ANY INSURED UNDERGOING MAJOR SURGERY UNDER CATEGORY I AND II PREMIUM PAYABLE FOR ONE YEAR FROM THE NEXT PREMIUM DUE DATE COINCIDING OR FOLLOWING THE DATE OF SURGERY IS WAIVED.
- AMBULANCE CHARGES FOR TRANSPORTATION OF INSURED.. RS. 1000/-.

- **QUICK CASH FACILITY**
- FOR CAT. I AND CAT. II MSB IN ANY OF THE LISTED NETWORK HOSPITALS, THE P.I. WILL HAVE AN OPTION TO AVAIL QCF WHICH IS 50% OF THE ELIGIBLE MSB AMOUNT AS ADVANCE (SUBJECT TO APPROVL OF TPA)
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- **EXCLUSIONS**
- 1. ANY PREEXISTING CONDITIONS UNLESS DISCLOSED AND ACCEPTED BY THE LIC ON THE DATE OF COMMENCEMENT OF COVER/REVIVAL.
- 2. ANY TREATMENT OR SURGERY NOT PERFORMED BY A PHYSICIAN /SURGEON OR ANY TREATMENT INCLUDING SURGERY OF PURELY EXPERIMENTAL NATUE.
- 3.ANY ROUTINE OR PRESCRIBED MEDICAL CHECK UP OR EXAMINATION.
- 4. MEDICAL EXPENSES RELATING TO ANY TREATMENT PRIMARILY FOR DIAGNOSTIC XRAY OR LABORATORY EXAMINATION.
- 5. ANY SICKNESS THAT BEEN CLASSIFIED AS AN EPIDEIC BY CENTRAL OR STATEMENT GOVERNMENT.
- 6. CIRCUMCISION, COSMETIC OR AESTHETIC TREATMENTS OF ANY DESCRIPTION CHANGE OF GENDER SURGERY, PLASTIC SURGERY (UNLESS SUCH PLASTIC SURGERY IS NECESSARY FOR THE TREATMENT OF ILLNESS OR ACCIDENTAL BODILY INJURY AS A DIRECT RESULT OF THE INSURED EVENT AND PERFORMED WITHIN 6 MONTHS OF THE SAME.
- 7. HOSPITALISATION EXPENSES FOR DONATION OF ORGAN BY THE DONOR.

- 8. TREATMENT FOR CORRECTION OF BIRTH DEFECTS OR CONGENITAL ABNORMALITIES.
- 9. DENTAL TREATMENT OR SURGERIES OF ANY KIND UNLESS NECESSITATED BY ACCIDENTAL BODILY INJURY.
- 10. CONVALESCENCE, GENERAL DEBILITY, NERVOUS OR OTHER BREAK DOWN, REST CURE, CONGENITAL DISEASES, OR DEFECT OR ANOMALY, STERILISATION OR INFERTILITY (DIAGNOSIS AND TREATMENT), ANY SANATORIUMS, SPA OR REST CURES OR LONG TERM CARE OR HOSPITALISATION UNDERTAKEN AS A PREVENTIVE OR RECUPERATIVE MEASURE.
- 11. SELF AFFLICTED INJURIES OR CONDITIONS (ATTEMPTED SUICIDE) AND /OR THE USE OR MISUSE OF ANY DRUGS OR ALCOHOL AND COMPLICATIONS ARISING FROM IT.
- 12. ANY SEXUALLY TRANSMITTED DISEASES OR ANY CONDITION DIRECTLY OR INDIRECTLY CAUSED TO OR ASSOCIATED WITH HIV VIRUS OR ANY SYNDROME OR CONDITION OF A SIMILAR KIND COMMONLY REFERRED TO AS AIDS.
- 13. REMOVAL OR CORRECTION OR REPLACEMENT OF ANY MATERIAL / PROSTHESIS/ MEDICAL DEVICES THAT WAS IMPLANTED IN A FORER SURGERY BEFORE DATE OF COVER COMMENCEMENT OR DATE OF REVIVAL.
- 14. ANY DIAGNOSIS OR TREATMENT OR SURGERY ARISING FROM OR TRACEABLE TO PREGNANCY (WHETHER UTERINE OR EXTRA UTERINE) CHILD BIRTH, INCLUDING CAESAREAN SECTION, MEDICAL TERMINATION OF PREGNANCY AND/OR ANY TREATMENT RELATED TO PRE AND POST NATAL CARE OF THE MOTHER OR THE NEW BORN.
- 15. HOSPITALISATION FOR THE SOLE PURPOSE OF PHYSIOTHERAPY OR ANY AILMENT FOR WHICH HOSPITALISATION IS NOT WARRANTED DUE TO ADVANCEMENT OF MEDICAL TECHNOLOGY.
- 16. WAR, INVASION, ACT OF FOREIGN ENEMY, HOSTILITIES (WHETHER WAR BE DECLARED OR NOT), CIVIL WAR, REBELLION, REVOLUTION, INSURRECTION, MILITARY OR USURPED POWER, CIVIL COMMISSION OR CIVIL COMMOTION OR LOOT OR PILLAGE IN CONNECTION HEREWITH.
- 17. NAVAL OR MILITARY OPERATIONS (INCLUDING DUES OF PEACETIME) 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.
- 18. ANY NATURAL PERIL(INCLUDING BUT NOT LIMITED TO AVALANCHE, EARTHQUAKE, VOLCANIC ERUPTIONS OR ANY KIND OF NATURAL HAZARD.
- 19. PARTICIPATION IN ANY HAZARDOUS ACTIVITY OR SPORTS INCLUDING BUT NOT LIMITED TO RACING, SCUBA DIVING, AERIAL SPORTS, BUNGEE JUMPING AND MOUNTAINEERING OR IN ANY CRIMINAL OR ILLEGAL ACTIVITY.

- 20. TO ANY LOSS, DAMAGE, OR EXPENSE DUE TO OR ARISING OUT OF DIRECTLY OR INDIRECTLY, NUCLEAR REACTION, RADIATION OR RADIOACTIVE CONTAINATION REGARDLESS OR HOW IT WAS CAUSED.
- 21. HOSPITALISATION EXPENSES RELATED TO NON ALLOPATHIC METHODS OF TREATMENT OR SURGERY.
- 22. PARTICIPATING IN ANY CRIMINAL OR ILLEGAL ACTIVITY.
- 23. TREATMENT ARISING FROM THE INSURED'S FAILURE TO ACT ON PROPER MEDICAL ADVICE.

- **PREMIUM CALCULATION**
 - **MODE REBATES**
2% ON YLY MODE
 - 1% ON HLY MODE
 - **HCB REBATE**
- | | FOR PI | FOR OTHERS |
|--------|--------|------------|
| • HCB | | |
| • 2000 | 500 | 250 |
| • 3000 | 1000 | 500 |
| • 4000 | 1500 | 1000 |