

Note: The Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer to Policy Clause Number
Product Name	MediPlus Policy	
What am I covered for:	<p><u>Benefits</u></p> <ul style="list-style-type: none"> ● In-patient Treatment – Medical Expenses for Hospitalisation above 24 hrs. ● Pre-Hospitalisation - Medical Expenses incurred in 60 days before the admission in the Hospital. ● Post-Hospitalisation - Medical Expenses incurred in 90 days after the discharge from Hospital. ● Day-Care procedures – Medical Expenses for enlisted 140 Day care procedures ● Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation. ● Emergency Ambulance– Actual expenses incurred or Rs. 2,000 whichever is lower per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital in case of an Emergency. ● Domiciliary Treatment - The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. 	<p>Section 1 (a) Section 1 (b) Section 1 (c) Section 1 (d) Section 1 (e) Section 1 (f) Section 1 (g)</p>
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, treatment of obesity and any weight control program, Psychiatric, mental disorders, congenital internal or external diseases, defects or anomalies, genetic disorders; sleep apnoea, expenses arising from HIV or AIDS and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, , circumcisions, laser treatment for correction of refractive error of eye, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non allopathic treatment, Any non medical expenses.</p>	Section 2
Waiting Period	<ul style="list-style-type: none"> ● 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals ● 24 months for specific illness and treatments in the first two years and is not applicable in subsequent renewals ● Pre-existing Diseases will be covered after a waiting period 48 months. 	<p>Section 2 (b) Section 2 (c) Section 2(d)</p>
Payout basis	<ul style="list-style-type: none"> ● Reimbursement of covered expenses up to specified limit. 	Section 1
Cost Sharing	<ul style="list-style-type: none"> ● We will pay Medical Expenses exceeding the Deductible ● Deductible applicable mentioned in the Policy Schedule. 	Section 1, 3 (b)
Renewal Conditions	<ul style="list-style-type: none"> ● Policy is ordinarily lifelong renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium. ● The renewal premium for this policy will not change unless We have revised the premium and obtained due approval from IRDA. Your premium will also change if you move into a higher age group, Change the deductible amount or change the term ● Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. ● There is no maximum cover ceasing age under this Policy. Section 3q) 	Section 3 (s)
Renewal Benefits	<ul style="list-style-type: none"> ● Not Applicable 	

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Free Look Period	<ul style="list-style-type: none"> You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy. 	Section 3 (aa)
Cancellation	<ul style="list-style-type: none"> This policy would be cancelled by us on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice. No refund of premium will be allowed if policy is cancelled on the grounds of misrepresentation, fraud, or non-disclosure of material facts. In case policy is cancelled by us on the grounds of non-cooperation or you cancel the policy by giving 30 days notice then you will be refunded balance premium after retaining premium for the period policy was in force on short period rate basis. No refund of premium will be allowed if claim has been made on the policy. 	Section 3 (w)(x)
How to Claim	<ul style="list-style-type: none"> In case of any hospitalisation or an event which might give rise to a claim, please contact Our designated TPA at 1800-425-4033 & 040- 23552899 (for Senior Citizens) 	Section 5

Note: Pre-Policy Checkup at Our network may be required based upon the Age. We will reimburse 50% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.