

Mera Mediclaim Plan

An Individual, non-linked, non participating, Pure Risk premium, Combi insurance plan



SECTION 1: KEY POLICY INFORMATION

1. PART A: WELCOME LETTER/ POLICY SCHEDULE

1.1. Welcome Letter

Date: <<dd-mm-yyyy>>

[Name of the policyholder]

[Father/husband name]

[Address]

[Mobile number]

<Sourcing Branch>

Subject: <<Mera Mediclaim Plan>> <Policy No>

Dear <<Title>>. <<Name of the policyholder>>,

It is our pleasure to welcome you to family of our valued customers. Mera Mediclaim Plan is unique offering which combines strengths of PNB MetLife India Insurance Company Limited (PMLI) and Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd) to provide you benefits of both Life and Health insurance, packaged in one product.

We have made efforts to ensure that your policy document is simple and easy to understand. Items of significance have been especially highlighted and cross referenced with the Policy Terms in the Key Features Document enclosed with this policy. We suggest that you familiarize yourself with this document since it would be helpful in your hour of need.

Your Policy Document contains the following sections which describe the policy benefits in further detail:

- SECTION 1: WELCOME LETTER AND POLICY DOCUMENTS
 - Welcome Letter
 - Life Insurance – Policy Preamble/ Policy Schedule
 - Health Insurance – Policy Schedule
 - Premium Receipt
 - Customer Information Sheet
- SECTION 2: LIFE INSURANCE
 - Definitions
 - Key Features, Benefits & Premium Payment Conditions
 - Policy Servicing Conditions
 - General Terms and Conditions
 - Grievance Redressal Mechanism
- SECTION 3: HEALTH INSURANCE
 - Definitions
 - Benefits
 - Optional Covers
 - Exclusions
 - Portability
 - Claims Procedure & Management
 - General Terms and Conditions

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- SECTION 4: GENERAL POLICY CONDITIONS APPLICABLE TO LIFE INSURANCE AND HEALTH INSURANCE BENEFITS
- SECTION 5: ANNEXURES
- Copy of Proposal Form

In case if there is any discrepancy in the proposal form please or the policy terms and conditions, please notify us. If there is any objection to the same you may return the policy for cancellation under the provision of Free Look Period. Both PMLI and CHI(formerly known as Religare Health Insurance Company Ltd) are committed to offer you seamless customer service across various touchpoints. We are unerringly focussed on providing you access to highest quality of healthcare and peace of mind.

Also enclosed for your convenience is your Care Health Card(s) which should be presented at the time of an emergency or planned hospitalization, to access cashless treatment at CHI's extensive network of hospitals (please visit www.pnbmetlife.com OR www.careinsurance.com to view the list of hospitals across the country).

Free look provision: Please go through the terms, conditions and exclusions of enclosed Policy very carefully. If you have any objections to the terms, conditions and exclusions of your Policy, you may return the Policy for cancellation by giving a signed written notice to us within 15 days (30 days in case of distance marketing only for life cover) from the date of receiving your policy, stating the reasons for your objection and you will be entitled to a refund of premium paid, if no Claim has been made under the Policy, subject to deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

In case of any query at any point in time kindly feel free to call or write to us at any of the contact details mentioned below.

We value your patronage and are committed to offering you the best services always.

Yours Sincerely,

PNB MetLife India Insurance Company Limited as Lead Insurer

Care Health Insurance

[Signature]

[Signature]

[Name of signing authority]

[Name of signing authority]

[Designation of signing authority]

[Designation of signing authority]

Key Contacts	
PNB MetLife India Insurance Co. Ltd. Toll free no: 18004256969 <u>Website:</u> www.pnbmetlife.com <u>e-mail:</u> indiaservice@pnbmetlife.co.in	Care Health Insurance Limited Toll free no: 1800-xxx-xxxx <u>Website:</u> ww.careinsurance.com <u>e-mail:</u> customerfirst@careinsurance.com

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<<Mera Mediclaim Plan>> <<UIN no.xxxxxxxx>>

Life insurance:

1.2. Policy Preamble

PNB MetLife Mera Jeevan Suraksha Plan

Individual, Non-linked, Non-participating, Pure/ Risk Premium Life insurance plan

This is a contract of insurance between you and PNB MetLife India Insurance Company Limited. This contract of insurance has been enacted on receipt of the premium deposit and is based on the details in the Application received together with the other information, documentation and declarations received from you for effecting a life insurance contract on the life of the person named in the Policy Schedule below.

We agree to pay the benefits under this Policy on the occurrence of the insured event described in Part C of this Policy, subject to the terms and conditions of the Policy.

On examination of the Policy, if you notice any mistake or error, please return the Policy document to us in order that We may rectify it.

Signed by and on behalf of PNB MetLife India Insurance Company Limited

[Signature]

[Name of signing authority]

[Designation of signing authority]

1.3. Policy Schedule

Name of the Plan	PNB MetLife Mera Jeevan Suraksha Plan
Nature of the Plan	Individual, Non-linked, Non-participating, Individual, Pure Risk Premium, Life insurance plan

Application number		Policy number		Date of issue		Issuing office	
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1. Details of the Policyholder and Life Assured

Name of Policyholder		Gender		Date of Birth	
Name of Life Assured		Gender		Date of Birth	
Address of Policyholder					
Telephone Number					
Mobile Number					
Age admitted of the Life Assured	<Yes/No>				

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Is Option 2 - Life Partner benefit option chosen?	No				

2. Policy Benefits

Basic Sum Assured (Life Assured)		Rs. <>	
How Death / Terminal Illness Benefit will be paid?	Benefit Options:	Benefit Details	Option Selected
	Option 1 – Lump sum	Lump sum amount payable	<<Yes/No>>
	Option 2 – Life partner	Lump sum amount payable for first life and second life	<< No>>
	Option 3 – Fixed income	Lump sum + Level Income paid monthly for 120 months	<<Yes/No>>
	Option 4 – Increasing income	Lump sum + Increasing Income paid monthly for 120 months	<<Yes/No>>
Return of Premiums		<<Yes/No>>	

3. Contract Details

Date of Commencement of risk	<<DD MM YY>>	Premium Due Date	<<DD MM YY>>
Date of Commencement of policy	<<DD MM YY>>	Premium Payment Term	<<PPT>> years
Policy Anniversary date	<<DD MM YY>>	Last Installment Premium due date	<<DD MM YY>>
Policy Currency	INR (Indian Rupee)	Installment Premium (excl. taxes)	Rs.<<>>
Maturity Date	<<DD MM YY>>	GST* (applicable taxes)	Rs. <<>>
Policy term	<<PT>> years	Total Installment Premium (incl. of extra premium & taxes)	Rs. <<>>

*Goods & Service tax

4. Details of Agent/Intermediary

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Name	
License/Registration number	
Phone number	
Address	
Email address	

Special provisions/options (if any)	
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5. Nominee details

Name(s) of the Nominee	Relationship with Life Assured	Share(s) %
1) <<Name of nominee>>	<<Relation>>	<<Percentage>>
2)		
3)		
4)		

6. Appointee details (Only in case Nominee is less than 18 years of Age)

Appointee name	Relationship with Nominee	Age
<<Name of appointee>>	<<Relation>>	<<Age>>

7. E-Policy Document

Your soft copy of Policy Document is available in the customer portal. You can access through www.pnbmetlife.com > **Customer login** > **Provide user ID and password** (for existing customer), else click **New User** (for new customer)

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Health Insurance:

Policy No.		Issued At		Issue Date	
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Intermediary Details

Name		Code	
Contact No.			

Policyholder Details

Name					
Correspondence Address					
Client ID		Date of Birth		Gender	

Plan Details

Policy Period	Start Date	00:00 hours	End Date	Midnight of
Premium Installment Mode (Single/Monthly/Quarterly/Half-Yearly)				
Cover Type	Individual / Floater	Plan Name	CARE	

Nominee Details

Name (Relationship)	
----------------------------	--

Details of the Insured*1:

	1	2	3	4	5	6
Name						
Client ID						
Relationship with the Policyholder						
Date of birth (DD-MM-YYYY)						
Age (in completed years)						
Pre-existing Disease (since)						
Insured with the Company or any other Company without Break(since)						
Sum Insured – on annual basis (in Rs.)						
No Claims Bonus (in Rs.)						
No Claims Bonus Super (in Rs.)						

*1 The list may vary depending upon the Plan & Sum Insured

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Deductible amount– on an aggregate basis per Policy Year (in Rs.)						
Co-payment (in %)						
Optional Cover – 1: Global Coverage – Total opted (Yes/No)						
Optional Cover – 2: Travel Plus opted (Yes/No)						
Optional Cover – 3: Unlimited Automatic Recharge opted (Yes/No)						
Optional Cover – 4 : No Claims Bonus Super opted (Yes/No)						
Optional Cover – 5: Deductible Option opted (Yes/No)						
Optional Cover – 6: Everyday Care opted (Yes/No)						
Optional Cover – 7: Smart Select opted (Yes/No)						
Optional Cover – 8: OPD Care opted (Yes/No)						
OPD Care amount – on annual basis (in Rs.)						
Optional Cover – 9: Daily Allowance+ opted (Yes/No)						
Daily Allowance+ – Per day limit (in Rs.)						
Optional Cover – 10: Personal Accident opted (Yes/No)						
Personal Accident amount for Proposer – on annual basis (in Rs.)						
Insured Persons under Optional Cover – 10 are: (Proposer / Spouse / Children)						
Optional Cover – 11: Additional Sum Insured for Accidental Hospitalization opted (Yes/No)						
Optional Cover – 12: International Second Opinion opted (Yes/No)						
Optional Cover – 13: Reduction in PED Wait Period (Yes/No)						
Optional Cover – 14: Extension of Global Coverage (Yes/No)						
Optional Cover – 15: Air Ambulance Cover (Yes/No)						

Schedule of Benefits*2

Sr. No.	Benefit	Basis of Offering
1	Hospitalization Expenses (In-patient Care and Day Care Treatment)	Up to Rs. x ^{*3} per Policy Year i. Room Rent = up to 1% of Sum Insured per day; Or Room Category = Single Private Room; Or Room Category = Single Private Room (upgradable to next level); Or Room Category = Single Private Room (Maximum up to 1% of Sum Insured per day) ii. ICU Charges = up to 2% of Sum Insured per day iii. Up to Rs. x ^{*4} per Policy Year for Cataract Surgery iv. Up to Rs. x ^{*4} per Policy Year for Total Knee Replacement Surgery v. Up to Rs. x ^{*5} per Policy Year for each and every Ailment / Procedure mentioned below:- a) Surgery for treatment of all types of Hernia

*2 The list may vary depending upon the Plan & Sum Insured

*3 The amount may vary depending upon the Plan & Sum Insured

*4 The amount may vary depending upon the Plan & Sum Insured

*5 The amount may vary depending upon the Plan & Sum Insured

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		<ul style="list-style-type: none"> b) Hysterectomy c) Surgeries for Benign Prostate Hypertrophy (BPH) d) Surgical treatment of stones of renal system
		<ul style="list-style-type: none"> vi. Up to Rs. x^{*6} per Policy Year for each and every Ailment / Procedure mentioned below:- <ul style="list-style-type: none"> a) Treatment of Cerebrovascular and Cardiovascular disorders b) Treatments/Surgeries for Cancer c) Treatment of other renal complications and Disorders d) Treatment for breakage of bones
2	Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	Up to x ^{*7} per Policy Year (Pre-hospitalization up to 30 days before Hospitalization; Post-hospitalization up to 60 days after Hospitalization)
3	Daily Allowance	Rs. x ^{*8} per day; Maximum up to 5 days per Hospitalization
4	Ambulance Cover	Up to Rs. x ^{*9} per Hospitalization
5	Organ Donor Cover	Up to Rs. x ^{*10} per Policy Year
6	Domiciliary Hospitalization	Up to 10% of the Sum Insured per Policy Year, with a deductible of first 3 days
7	Automatic Recharge	One re-instatement of up to Sum Insured per Policy Year
Sr. No.	Benefit	Basis of Offering
8	Second Opinion	Once per Policy Year per Insured Person for each major illness/injury
9	Alternative Treatments	Up to Rs. x ^{*11} per Policy Year
10	No Claims Bonus	Up to Rs. x ^{*12} per Policy Year
11	Global Coverage (excluding U.S.A)	Up to Rs. x ^{*13} with 10% co-payment per Claim (over and above any other co-payment, if any)
12	Annual Health Check-up	One Health Check-up per Insured Person per Policy Year
13	Vaccination Cover	Up to Rs. x ^{*14} per Policy Year per Insured Person of age 18 years or below
14	Care Anywhere	Up to Rs. x ^{*15} per Policy Year
15	Maternity Cover	Up to Rs. x ^{*16} per Policy Year

Portability Details of the Insured

1	2	3	4	5	6
---	---	---	---	---	---

*6 The amount may vary depending upon the Plan & Sum Insured
 *7 The amount may vary depending upon the Plan & Sum Insured
 *8 The amount may vary depending upon the Plan & Sum Insured
 *9 The amount may vary depending upon the Plan & Sum Insured
 *10 The amount may vary depending upon the Plan & Sum Insured
 *11 The amount may vary depending upon the Plan & Sum Insured
 *12 The amount may vary depending upon the Plan & Sum Insured
 *13 The amount may vary depending upon the Plan & Sum Insured
 *14 The amount may vary depending upon the Plan & Sum Insured
 *15 The amount may vary depending upon the Plan & Sum Insured
 *16 The amount may vary depending upon the Plan & Sum Insured

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Name of the Previous Insurer						
First Policy no						
Expiring Policy Sum Insured (Sum Insured + Cumulative Bonus)						
Date of first enrollment						

Premium Details^{*17}

Plan Premium Base Premium Optional Cover – 1 (Global Coverage – Total) Premium Optional Cover – 2 (Travel Plus) Premium Optional Cover – 3 (Unlimited Automatic Recharge) Premium Optional Cover – 4 (No Claims Bonus Super) Premium Optional Cover – 6 (Everyday Care) Premium Optional Cover – 8 (OPD Care) Premium Optional Cover – 9 (Daily Allowance+) Premium Optional Cover – 10 (Personal Accident) Premium Optional Cover – 11 (Additional Sum Insured for Accidental Hospitalization) Premium Optional Cover – 12 (International Second Opinion) Premium Optional Cover – 13 (Reduction in PED Wait Period) Premium Optional Cover – 14 (Extension of Global Coverage) Premium Optional Cover – 15 (Air Ambulance Cover) Premium	
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^{*17} Where Premium Acknowledgement is provided, these details shall be provided in such acknowledgement

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Discounts through Optional Covers ^{*18} : Optional Cover – 5 (Deductible Option) Optional Cover – 7 (Smart Select)	
Discounts ^{*19} : Employee Discount Tenure Discount Family Discount Loyalty Discount	
Loading ^{*20} : Underwriting	
Goods & Service Tax	
Total Premium/Installment Premium (in case of Premium Installment mode)	

GST Reg. No.: <xxxxxxxxxxxx>

Stamp duty of <Rs. x> vide Receipt/Challan no. <Challan no.> dated <Challan date>.

Details for Assistance Service Provider (For Claims Servicing out of India)

Name of the Assistance Service Provider			
Contact no.		Fax no.	
e-mail ID			
Website			

Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (formerly known as Religare Health Insurance Company Limited) Unit No. 604-607. 6 th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon– 122001 (Haryana)
Contact no.	1800-xxx-xxxx
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

For Care Health Insurance Limited
(formerly known as Religare Health Insurance Company Limited)

Authorized Signatory

Please Note:

- Attached with this Policy Schedule are the Policy terms and conditions, Optional Covers (if opted) and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email at <*****> or contact the Company at <*****>.
- For waiting periods and exclusions under this Policy, please refer to Clause 4 of the Policy terms and conditions.
- This Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy.

^{*18} Wherever applicable

^{*19} Wherever applicable

^{*20} Wherever applicable

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Eligibility of Premium for Tax Exemption under Section 80D of Income Tax Act, 1961

To,

Name of the Policyholder	
Correspondence address	

This is to certify that Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd) has received an amount of Rs. <xxx> from Mr. / Ms./M/S <Name of the Policyholder> towards payment of health insurance premium as per the details mentioned above. The premium paid for this Policy is eligible for applicable tax benefits under Section 80D of the Income Tax Act, 1961 and amendments thereof.

For Care Health Insurance Limited
(formerly known as Religare Health Insurance Company Ltd)

Authorized Signatory

Notes:

1. In case of any discrepancy, the Policyholder is requested to contact the Company immediately.
2. Any amount paid in cash towards the premium would not qualify for tax benefits as mentioned above.
3. This document must be surrendered to the Company in case of cancellation of the Policy or for the issuance of a fresh certificate in the case of any alteration in the Policy.
4. This Policy is issued subject to realization of the premium amount. In case the instrument given towards the premium amount is dishonored, then the cover provided under this Policy shall automatically get cancelled. In the given scenario, if any amount has been paid by the Company in respect of a claim or due to any other reason than the amount so advanced by the Company shall be refunded to the Company forthwith.

IRDA Registration Number - 148
CIN : U66000DL2007PLC161503
UIN : xxx

Registered Office Address:

Care Health Insurance Limited
Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi -110019

Correspondence Office Address :

Care Health Insurance Limited

Unit No.-604-607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39,
Gurgaon-122001 (Haryana)
Website : www.careinsurance.com
Contact No.: 1800-xxx-xxxx

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1.4. Customer Information Sheet

Customer Information Sheet – Mera Mediclaim Plan UIN: XXXXXXXX							
What am I covered for							
.Life Insurance – Key Benefits	Refer to Policy Clause number of Life Insurance Terms and Conditions (Section 1)						
Death or diagnosis of Terminal Illness	<p>Option 1 – Lump sum, Sum Assured on Death shall be payable as a lump sum on the first occurrence of Death or diagnosis of Terminal Illness.</p> <p>Option 2 – Life partner, The following table summarizes the death or terminal illness benefit under different scenarios in this option</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 35%; padding: 5px;">On first occurrence of death or diagnosis of terminal illness for the first life</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> Sum Assured on Death in respect of first life is payable as a lump sum The policy continues with future premium being waived On subsequent occurrence of death or diagnosis of terminal illness of the Second life, the Sum Assured on Death in respect of Second Life is paid. The policy terminates with the payment of this amount. </td> </tr> <tr> <td style="padding: 5px;">On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life,</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> Sum Assured on Death in respect of second life is payable as a lump sum The policy shall continue with reduced premiums with respect to First life On subsequent occurrence of death or diagnosis of terminal illness of the first life, the Sum Assured on Death in respect of first Life is paid. The policy terminates with the payment of this amount. </td> </tr> <tr> <td style="padding: 5px;">On first occurrence of death or diagnosis of terminal illness of both the lives simultaneously</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> Sum Assured on Death in respect of both the first life and the second life will be paid as lump sum and the policy is terminated. </td> </tr> </tbody> </table> <p>Life Partner Option will not be available under Mera Mediclaim Plan.</p> <p>Option 3 – Fixed income, On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death shall be equal to lump sum amount payable immediately plus fixed Monthly Income payable over 120 months in installments, where the first installment of monthly income will be payable one month from date of death of the life assured. Lump Sum payable is equal to 100 times of Monthly Income chosen at the time of inception.</p> <p>Option 4 – Increasing income,</p>	On first occurrence of death or diagnosis of terminal illness for the first life	<ul style="list-style-type: none"> Sum Assured on Death in respect of first life is payable as a lump sum The policy continues with future premium being waived On subsequent occurrence of death or diagnosis of terminal illness of the Second life, the Sum Assured on Death in respect of Second Life is paid. The policy terminates with the payment of this amount. 	On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life,	<ul style="list-style-type: none"> Sum Assured on Death in respect of second life is payable as a lump sum The policy shall continue with reduced premiums with respect to First life On subsequent occurrence of death or diagnosis of terminal illness of the first life, the Sum Assured on Death in respect of first Life is paid. The policy terminates with the payment of this amount. 	On first occurrence of death or diagnosis of terminal illness of both the lives simultaneously	<ul style="list-style-type: none"> Sum Assured on Death in respect of both the first life and the second life will be paid as lump sum and the policy is terminated.
On first occurrence of death or diagnosis of terminal illness for the first life	<ul style="list-style-type: none"> Sum Assured on Death in respect of first life is payable as a lump sum The policy continues with future premium being waived On subsequent occurrence of death or diagnosis of terminal illness of the Second life, the Sum Assured on Death in respect of Second Life is paid. The policy terminates with the payment of this amount. 						
On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life,	<ul style="list-style-type: none"> Sum Assured on Death in respect of second life is payable as a lump sum The policy shall continue with reduced premiums with respect to First life On subsequent occurrence of death or diagnosis of terminal illness of the first life, the Sum Assured on Death in respect of first Life is paid. The policy terminates with the payment of this amount. 						
On first occurrence of death or diagnosis of terminal illness of both the lives simultaneously	<ul style="list-style-type: none"> Sum Assured on Death in respect of both the first life and the second life will be paid as lump sum and the policy is terminated. 						

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	On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death shall be equal to lump sum amount payable immediately plus increasing Monthly Income payable over 120 months in installments increasing at 10% simple per annum, where the first installment of monthly income will be payable one month from date of death of the life assured. Lump Sum payable is equal to 100 times of Monthly Income chosen at the time of inception.	
Maturity Benefit	Under all benefit options, the Life Assured shall have the option to choose the maturity benefit as either "Without Return of Premiums" or "With Return of Premiums". Maturity benefit is equal to sum assured on maturity Without Return of Premiums: Sum Assured on Maturity is zero Please refer Part C of Section 1 for more details.	Clause 3.2.2
Nomination	Nomination shall be allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.	6.1
Assignment	Assignment shall be allowed under this policy as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.	6.2
Premium Payment	Premium payment can be made by cash, cheque, credit card, ECS, online payment, demand draft, and direct debit or any other mode as prescribed by the IRDA of India	3.3
Customer Service No.	1800 425 6969 (Toll-free) or 022-4179 0300 (8am-8pm)	
Grievance Redressal Mechanism	Visit us www.pnbmetlife.com Email us: indiaservice@pnbmetlife.co.in Write to us: PNB MetLife India Insurance Co. Ltd, Unit No. 101, First Floor, Techniplex I, Techniplex Complex, Off Veer Savarkar Flyover, S.V. Road, Goregaon (West), Mumbai – 400 062, Maharashtra. 022 - 4179 0300 (8am -8pm)/ Fax: 022 - 4023 122	7.1

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Health Insurance – Key Benefits (Refer Annexure D to see the benefits your opted plan is eligible for)		Refer to Policy Clause number of Health Insurance Terms and Conditions (Section 3)
Benefits	<p>Hospitalization Expenses:</p> <p>In-patient Care – indemnifies up to the Sum Insured for the medical expenses pertaining to In-patient Hospitalization such as Room charges, Nursing expenses, Intensive Care unit charges, Surgeon's fee, doctor's fee, Anesthesia, Blood, Oxygen support, Operation theatre Charges, etc.</p> <p>Day Care Treatment – indemnifies up to the Sum Insured for the medical expenses incurred during specified surgical treatments for the list of treatments covered (as per Annexure – E of Policy Terms & Conditions) that requires the Insured Person's stay in a hospital for less than 24 hours.</p>	2.1
	<p>Pre-Hospitalization Medical Expenses & Post-Hospitalization Medical Expenses Indemnifies up to the Sum Insured, for medical expenses incurred 30 days immediately before hospitalization & 60 days immediately after discharge from hospital, respectively.</p>	2.2
	<p>Daily Allowance – pays a fixed amount for each completed day of hospitalization, subject to a maximum of 5 consecutive days.</p>	2.3
	<p>Ambulance Cover – indemnifies up to a specified amount per hospitalization, for transportation expenses incurred towards availing Ambulance service offered by a hospital or any service provider, during medical emergency situation.</p>	2.4
	<p>Organ Donor Cover – indemnifies up to a specified amount, for medical Expenses in respect of his/her Organ Donor for any Organ transplant surgery provided that the Insured Person is the recipient of the Organ so donated. (Pre & Post Hospitalization Medical Expenses of the donor are not covered)</p>	2.5
	<p>Domiciliary Hospitalization – indemnifies up to 10% of Sum Insured, for medical expenses incurred during his/her treatment at home so long as it involves medical treatment for a period exceeding 3 days and had actually merited domiciliary hospitalization.</p>	2.6
	<p>Automatic Recharge – reinstates up to the amount of Sum Insured, once during the Policy Year in case the Sum Insured gets exhausted in a Claim. The Recharge of Sum Insured so made, shall be available for the remaining Policy Year for any other Claims, not in relation to any Illness or Injury for which a Claim has already been admitted in the Policy Year.</p>	2.7

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	<p>Second Opinion – The Company shall arrange for a Second Opinion from a Medical Practitioner within India up on the Insured Person's request, in case he/ she is diagnosed with any Major Illness / Injury during the Policy Year.</p>	2.8
	<p>Alternative Treatments – Indemnifies up to a specified amount towards Medical Expenses incurred towards In-Patient treatment undergone at any Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions, in India, through any of the alternative treatments namely Ayurveda, Sidha, Unani and Homeopathy.</p>	2.9
	<p>No Claims Bonus (NCB) – 10% increase in Sum Insured for every claim free year subject to a maximum of 50% of Sum Insured; In case a claim is made during a policy year, the bonus proportion accrued as NCB, would reduce by 10% of Sum Insured in the subsequent Policy year & in any case not below the Sum Insured</p>	2.10
	<p>Global Coverage (excluding U.S.A.) – indemnifies up to a specified amount, for the Medical expenses incurred towards Hospitalization Expenses (In-Patient Care & Day Care Treatment) and Maternity Expenses, outside India, anywhere across the world, excluding United States of America. (Coverage in a Policy Year – 45 continuous days from the date of travel in a single trip & maximum 90 days on a cumulative basis in a Policy Year). Note – An additional Co-Payment of 10% per Claim is applicable.</p>	2.11
	<p>Annual Health Check-up – Up on the Insured Person's request, the Company shall arrange for health check-up at our Network Provider or other service providers empaneled with the Company, for each insured member covered under the policy once in a Policy Year on a Cashless basis.</p>	2.12
	<p>Vaccination Cover – indemnifies up to a specified amount, towards Vaccination expenses for the Insured Person(s) up to 18 years of Age, as prescribed in the National Immunization Schedule (NIS) for protection against Diphtheria, Pertussis, Tetanus, Polio, Measles, Hepatitis B and Tuberculosis, which fall under category of Vaccine preventable diseases.</p>	2.13
	<p>Care Anywhere – indemnifies up to a specified amount, for the Medical Expenses towards any listed Major Illness treatment undertaken outside India.</p>	2.14
	<p>Maternity Cover – We will pay up to a specified amount, for the Medical Expenses associated with Hospitalization of the Insured Person (aged 18 Years or above) for the delivery of a child, provided that: - The delivery occurs after the completion of a waiting period of 24 months since the inception of the first Policy with us Available only under Floater Cover Type</p>	2.15
Optional Covers	<p>Global Coverage – Total – indemnifies up to a specified amount, for the Medical expenses incurred towards any kind of Hospitalization (In-Patient Care & Day Care Treatment) and Maternity Expenses underwent outside India, anywhere across the world, including United States of America. (Coverage in a Policy Year – 45 continuous days from the date of travel in a single trip & maximum 90 days on a cumulative basis in a Policy Year).</p>	3.1
	<p>Travel Plus – If an Insured Person is on a foreign land out of India, the following 6 Benefits can be availed (Coverage in a Policy Year – 45 continuous days in a single trip & maximum 90 days on a cumulative basis in a Policy Year):</p>	3.2

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	<p>(1) Worldwide In-Patient Cover (for emergency): indemnifies up to Sum Insured, for the medical expenses incurred towards In-Patient Treatment in an Emergency medical condition while on a foreign land. (Note – A Deductible of Rs. 5,000 is applicable per Claim)</p> <p>(2) Worldwide OPD Cover: indemnifies up to Sum Insured, for the medical expenses incurred towards Out-Patient Treatment while on a foreign land. (Note – A Deductible of Rs. 5,000 is applicable per Claim).</p> <p>(3) Loss of Passport: indemnifies up to a specified amount, towards the expenses incurred for obtaining a duplicate or new passport, if the Insured Person loses his original passport while on a foreign land. (Note – A Deductible of Rs. 2,500 is applicable per Claim).</p> <p>(4) Loss of Checked-in Baggage: indemnifies up to a specified amount, towards the expenses incurred for replacement of the entire baggage and its contents as per market value, if the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier. In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds Rs. 5,000/-, the Company's liability shall be limited to Rs.5,000/- only. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person, if all the pieces of Checked-in Baggage are not lost, the Company's liability shall be restricted to 0.5% of the Sum Insured or Rs. 10,000 (whichever is lesser).</p> <p>(5) Repatriation of Mortal Remains: indemnifies up to Sum Insured, for the costs of Repatriation of the Mortal Remains of the Insured Person back to the Country of Residence or for a local burial or cremation at the place where death has occurred provided such death happens solely and directly due to an Insurable event.</p> <p>(6) Medical Evacuation – indemnifies up to Sum Insured, for the expenses incurred towards an Emergency medical evaluation of the Insured Person in a Life Threatening Medical Condition, through an Ambulance (including Air Ambulance) to the nearest Hospital. It includes necessary medical care en-route forming part of the treatment for any Illness/Injury.</p>	
	<p>Unlimited Automatic Recharge – reinstates up to Sum Insured, unlimited times during the Policy Year in case the Sum Insured gets exhausted due to Claims made. The Recharge of Sum Insured so made, shall be available for the remaining Policy Year for any other Claims, not in relation to any Illness or Injury for which a Claim has already been admitted in the Policy Year.</p>	3.3
	<p>No Claims Bonus Super (NCBS) – (a) 50% increase in your Sum Insured for every claim free year, subject to a maximum of 100% of Sum Insured (b) In case a claim is made during a policy year, the bonus proportion accrued as NCBS, would reduce by 50% of the Sum Insured in the subsequent Policy year & in any case not below the Sum Insured accrued as NCBS</p>	3.4
	<p>Deductible Option – The claim amount assessed by the Company for a particular claim shall be reduced by a specified Deductible and hence Company shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted. The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Person in a Policy Year (Amount in Rupees)</p>	3.5

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	<p>Everyday Care – the following Services are provided under this Benefit: (1) Out-Patient Consultations: The Insured Person may avail out-patient treatment anywhere within the Company's Network; up to a maximum limit of 1% of Sum Insured (A flat Co-payment of 20% per consultation is applicable). (2) Diagnostic Examinations: The Insured Person may avail Diagnostic Examinations anywhere within the Company's Network, up to a maximum limit of 1% of Sum Insured, prescribed by a Medical Practitioner. (A flat Co-payment of 20% per diagnostic examination is applicable). (3) Health Care Services: (a) Doctor Anytime /Free Health Helpline: The Insured Person may seek medical advice from a Medical Practitioner through the telephonic or on online mode by contacting the Company on the helpline details specified on the Company's website; (b) Health Portal: The Insured Person may access health related information and services available through the Company's website; (c) Health & Wellness Offers: The Insured Person may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Service Providers (which are listed on the Company's website).</p>	3.6
	<p>Smart Select – This Optional Cover provides 15% discount in the premium paid by the Policyholder. If the Insured Person takes Medical Treatment in hospitals other than those listed by the Company, then the Policyholder/Insured Person shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy. However, no such additional co-payment shall be applicable if treatment is availed in the hospitals listed under Annexure – H to the Policy Terms and Conditions.</p>	3.7
	<p>OPD Care – the following Services are provided under this Benefit, only on a reimbursement basis: (1) Out-Patient Consultations (2) Diagnostic Examinations (3) Pharmacy Note: - Coverage for Optional Cover 'OPD Care' is provided for entire Policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable / reimbursed by the Company. However, claim can be filed with the Company, only twice during that Policy year, as and when that Insured Person may deem fit.</p>	3.8
	<p>Daily Allowance+ - pays a fixed amount (as chosen) for each completed day of hospitalization; Max. 30 days in a Policy Year (In case of stay in an ICU, twice of such chosen amount will be payable). The Payment under this Optional Cover will be in addition to any payment made under Benefit 'Daily Allowance'. (Note: Either regular Hospital room or ICU room would be considered at one point of time, for pay-out as per the Insured Person's room occupancy in the Hospital)</p>	3.9
	<p>Personal Accident (applicable to events arising worldwide) – (1) Accidental Death – pays a fixed amount in event of death of the Insured Person due to an Accident within the Policy Period or within 12 months thereafter. (2) Permanent Total Disablement– pays as per table of benefits in event of permanent total disablement of the Insured Person due to an Accident within the Policy Period or within 12 months thereafter.</p>	3.10
	<p>Additional Sum Insured for Accidental Hospitalization –</p>	3.11

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	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	
	International Second Opinion – The Company shall arrange for an International Second Opinion from a Medical Practitioner up on the Insured Person's request, in case he / she is diagnosed with any Major Illness / Injury during the Policy Year.	3.12
	Reduction in PED Wait Period – This Optional Cover reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.	3.13
	Extension of Global Coverage – Duration of Coverage for Benefit 'Global Coverage (excluding USA)' and Optional Cover 'Global Coverage – Total' will be extended to 90 continuous days in a single trip and Max. 180 days on a cumulative basis.	3.14
	Air Ambulance Cover – This Optional cover will pay up to a specified amount, for transportation expenses incurred towards availing Air Ambulance service offered by a hospital or any service provider (in India), during medical emergency situation.	3.15
Major Exclusions	Any hospital admission primarily for investigation/ diagnostic purposes	4
	Infertility, external congenital conditions	
	Circumcision, sex change, surgery, cosmetic surgery & plastic surgery	
	Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries	
	Substance abuse, self-inflicted injuries	
	Hazardous sports, war, terrorism, civil war or breach of law	
	Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital	
(Note: Content stated above is a partial listing of the policy exclusions. Please refer to the policy terms and conditions for the complete list)		
Wait Periods	30 Days' waiting period : 30 days for all illnesses (not applicable on policy renewals or accident cases)	4.1
	Specific waiting periods: 24 months for specified diseases / treatments / surgeries	
	Pre-existing diseases: Covered after 48 months (Covered after 24 months on opting for Optional Cover 'Reduction in PED Wait Period')	
Payout Basis	Refer Annexure D for Payout basis for Benefits and Optional Covers	Annexure D
Cost Sharing	In case of a claim, this policy requires you to share the following costs:	2
	Expenses exceeding the following sub-limits	
	1. Room Rent more than 1% of Sum Insured per day	
	2. Room Category beyond Single Private Room	
	3. Room Category beyond Single Private Room (upgradable to next level, only if Single Private Room is not available)	
4. Sub-limits on Treatment of Named Ailments / Procedures		
Optional Co-payment – 20% per claim, where age of insured / eldest member is 61 years or above (Optional for existing Insured Person on attaining 61 years of Age)		
Renewal Conditions	Your policy has a lifelong renewability [#]	7.12
	We provide a grace period of 30 days to renew your policy. Any claim filed during break-in period will not be payable under this policy.	
	Other terms and conditions of renewal Note: No loading based on individual claim experience shall be applicable on renewal premium payable.	
Cancellation	This policy can be cancelled by: (1) The Company after serving a 15 days' notice, if (i) the Policyholder has not correctly disclosed details about current and past health status of the Insured Person; or (ii) Have otherwise encouraged or participated in any fraudulent claims under the Policy.	7.11

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	Note: Refund shall not be made to the Policyholder (2) The Policyholder after serving 15 days' notice	
Renewal Benefits	10% of Sum Insured to be increased for each claim free Policy Year; Max up to 50% of Sum Insured (10% of Sum Insured to be decreased for each Policy Year with one or more claims has been paid; Such decrease is only in Sum Insured accrued as NCB)	2.10
Claims	Claims Intimation: If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event In case of an Emergency Hospitalization, the Company shall be notified immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Member's discharge from Hospital In case of an Planned Hospitalization, the Company shall be notified either at the Company's call center or in writing atleast 48 hours prior to planned date of admission to Hospital.	6
Policy Servicing/ Grievances/ Complaints	Grievances redressal procedure & details of IRDA grievances mechanism	7.25
Insured's Rights	Free Look Period: The Policyholder/Insured Member may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder/ Insured Member disagrees with any Policy terms and conditions	7.11
	Renewability: The company will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation or non-co-operation by the Insured	
	Portability & Migration: The Policyholder and / or Insured Person can apply to the Company for a health insurance policy only in case the proposed Insured Person is covered without any break under any individual health insurance policy from any Indian non-life insurance company or Health Insurance Company registered with the IRDAI or any individual/group health insurance policy from the Company	5
Insured's Obligations	Disclosure to Information Norm: Misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made by the Policyholder, the Insured Member or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company on cancellation of the Policy	7.1
	Material Change: Policyholder/ Insured Member shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business of any Insured Member	7.3

All references to age are as on age last birthday

*Monthly mode is available for Standing instruction/direct debit options (including ECS / ACH)

*Policyholder has the right to continue with health part of policy even after completion of life cover through Portability option as a stand alone product

NOTE:

- LEGAL DISCLAIMER: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD (Customer Information Sheet) and the policy document, the terms and conditions mentioned in the policy document shall prevail.
- The cost of the medical tests would be borne by us in case you opt for a 2 year or 3 year tenure. In case the policy tenure is 1 year and if the cost of medical tests is borne by You, we shall reimburse 50% of the costs of these medical tests if Your proposal is accepted. However, we will deduct the cost of tests and the applicable service tax thereon, from the proposal amount paid by you, if we reject your proposal.
- In case of any clarification pertaining to the above details, the Policyholder or the Insured Person may kindly contact the Company:

Toll free no	1800-xxx-xxxx
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Address	Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd), 604-607, 6TH Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon-Haryana(122001)
Website	www.careinsurance.com
e-mail	customerfirst@careinsurance.com

4. This Sheet forms part of the Policy as an annexure and the Policyholder / Insured Person is free to read, retain or ask questions thereon directly to the Company or to the Insurance intermediaries (including Agents) who are responsible as per the Regulatory framework prescribed for them.

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SECTION 2: LIFE INSURANCE TERMS and CONDITIONS

2. PART B: DEFINITIONS APPLICABLE TO YOUR POLICY

The words or terms below that appear in this **Policy** in initial capitals and **bold** type will have the specific meaning given to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

Age	Age as on the last birthday; i.e. the age of the Life Assured in completed years as on Date of Inception of the Policy and is as shown in the Schedule
Annualised Premium	The due premium as calculated and payable for a Policy Year. Annualised Premium excludes underwriting extra premium, rider premiums, frequency loadings on premium, if any, GST (service tax and cess)
Application	The proposal form and any other information given to Us to decide whether and on what terms to issue this Policy
Appointee	The person named in the Schedule to receive payment under this Policy, if the Nominee is a minor at the time payment becomes due under this Policy
Basic Sum Assured (BSA)/Sum Assured	The absolute amount specified in the Schedule which is the minimum amount assured to be paid on the death of the Life Assured
Benefit Illustration	An Annexure along with the Schedule that illustrates the premiums, guarantees, returns, benefits and values of the proposed Policy. This Benefit Illustration complies with IRDA of India Regulations and contains clear disclosure of both guaranteed and non-guaranteed benefits, if any, of the Policy
Benefits	The Death Benefit, Maturity Benefit, Surrender Benefit or any other benefit, as the case may be, applicable in the terms and conditions of this Policy
Claimant	Either the Life Assured or the Policyholder or the Nominee or the assignee or the legal heir of the Nominee / policyholder as the case may be
Company/Us/We/Our	PNB MetLife India Insurance Company Limited
Date of Commencement of risk	The date on which the risk under the Policy, comes into effect and is as specified in the Schedule . The commencement of risk cover on the Life Assured shall depend on the age of the Life Assured on commencement of the Policy

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Date of commencement of the Policy	The same as the Date of commencement of risk, on which this Policy is issued after We have accepted the risk under the Application.
Grace Period	The time granted by Us from the - due date for the payment of premium, without any penalty or late fee, during which time the policy is considered to be in- force with the risk cover without any interruption as per the terms & conditions of the policy. The grace period for payment of the premium is 15 days, where the policyholder pays the premium on a monthly basis and 30 days in all other cases
In-force Status	A condition during the term of the Policy, wherein the coverage of risk on the life of the life assured is subsisting and You have paid all the due Installment Premiums
Installment Premium	The amount stipulated in the Schedule and paid at regular intervals (yearly/half yearly/ or monthly mode as shall be applicable) by You for the chosen Premium Payment Term as consideration for acceptance of risk and Benefits specified as such in the Policy Document
IRDA of India	The Insurance Regulatory and Development Authority of India
Lapse	A condition wherein the Policy has not acquired Surrender Value and due Premiums have not been paid in full for at least the first two consecutive Policy Years, as payable under the Policy, thereby rendering this Policy unenforceable. No benefits will be paid when the Policy is in Lapse status.
Life Assured	The person, named as such in the Schedule, on whose life, the insurance cover is effected in the terms of this Policy
Maturity Benefit	The amount of benefit which is payable on maturity i.e. at the end of the Policy Term, as stated at the inception of the Policy contract
Maturity Date	The date specified in the Schedule on which the Maturity Benefit is payable to You
Medical Practitioner	A person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The medical practitioner shall not include: a) A close relative of the Policyholder/Life Assured; or b) A person who resides with the Policyholder/Life Assured; or c) A person covered under this Policy
Nominee	The person or persons nominated under Section 39 of the Insurance Act, 1938, as amended from time to time, by the You, to receive the admissible benefits, in the event of death of the Life Assured
Paid-up Benefit	The amount payable on the occurrence of events, as specified under the Plan, when the Policy is in Paid-up Status
Paid-up Status/ Reduced paid- up Status	A condition during the Policy Term, wherein the Installment Premiums have been paid in full for at least the first two consecutive Policy years, as required under the Plan and the remaining due Installment Premiums have not been paid, rendering the Policy to continue at a reduced level of Benefits, as specified under the Policy

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Policy	This PNB MetLife Mera Jeevan Suraksha Plan, along with the Schedule, Key Feature Document and Annexures, which is the evidence of the contract between PNB MetLife India Insurance Company Limited and the Policyholder
Policy Anniversary	The start date of every subsequent Policy Year
Policy Document	This document, which is the evidence of the contract between PNB MetLife India Insurance Company Limited and the Policyholder
Policy Term	The entire term of the policy as specified in the Schedule
Policy Year	A period of 12 consecutive months starting from the date of commencement of the Policy as stated in the Schedule and ending on the day immediately preceding the following anniversary date and each subsequent period of 12 consecutive months thereafter
Premium Payment Term	The period or the term of the Policy during which You are required to pay the premiums with respect to the Policy, to Us
Regulation	The laws and regulations as in effect from time to time and applicable to this Policy, including without limitation, the regulations and directions issued by the IRDA of India from time to time
Revival	“Revival” means restoration of the Policy, which was discontinued due to the non-payment of premium, with all the benefits mentioned in the Policy Document, with or without rider benefits if any, upon the receipt of all the premiums due and other charges or late fee if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Assured insured or Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with Board approved Underwriting policy.
Revival Period	Revival Period" means the period of five consecutive years from the date of first unpaid - premium, during which period the policyholder is entitled to revive the policy which was discontinued due to the non-payment of premium.
Schedule	The attached Schedule that provides your Policy Benefits, the terms of the contract and details provided by You, along with all its annexes, issued by Us for this Policy. The Schedule also includes any amendments to the attached Schedule which may be issued from time to time
Second Life (only in Life Partner option is chosen)	Your wife or husband who is covered under the policy subject to underwriting by the company
Sum Assured on Maturity	The absolute amount of benefit which is the Total Premium Paid and is guaranteed to be paid on the Maturity Date. If the Policyholder has opted the With Return of Premium option on the Date of Inception of the Policy (as stated in the Schedule).
Surrender	The complete withdrawal/ termination of the Policy in its entirety by You

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Surrender Value	An amount, as specified under the Plan, that is payable upon You requesting for Surrender of the Policy in accordance with the terms and conditions of the Policy.
Terminal Illness	An advanced or rapidly progressing incurable disease where, in the opinion of two independent medical practitioners' specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners' specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. Terminal Illness due to AIDS is excluded. The policy terminates with the payment of terminal illness benefit.
Total Premium Paid	All Installment Premiums received by Us during the Premium Payment Term excluding extra underwriting premiums, rider premium and GST (Service tax and cess) paid by the Policyholder but includes any frequency modal factor.
You/your	The Policyholder named in the Policy Schedule



3. PART C: POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS

3.1. Policy Features

PNB MetLife Mera Jeevan Suraksha Plan is - an Individual, Non -linked, Non-participating Pure Risk Premium, Life Insurance Plan with regular premium payment term that offers benefits on Death or Terminal Illness. Where **With** Return of Premiums option is selected, all premiums paid into the policy will be returned on maturity (this amount will exclude underwriting extra & applicable taxes). The benefits will be payable subject to the terms and conditions of this Policy, as mentioned in this Policy Document.

3.2. Policy Benefits

3.2.1. Death / Terminal Illness Benefit

Death or Terminal Illness Benefit shall be payable according to the benefit option chosen by policyholder at inception. Benefit option, once chosen, cannot be altered during the term.

Option 1 – Lump sum

Sum Assured on Death shall be payable as a lump sum on the first occurrence of Death or diagnosis of Terminal Illness. The policy terminates with the payment of death or Terminal Illness claim amount.

Option 2 – Life partner

Both the Policyholder (the First life) and his/her spouse (the Second Life) are covered. The cover to the Second life shall be equal to 50% of the Basic Sum Assured chosen by the Policyholder subject to a maximum of Rs. 1 Crore.

The following table summarizes the death or terminal illness benefit under different scenarios in this option:

<p>On first occurrence of death or diagnosis of terminal illness for the first life</p>	<ul style="list-style-type: none"> • Sum Assured on Death in respect of first life is payable as a lump sum • The policy continues with future premium being waived • On subsequent occurrence of death or diagnosis of terminal illness of the second life, the Sum Assured on Death in respect of second life is paid. • The policy terminates with the payment of this amount.
<p>On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life,</p>	<ul style="list-style-type: none"> • Sum Assured on Death in respect of second life is payable as a lump sum • The policy shall continue with reduced premiums with respect to first life • On subsequent occurrence of death or diagnosis of terminal illness of the first life, the Sum Assured on Death in respect of first life is paid. • The policy terminates with the payment of this amount.

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On first occurrence of death or diagnosis of terminal illness of both the lives simultaneously

- Sum Assured on Death in respect of both the first life and the second life will be paid as lump sum and the policy is terminated.

Once Option 2 – Life partner is chosen the policyholder cannot discontinue the coverage of the particular life, unless it is due to the events as mentioned above.

Option 2 – Life Partner shall only be available where the Basic Sum Assured of First Life is greater than equal to Rs. 50 lacs.

Option 3 – Fixed income

On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death shall be equal to lump sum amount payable immediately plus fixed Monthly Income payable over 120 months in installments, where the first installment of monthly income will be payable one month from date of death of the life assured. Lump Sum payable is equal to 100 times of Monthly Income chosen at the time of inception.

The policy terminates with the payment of the last installment of Monthly Income.

Option 4 – Increasing income

On first occurrence of Death or diagnosis of Terminal Illness, Sum Assured on Death shall be payable. Sum Assured on Death shall be equal to lump sum amount payable immediately plus increasing Monthly Income payable over 120 months in installments increasing at 10% simple per annum, where the first installment of monthly income will be payable one month from date of death of the life assured.

Lump Sum payable is equal to 100 times of Monthly Income chosen at the time of inception.

The policy terminates with the payment of the last installment of Monthly Income.

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For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income

Sum Assured on Death shall be defined as higher of

- 10 times the Annualized Premium
- Basic sum assured
- 105% of Total Premiums Paid up to the date of death or diagnosis of terminal illness

For Option 2 – Life partner

Sum Assured on Death in respect of first life shall be defined as Higher of

- 10 times the Annualized Premium in respect of first life
- Basic sum assured in respect of first life
- 105% of Total Premiums Paid in respect of first life, upto the date of death or diagnosis of terminal illness.

Sum Assured on Death in respect of second life shall be defined as Higher of

- 10 times the Annualized Premium in respect of second life
- Basic sum assured in respect of second life
- 105% of Total Premiums Paid in respect of second life, up to the date of death or diagnosis of terminal illness

Where **basic sum assured** is the absolute amount to be paid on death and is equal to “Lump sum” amount payable immediately plus Total Monthly Income (if any) payable over 120 months on first occurrence of death or diagnosis of Terminal Illness

Please refer Part F, Section 6.9 for the details of terminal illness

3.2.2 Maturity Benefit

Maturity benefit is payable only if ‘with return of premiums’ option is chosen.

Maturity benefit is equal to sum assured on maturity.

For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income, Sum Assured on Maturity is the absolute amount of benefit guaranteed to be paid on maturity, which is total premiums paid.

For Option 2 – Life partner, the following table summarizes the maturity benefit under different scenarios:

<p>On survival of both lives till maturity</p>	<ul style="list-style-type: none"> • Sum Assured on Maturity in respect of both lives, which is the absolute amount of benefit guaranteed to be paid on maturity and is equal to total premiums paid in respect of both life cover.
<p>In case of death or diagnosis of terminal illness of the first life, and survival of second life till maturity</p>	<ul style="list-style-type: none"> • Sum Assured on Maturity in respect of the second life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to total additional premiums paid (including premiums which are waived and paid by insurance company) for second life cover

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In case of death or diagnosis of terminal illness of the second life, and survival of first life till maturity	<ul style="list-style-type: none">Sum Assured on Maturity in respect of the first life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to total premiums paid for First Life cover
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No maturity benefit will be paid under 'without return of premiums' option.

The Policy terminates with the payment of maturity benefit.

3.3. Premium Payment Conditions

3.3.1. Payment of Premium

- (a) The available premium payment modes under the Policy are annual, half-yearly, and monthly.
- (b) For monthly mode, first two months Installment Premiums will be collected in advance at the time of issuance of the Policy.
- (c) You must pay the Installment Premiums on or before the due date specified in the Schedule
- (d) Installment Premiums are payable for the entire Premium Payment Term or until death whichever happens earlier.
- (e) All taxes, cesses, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the Instalment Premiums to be paid by You.
- (f) Collection of advance Installment Premium shall be allowed under this Policy provided due Installment Premiums are collected in the same financial year. However, where the Installment Premium due in one financial year is being collected in advance in earlier financial year, We will accept the same for a maximum period of 3 months in advance of the due date of that Instalment Premium.

3.3.2. Alteration of the Premium payment mode

You may change the premium payment mode provided that You give Us a written request. The change in premium payment mode will be applied only from the Policy Anniversary following the date of Your request. You must comply with the applicable minimum premium criteria on account of mode change.

3.3.3. Grace Period

Premium that is not received in full by us by its due date may be paid in full during the Grace Period. In the event of the Life Assured's death during the Grace Period, the Death Benefit shall be payable in full in accordance with clause 3.2.2

3.3.4. Premium mode loading / Modal Factors

You may opt to pay premiums by Yearly, Half Yearly, or Monthly mode subject to the minimum annualised premium under each mode. Modal factors on annualised premium will be applicable as per the table below:

Premium Paying Mode	Modal Factors
Half Yearly	0.5131
Monthly	0.0886

Alteration between different modes of Premium Payment is allowed at any policy anniversary on request.

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4. PART D: POLICY SERVICING CONDITIONS

You are requested to refer to the Policy Servicing Conditions described below before making a request for Policy servicing to Us.

4.1. Free Look Period

A free look period of 15 days (30 days for Distance Marketing) from the date of receipt of the policy document is provided under this product. In case the Policyholder is not satisfied with the terms and conditions of the policy, he / she may send a written notice stating the reasons for cancellation to the Company. The Company shall refund the installment Premiums paid subject to a deduction of a proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and stamp duty charges.

4.2. Premium Discontinuance

If you discontinue paying Premium, the policy will either Lapse or get converted to Paid-Up Status in accordance with the following provisions:

4.2.1. Lapse

Without Return of Premiums: Being a regular premium paying policy, the policy shall lapse in case of non-payment of premium at the end of the grace period allowed under the policy.

With Return of Premiums: If all due installment premiums for at least the first two consecutive Policy Years are not paid in full, the policy lapses at the end of the grace period and the risk cover will cease immediately.

No benefits will be paid when the policy is in lapsed status. A lapsed policy can be revived as defined in section 4.5.

If a lapsed policy is not revived at the end of the Revival Period, the policy will be terminated.

4.2.2. Paid-Up Value

If all due Installment Premiums for at least the first two consecutive Policy Years have been received and if a policy has acquired a non-zero surrender value and no future installment premiums are paid, the policy will continue as a paid up policy with reduced benefits, however the policyholder shall have the option to surrender the policy.

Paid-up policy is a default non forfeiture benefit. Such Paid-up policies can be revived within the Revival Period. Once Policy becomes paid up and is not revived till the end of the Revival period it will continue to be in Paid-up status.

Death or Terminal Illness Benefit

For Option 1 – Lump sum

Paid-Up Sum Assured on Death is payable, where paid-up sum assured on death is defined as:

Sum Assured on Death * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

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The policy terminates with the payment of this claim amount.

For Option 2 – Life partner

<p>On first occurrence of death or diagnosis of terminal illness for the first life</p>	<ul style="list-style-type: none"> • Paid – up Sum Assured on Death in respect of first life is payable as a lump sum where paid-up sum assured on death is defined as, Sum Assured on Death in respect of first life * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term) • On subsequent occurrence of death or diagnosis of terminal illness of the second life, paid – up Sum Assured on Death in respect of Second Life is paid and the policy terminates
<p>On first occurrence of death or diagnosis of terminal illness for the second life preceding the first life,</p>	<ul style="list-style-type: none"> • Paid – up Sum Assured on Death in respect of second life is payable as a lump sum where paid-up sum assured on death is defined as, Sum Assured on Death in respect of second life * (Number of Installment Premiums paid/Number of Installment Premiums payable during the Premium Payment Term) • On subsequent occurrence of death or diagnosis of terminal illness of the first life, paid – up Sum Assured on Death in respect of first life shall be payable and the policy terminates
<p>On first occurrence of death or diagnosis of terminal illness of both the lives simultaneously</p>	<ul style="list-style-type: none"> • Paid – up Sum Assured on Death in respect of both the first life and the second life will be paid as lump sum and the policy is terminated.

For Option 3 – Fixed income and Option 4 – Increasing income

Paid-Up Sum Assured on Death is payable, which is equal to Sum Assured on Death * (Number of Installment Premiums paid/ Number of Installment Premiums payable during the Premium Payment Term).

Paid-Up Sum Assured on Death is defined as

- 10 times the Annualized Premium * (t / n)
- Paid-Up Basic sum assured, which is the “Lump Sum * (t / n)” amount payable immediately plus Total Monthly Income * (t / n) payable over 120 months on first occurrence of death or diagnosis of Terminal Illness.
- 105% of Total Premiums Paid upto the date of death.

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Where, “t” refers the Number of Installment Premiums paid and “n” refers the Number of Installment Premiums payable during the Premium Payment Term. The policy terminates with the payment of the last installment of Monthly Income.

Maturity Benefit

Paid – up sum assured on maturity is payable as Maturity benefit.

Maturity benefit is payable only if ‘with return of premiums’ option is chosen.

For Option 1 – Lump Sum payout, Option 3 – Fixed Income, and Option 4 – Increasing Income, Paid - up Sum Assured on Maturity is the absolute amount of benefit guaranteed to be paid on maturity, which is total premiums paid till the policy becomes paid-up.

For Option 2 – Life Partner:

<p>On survival of both lives till maturity</p>	<ul style="list-style-type: none"> • Paid – up Sum Assured on Maturity in respect of both lives, which is the absolute amount of benefit guaranteed to be paid on maturity and is equal to Total Premiums Paid in respect of both life cover till the policy becomes paid-up
<p>In case of death or diagnosis of terminal illness of the First Life, and survival of Second Life till maturity</p>	<ul style="list-style-type: none"> • Paid – up Sum Assured on Maturity in respect of the Second Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to total additional premiums paid (including premiums which are waived and paid by insurance company) for Second Life cover till the policy becomes paid-up
<p>In case of death or diagnosis of terminal illness of the Second Life, and survival of First Life till maturity</p>	<ul style="list-style-type: none"> • Paid – up Sum Assured on Maturity in respect of the First Life, which is the absolute amount of benefit guaranteed to be paid on maturity, and is equal to total premiums paid for First Life cover till the policy becomes paid - up

The Policy terminates with the payment of maturity benefit.

Paid up Sum Assured on Maturity is zero if ‘without return of premiums’ option is chosen.

4.3. Loan

Loans **are not** available under this Policy

4.4. Surrender

Surrender benefit is payable only if ‘with Return of Premiums’ option is chosen.

If all installment premiums have been paid for at least first two consecutive Policy Years and no claims made under the policy, the policy shall acquire a surrender value.

The policy will be terminated once it is surrendered. The surrender value payable shall be higher of guaranteed surrender value and special surrender value as given below -

Guaranteed Surrender Value (GSV) = GSV Factor multiplied by Total premiums paid.

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The total premiums paid considered in calculation of GSV are installment premiums excluding taxes and underwriting extra premiums paid, if any but includes any frequency loading.

The GSV factors are shown in **Annexure B**.

Option 2 - Life partner: The Total Premiums Paid with respect to each life considered in calculation of GSV are Installment Premiums with respect to each life -

Special Surrender Value is calculated as Maturity Paid-up Sum Assured x SSV factor, Where Maturity Paid-up Sum Assured for,

- **Without Return of Premiums:** zero
- **With Return of Premiums (For Option 1 – Lump sum, Option 3 – Fixed income, and Option 4 – Increasing income):** is the absolute amount of benefit guaranteed to be paid on maturity, -
- **With Return of Premium (Option 2- Life partner):** is the absolute amount of benefit guaranteed to be paid on maturity with respect to each life, which is total premiums paid (including premiums which are waived and paid by us or the insurance company, if any) with respect to each life.

The applicable surrender value factors vary according to the policy term and policy year of surrender.

4.5. Policy Revival

A Policy that has Lapsed or that has been converted to Paid-up Status in accordance with Section 4.2 may be revived during the Revival Period by giving Us written notice to revive the Policy, provided that:

- a. Satisfactory evidence of insurability of the Life Assured in accordance with Our board approved underwriting policy is provided to Us at Your expense. We may charge extra premium for the continuance of the Policy in accordance with Our board approved underwriting policy;
- b. The due Installment Premium and interest at the Prevailing rate of interest specified by Us is paid to Us in full. Currently, the Company charges 7.5% p.a. interest on revivals. We may change this interest rate from time to time.
- c. The rate of interest is calculated as the 10 Year G-Sec rate plus 100 basis points, rounded up to the nearest 50 basis points. The Company will review the rate on annual basis in April based on the prevailing G-Sec rate. However, under special circumstances where G-Sec rate changes in excess of 200 basis points from the G-Sec rate used for calculating the current interest rate, the Company shall review the rate based on the prevailing G-Sec rate.
- d. This formula will be reviewed annually and only altered subject to prior approval of IRDA of India.

4.6. Termination of the Policy

The Policy will be terminated on the earliest of the following:

- a. The date on which the Benefits payable on Surrender are settled under the Policy.
- b. At the expiry of Revival period, if the Policy has not been revived and provided the said Policy has not been converted into a Paid-Up Status in accordance with 4.2
- c. On payment of the Death Benefit, Terminal Illness

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- d. Benefit or Maturity Benefit (only if 'with return of premiums' option is selected), whichever is applicable.

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5. Part E

Not applicable



6. PART F: GENERAL TERMS AND CONDITIONS

If you wish to change the nomination or assign the Policy or update your/Nominee's address or other contact details in our records, you should do so only through the forms prescribed by us for these purposes. These forms are available at our offices or may be obtained from your financial advisor or can be downloaded from our website www.pnbmetlife.com

6.1. Nomination

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure A to this Policy for your reference. Nomination of this Policy is not applicable if the Policy has been executed under Section 6 of the Married Women's Property Act 1874

6.2. Assignment

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure A to this Policy for your reference. Assignment of this Policy is not applicable if the Policy has been executed under Section 6 of the Married Women's Property Act 1874

6.3. Claims Procedure

In order to make a claim for the Death Benefit under this Policy, it is mandatory that the Claimant furnishes Us with all of the information and documentation We request, including but not limited to:

1. The original Policy document;
2. The claim form prescribed by Us, duly completed;
3. Evidence of date of birth if We have not admitted age;
4. Copy of the photo-identity proof and Address proof of the claimant/ nominee (Attested by PNB MetLife Operations Official, or Gazetted officer or Notary public);
5. Proof of title to the Policy where applicable;
6. Medical report confirming the occurrence of Terminal Illness which is acceptable to Us;
 - o Attending consultant's statement confirming occurrence of the terminal illness.
 - o Attested True Copy of Indoor Case Papers of all the Hospital(s)
 - o First Consultation and all Follow- up consultation notes
 - o Diagnosis Certificate from Specialist
7. All past and present medical records (such as discharge summary, daily records and investigation test reports), if available;
 - o All Medical Examination Reports, including: Laboratory Test Reports, X-Ray/CT Scan/MRI Reports & Plates, Ultrasonography Report, Histopathology Report, Clinical/Hospital Reports, Any other Investigation Report

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- Treatment Papers (Chemotherapy, Radiotherapy etc.) Or Surgery/Operation Notes
- 8. FIR, police inquest, final police report, if applicable;
- 9. Original or a certified copy of the death certificate showing the circumstances and cause and the date of death, if applicable;
- 10. Any other documentation or information We request

All supporting documents submitted by claimant/ nominee should be attested by PNB MetLife operations official, or gazetted officer or notary public.

Furnishing of the above information and documentation is a condition precedent for Us to pay a claim under this Policy. We request the Claimant shall submit all the above documents within 90 days of the occurrence of the claim incidence. In the event of delay in intimation of a claim to Us, due to reasons beyond Your/claimant's control, We may condone such delay on merits. Subject to Claimant submitting all the documents as mentioned above within 90 days of the occurrence of the claim incidence or within the permitted extended timelines provided above, We shall pay the claim amount within 30 days from the date of receipt of the last of the documents as mentioned above, failing which We shall pay interest on the claim amount to the Claimant at the rate of 2% more than the prevailing bank rate for savings accounts prevalent at the beginning of the financial year in which the claim has been reviewed by Us.

6.4. Maturity Benefit Payout Procedure

We will make any payment of the Maturity Benefit, only if We have received all of the information and documentation We request, including but not limited to:

- a. The original Policy Document;
- b. The duly completed claim form prescribed by Us.
- c. The duly completed discharge voucher prescribed by Us.

6.5. Taxation

The tax benefits on the Policy shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under or in relation to this Policy, we will deduct or charge or recover taxes including GST (service tax and other levies as applicable) at such rates as notified by the government or such other body authorized by the government from time to time. Tax laws are subject to change.

6.6. Currency & Place of Payment

All amounts payable either to or by us will be paid in the currency shown in the Schedule.

6.7. Fraud, Misrepresentation and Forfeiture

Fraud, Misrepresentation and Forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure A for your reference.

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6.8. Suicide Exclusion

If the Life Assured's death is due to suicide (whether sane or insane at the time of suicide) within twelve months from the Date of Commencement of risk or from the Date of Revival of the Policy, as applicable, the Nominee or beneficiary of the Policyholder shall be entitled to at least 80% of the Total Premiums Paid till the date of death or Surrender Value available as on the date of death, whichever is higher, provided the Policy is in Inforce Status. We shall not be liable to pay any interest on this amount.

6.9. Terminal Illness

Terminal Illness is defined as an advanced or rapidly progressing incurable disease where, in the opinion of two independent medical practitioners specializing in treatment of such illness, life expectancy is no greater than twelve months from the date of notification of claim. The terminal illness must be diagnosed and confirmed by independent medical practitioners specializing in treatment of such illness registered with the Indian Medical Association and the diagnosis of Terminal Illness should be approved by the Company. The Company reserves the right for independent assessment. Terminal Illness due to AIDS is excluded. The policy terminates with the payment of terminal illness benefit.

The definition of medical practitioner will be in line with Guidelines on Standardization in Health Insurance, and as defined below:

A Medical Practitioner is a person who holds a valid registration from the medical council of any state of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The Medical Practitioner shall not include: a) A close relative of the policyholder; or b) A person who resides with the policyholder; or c) A person covered under this Policy

6.10. Proof of Age

Subject to Section 45 of the Insurance Act 1938, as amended from time to time if the actual age of the Life Assured differs from the Age stated in the Application then:

- a. If the actual age of Life Assured proves to be higher than what is stated in the Application, the Basic Sum Assured will be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated. The Policy will continue to be in force;
- b. If the actual age proves to be lower than what is stated in the Application, the premium paid in excess will be refunded to you without interest or may be adjusted towards future premium at our sole discretion. The Policy will continue to be in force.
- c. If the Life Assured's actual age is such that it would have made him/her ineligible for the insurance cover stated in the Policy, we reserve the right at our sole discretion to take such action as may be deemed appropriate including cancellation of the Policy upon payment of the Surrender Value.

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6.11. Loss of the Policy Document

If the Policy is lost or destroyed, you may make a written request for a duplicate Policy which we will issue duly endorsed to show that it is in place of the original document. Upon the issue of a duplicate Policy, the original will cease to have any legal force or effect.

6.12. Policyholder's Rights

To exercise Your rights or options, under this Policy, You should follow the procedures stated in this Policy. If You want to change Your Nominee, change an address or exercise any other options under the Policy, you shall do so only using the forms prescribed for each purpose which are available with Your financial advisor, from Our local office or can be downloaded from our website www.pnbmetlife.com.

6.13. Travel, Residence & Occupation

This Policy does not impose any restrictions as to travel and residence. This Policy does not impose any restrictions as to occupation.

6.14. Governing Law & Jurisdiction

The terms and conditions of the Policy shall be governed by and be interpreted in accordance with Indian law and all disputes and differences arising under or in relation to the Policy shall be subject to the sole and exclusive jurisdiction of the jurisdictional courts in India.

6.15. Our Address for Communications

All notices and communications in respect of this Policy shall be addressed to us at the following address:

**PNB MetLife India Insurance Co. Ltd,
1st Floor, Techniplex -1,
Techniplex Complex, Off Veer Savarkar Flyover,
Goregaon (West), Mumbai – 400062,
Maharashtra**

Call us Toll-free at 1-800-425-6969,

Visit our Website: www.pnbmetlife.com,

Email: indiaservice@pnbmetlife.co.in

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7. Part G

GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS

7.1. Grievance Redressal Mechanism

In case You have any query or complaint or grievance, You may

approach Our office at the following address:

Level 1

For any complaint/grievance, approach any of Our following touch points:

- Call 1800-425-69-69 (Toll free) or 080-26502244
- Email at india_grievancecell@pnbmetlife.co.in **Write to:**

Customer Service Department,

1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

- *Online through Our website www.pnbmetlife.com*
- *Our nearest PNB MetLife branch across the country*

Level 2:

In case not satisfied with the resolution provided by the above touch points, or have not received any response within 10 days, You may

- Write to Our Grievance Redressal Officer at gro@pnbmetlife.co.in or
- Send a letter to
PNB MetLife India Insurance Co. Ltd,
Platinum Towers, 4th Floor, Sohna Road,
Sector - 47, Gurgaon – 122002

Please address Your queries or complaints to our customer services department, and Your grievances to our grievance redressal officer on the address referred above, who are authorized to review Your queries or complaints or grievances and address the same. Please note that only an officer duly authorized by Us has the authority to resolve Your queries or complaints or grievances. We shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling You this Policy.

Level 3:

If You are not satisfied with the response or do not receive a response from Us within fifteen (15) days, You may approach the IRDAI **Grievance Cell Centre (IGCC) on the following contact details:**

- Online : You can register Your complaint online at <https://bimabharosa.irdai.gov.in/>

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- By Post : You can write or fax Your complaints to:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500 032, Telangana

- By E-mail : E-mail ID: complaints@irda.gov.in
- By Phone : 1800 4254 732

In case You are not satisfied with the decision/resolution, You may approach the Insurance Ombudsman at the address in the list of Ombudsman below, if Your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy;
- Delay in settlement of claim;
- any partial or total repudiation of claims by Us;
- Dispute with regard to premium; or
- Misrepresentation of terms and conditions of the Policy;
- Policy servicing related grievances against Us or Our agent/in termediary;
- Issuance of Policy in non-conformity with the proposal form;
- Non-issuance of the Policy after receipt of premium or
- Any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the Regulations, circulars, guidelines or instructions issued by the IRDA of India from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned above.

- 1) The complaint should be made in writing duly signed by You, Nominee, Assignee or by Your legal heirs with full name, address and contact information of the complainant, the details of our branch or office against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. As Per Rule 14(3) of the Insurance Ombudsman Rules, 2017, (Rules), a complaint to the Insurance Ombudsman can be made if the complainant makes a written representation to the Us/Insurer and files the complaint, within one year
 - after the order of the Insurer rejecting the representation is received; or
 - after receipt of decision of the Insurer which is not to the satisfaction of the complainant;
 - after expiry of a period of one month from the date of sending the written representation to the Insurer if the Insurer fails to furnish reply to the complainant .
- 2) The Insurance Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the Insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these Rules.
- 3) No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

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SECTION 3: HEALTH INSURANCE Terms and Conditions

Preamble: The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured/Insured Persons (also referred as You) and Care Health insurance Ltd. (formerly known as Religare Health Insurance Company Ltd) (also referred as We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

All the Policy documents are as per the format prescribed, guided & approved by the Indian Insurance Regulator, honorable "Insurance Regulatory and Development Authority of India" which is constituted as per IRDA Act, 1999. The Policy construction is driven by IRDA Regulations and Protection of Policy Holder's Interests, 2002.

1. Definitions

For the purposes of interpretation and understanding of this Policy, the Company has defined below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in Standard English language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate.

- 1.1. **Accident/Accidental** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2. **Age** means the completed age of the Insured Person as on his last birthday.
- 1.3. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- 1.4. **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 1.5. **Annexure** means a document attached and marked as an Annexure to this Policy.
- 1.6. **Any One Illness (not applicable for Travel and Personal Accident Insurance)** means a continuous Period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment was taken.
- 1.7. **Assistance Service Provider** means the service provider specified in the Policy Schedule appointed by the Company from time to time.
- 1.8. **Break in Policy** occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- 1.9. **Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network Provider by the insurer to the extent pre-authorization is approved.
- 1.10. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
- 1.11. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
- 1.12. **Company** (also referred as We/Us) means Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd).
- 1.13. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

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- 1.14. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - i. **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body
 - ii. **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body
- 1.15. **Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 1.16. **Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 1.17. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under —
 - (a) has qualified nursing staff under its employment;
 - (b) has qualified Medical Practitioner/s in-charge;
 - (c) has a fully equipped operation theatre of its own, where Surgical Procedures is carried out.
 - (d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 1.18. **Day Care Treatment** refers to medical treatment and/or a surgical procedure which is:
 - i. undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and
 - ii. which would have otherwise required Hospitalization of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 1.19. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 1.20. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 1.21. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 1.22. **Domiciliary Hospitalization** means 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:
 - i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - ii. The patient takes treatment at home on account of non-availability of room in a Hospital.
- 1.23. **Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.
- 1.24. **Emergency Care (Emergency)** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured Person's health.
- 1.25. **Grace Period** means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.
- 1.26. **Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.
- 1.27. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;

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- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified Medical Practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 1.28. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 1.29. ICU Charges** or (Intensive care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.
- 1.30. Indemnity/Indemnify** means compensating the Insured Person up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.
- 1.31. Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - (a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
 - (b) It needs ongoing or long-term control or relief of symptoms;
 - (c) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - (d) It continues indefinitely;
 - (e) It recurs or is likely to recur.
- 1.32. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 1.33. In-patient Care** (not applicable for Overseas Travel Insurance) means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 1.34. Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.
- 1.35. Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 1.36. Maternity expenses** shall include—
- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - ii. expenses towards lawful medical termination of pregnancy during the policy period.
- 1.37. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 1.38. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.39. Medical Practitioner** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 1.40. Medically Necessary** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- i. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. Must have been prescribed by a Medical Practitioner;
 - iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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- 1.41. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence
- 1.42. **Network Provider** (not applicable for Overseas Travel Insurance) means the Hospitals enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.
- 1.43. **Newborn baby** means baby born during the Policy Period and is aged up to 90 days.
- 1.44. **Non-Network** means any hospital, day care centre or other provider that is not part of the network.
- 1.45. **Notification of Claim** means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.
- 1.46. **OPD Treatment** is one in which the Insured Person visits a clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.
- 1.47. **Preventive Care** means any kind of treatment taken as a pro-active care measure without actual requirement or symptoms of a disease or illness.
- 1.48. **Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which form part of the Policy and shall be read together.
- 1.49. **Policy Schedule** means the certificate attached to and forming part of this Policy.
- 1.50. **Policyholder** (also referred as You) means the person named in the Policy Schedule as the Policyholder.
- 1.51. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.
- 1.52. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule.
- 1.53. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule.
- 1.54. **Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.
- 1.55. **Portability** means the right accorded to individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another
- 1.56. **Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company
- 1.57. **Pre-existing Disease** means any condition, ailment, injury or disease:
 - i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by Insurer or its reinstatement.
- 1.58. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Company.
- 1.59. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 1.60. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.
- 1.61. **Rehabilitation** means assisting an Insured Person who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 1.62. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of all waiting periods.
- 1.63. **Room Rent** means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.

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- 1.64. **Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
- 1.65. **Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.
- 1.66. **Subrogation** (Applicable to other than Health Policies and health sections of Travel and PA policies) means the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.67. **Sum Insured** means the amount specified in the Policy Schedule, for which premium is paid by the Policyholder.
- 1.68. **Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.
- 1.69. **Third Party Administrator or TPA** means any person who is licensed under the IRDA (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.
- 1.70. **Total Sum Insured** is the sum total of Sum Insured and the Sum Insured accrued as No Claims Bonus and / or No Claims Bonus Super (Optional Cover) and/or Automatic Recharge and / or Unlimited Automatic Recharge (Optional Cover) and/or Additional Sum Insured for Accidental Hospitalization (Optional Cover). It represents the Company's maximum, total and cumulative liability for in respect of the Insured Person for any and all Claims incurred during the Policy Year. If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each Policy Year in the Policy Period.
- 1.71. **Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.72. **Associate Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category applicable in a Hospital:
 - (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
 - (b) Fees charged by surgeon, anesthetist, Medical Practitioner;

Note: Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

- 1.73. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- 1.74. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner(s)* comprising of any of the following:
 - (a) Central or State Government AYUSH Hospital or
 - (b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - (c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 1.75. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner (s)* on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH *Medical Practitioner(s)* in charge;

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- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

The following definitions are redefined which supersedes those respective definitions mentioned above, for Benefits and Optional Covers effective out of India:

- 1.76. **Medical Practitioner** means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 1.77. **Qualified Nurse** means a person who holds a valid registration issued by the Nursing Council/Statutory Regulatory Authority for Medical Education in that Country and thereby entitled to render Nursing Care within the scope and jurisdiction of license.
- 1.78. **Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice, is treatment experimental or unproven.

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2. Benefits

General Conditions applicable to all Benefits and Optional Covers:

- (a) Benefits / Optional Covers (if opted) shall be available to the Insured Person, only if the particular Benefit / Optional Cover is specifically mentioned in the Policy Schedule.
- (b) Admissibility of a Claim under Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 7 (Automatic Recharge), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 3 (Unlimited Automatic Recharge), Optional Cover 7 (Smart Select), Optional Cover 9 (Daily Allowance+), Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization) and Optional Cover 15 (Air Ambulance Cover). The event giving rise to a Claim under Benefit 1 shall be within the Policy Period for the Claim of such Benefit to be accepted.
- (c) The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
- I. On Floater Basis, the Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Total Sum Insured.
 - II. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus (Benefit 10), No Claims Bonus Super (Optional Cover 4) and Additional Sum Insured for Accidental Hospitalization (Optional Cover 11). (NOTE: This clause is not applicable to Optional Cover 10: Personal Accident).
 - III. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
 - IV. The Company's liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
- (d) Any Claim paid for Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover) and Optional Covers namely Optional Cover 1 (Global Coverage – Total), Optional Cover 2 (Travel Plus), Optional Cover 6 ('Everyday Care' except Health Care Services), Optional Cover 7 (Smart Select), Optional Cover 8 (OPD Care), Optional Cover 9 (Daily Allowance+), Optional Cover 14 (Extension of Global Coverage), and Optional Cover 15 (Air Ambulance Cover), shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
- (e) Any Benefit or Optional cover specified to be payable under Cashless facility, would follow the procedures and settlement clauses mentioned as per Clause 6.2 (a).
- (f) Any Benefit or Optional cover specified to be payable under Reimbursement facility, would follow the procedures and settlement clauses mentioned as per Clause 6.2 (b).
- (g) The Co-payment, if and as specified in the Policy Schedule, shall be borne by the Policyholder / Insured Person on each Claim which will be applicable on Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage (excluding U.S.A.)), Benefit 14 (Care Anywhere), Benefit 13 (Vaccination Cover), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total), Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).
- I. If age of Insured Person or eldest Insured Person (in case of floater), is 61 years or more, the Company provides an option to Insured Person / Policyholder, to choose for co-payment option of 20% per claim (over & above any other co-payment, if any) which applies to such Insured Person or all Insured Persons (in case of Floater) and thereby get a discount of 20% in Premium to be paid.
 - II. The Co-payment shall be applicable to each and every Claim made, for each Insured Person.
- (h) Deductible Option (if opted) is applicable on the Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage – excluding

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U.S.A.), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total), Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).

- (i) Hospitalization or Medical Expenses which are 'Medically Necessary' only shall be admissible under the Policy.
- (j) Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- (k) If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
- (l) Coverage amount limits for Optional Cover 2 'Travel Plus', Optional Cover 6 'Everyday Care', Optional Cover 8 'OPD Care', Optional Cover 10 'Personal Accident', Optional Cover 11 'Additional Sum Insured for Accidental Hospitalization' and Optional Cover 15 'Air Ambulance Cover' are covered over and above the Sum Insured (as defined under Definition 1.70).
- (m) If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Covers.

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2.1 Benefit 1 : Hospitalization Expenses

If an Insured Person is diagnosed with an Illness or suffers an Injury which requires the Insured Person to be admitted in a Hospital in India which should be Medically Necessary during the Policy Period and while the Policy is in force for:

- (i) **In-patient Care:** The Company will indemnify the Policy Holder/Insured Person for Medical Expenses incurred towards Hospitalization, through Cashless or Reimbursement Facility, maximum up to the Sum Insured as specified in the Policy Schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.
- (ii) **Day Care Treatment:** The Company will indemnify the Policy Holder/Insured Person for Medical Expenses incurred on Day Care Treatment which involves a Surgical procedure, through Cashless or Reimbursement Facility, maximum up to the Sum Insured specified in the Policy Schedule, provided that the Day Care Treatment is listed as per the Annexure-I to Policy Terms & Conditions and period of treatment of the Insured Person in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an in-patient admission and such Day Care Treatment was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.
- (iii) **Conditions applicable for Hospitalization Expenses (Benefit 1):**

(a) **Room/Boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment (Room Rent / Room Category):**

- 1) If the Insured Person is admitted in a Hospital room where the Room Category opted or *Room Rent incurred is higher than the eligible Room Category/ Room Rent* as specified in the Policy Schedule, then,
 - I. The Policyholder/Insured Person shall bear the ratable proportion of the total Associate Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Policy Schedule or the Room Rent of the entitled Room Category to the Room Rent actually incurred.
 - II. If specifically mentioned in the Policy Schedule that the *Room Category/ Room Rent* eligibility is "Single Private Room (upgradable to next level)", it means such up-gradation will trigger only if Single Private Room is not available in the Hospital at the time of admission and Company's liability will arise only after accepting required documented proof for such Room unavailability. In case such documented proof is not furnished, then the maximum eligible Room Category would be considered as Single Private Room only.

The Policy Schedule will specify the eligibility of Room Rent or Room Category applicable for the Insured Person under the Policy. The Room Rent or Room Category available under this Policy is mentioned as follows:

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- 2) **Single Private Room** If the Policy Schedule states 'Single Private Room' as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited to stay in a Single Private Room.
- 3) **Single Private Room (upgradable to next level)**: If the Policy Schedule states 'Single Private Room (upgradable to next level)' as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited to stay in a Single Private Room or a Single Private Room of the immediate next category.
- 4) If the Policy Schedule states 'up to 1% of the Sum Insured per day' as eligible Room Rent, it means the maximum eligible Room Rent of the Insured Person payable by the Company is limited to 1% of the Sum Insured per day of Hospitalization. Any amount accrued as No Claims Bonus under (Benefit 10) or No Claims Bonus Super (Optional Cover 4), shall not form part of Sum Insured.
- 5) The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.

(b) Intensive Care Unit Charges (ICU Charges):

The Policy Schedule will specify the Limit of ICU Charges applicable for the Insured Person under the Policy. The ICU Charges available under this Policy are as follows:

- 1) If the Policy Schedule states 'up to 2% of the Sum Insured per day' as eligible ICU Charges per day of Hospitalization, it means the maximum eligible ICU charges of the Insured Person payable by the Company is limited to 2% of the Sum Insured per day of Hospitalization. Any amount accrued as No Claims Bonus (Benefit 10) or No Claims Bonus Super (Optional Cover 4) shall not form part of Sum Insured.
- 2) If the Policy Schedule states the eligibility of ICU Charges of the Insured Person as 'no sub-limit', it means that there is no separate restriction on ICU Charges incurred towards stay in ICU during Hospitalization.

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(c) Expenses incurred on treatment for Named Ailments / Procedures

The Company will indemnify the Insured Person for Medical Expenses incurred in respect of the below mentioned Ailments / Procedures up to the amount specified against each and every Ailment / Procedure mentioned in the Policy Schedule in a Policy Year, provided that the treatment was taken on the advice of a Medical Practitioner. (These conditions will apply only if specifically mentioned in the Policy Schedule)

- i. Treatment of Cataract
- ii. Treatment of Total Knee Replacement
- iii. Surgery for treatment of all types of Hernia
- iv. Hysterectomy
- v. Surgeries for Benign Prostate Hypertrophy (BPH)
- vi. Surgical treatment of stones of renal system
- vii. Treatment of Cerebrovascular and Cardiovascular disorders
- viii. Treatments/Surgeries for Cancer
- ix. Treatment of other renal complications and Disorders
- x. Treatment for breakage of bones

(iv) Advance Technology Methods:

The Company will indemnify the Insured Person up to Sum Insured for expenses incurred under Benefit 1 (Hospitalization Expenses) for treatment taken through following advance technology methods:

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2.2 Benefit 2: Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

The Company will indemnify the Policy Holder/Insured Person for Relevant Medical Expenses incurred which are Medically Necessary, only through Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which the Company has accepted the Insured Person's Claim under Benefit 1 (Hospitalization Expenses) and subject to the conditions specified below:

- (i) Under Relevant Pre-hospitalization Medical Expenses, for a period of 30 days immediately prior to the Insured Person's date of admission to the Hospital, provided that the Company shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date; and
- (ii) Under Relevant Post-hospitalization Medical Expenses, for a period of 60 days immediately after the Insured Person's date of discharge from the Hospital.
- (iii) If the provisions of Clause 6.7(d) is applicable to a Claim, then:
 - a) The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for the Illness deemed or Injury sustained to be Any One Illness; and
 - b) The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to the Illness deemed or Injury sustained to be Any One Illness.

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2.3 Benefit 3: Daily Allowance

The Company will pay a *fixed amount* as specified against this Benefit in the Policy Schedule, for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, subject to the conditions specified below:

- (i) The Company shall not be liable to make payment under this Benefit for more than 5 consecutive days of Hospitalization for each period of Hospitalization arising from Any One Illness or Accident; and
- (ii) This Benefit is valid for In-patient Care Hospitalization of the Insured Person only.

2.4 Benefit 4: Ambulance Cover

The Company will *indemnify the Insured Person*, through Cashless or Reimbursement Facility, up to the amount specified against this Benefit in the Policy Schedule, for the Reasonable and Customary Charges necessarily *incurred on availing Ambulance services* offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation, provided that the necessity of such Ambulance transportation is certified by the treating Medical Practitioner and subject to the conditions specified below:

- (i) Such Transportation is from the place of occurrence of Medical Emergency of the Insured person, to the nearest Hospital; and/or
- (ii) Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Person, following an Emergency.

2.5 Benefit 5: Organ Donor Cover

The Company will *indemnify the Insured Person*, through Cashless or Reimbursement Facility, up to the amount specified against this Benefit in the Policy Schedule, for the Medical Expenses *incurred in respect of the donor, for any organ transplant surgery* during the Policy Year, subject to the conditions specified below:

- (i) The Organ donor is an eligible donor in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules.
- (ii) The Insured Person is the recipient of the Organ so donated by the Organ Donor.
- (iii) The Company will not be liable to pay the Medical Expenses incurred by the Insured Person towards Pre-Hospitalization Medical Expenses and Post Hospitalization Medical Expenses (Benefit 2) or any other Medical Expenses in respect of the donor consequent to the harvesting.
- (iv) Clause 4.2 (25) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

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2.6 Benefit 6 : Domiciliary Hospitalization

The Company will *indemnify the Insured Person*, only through Reimbursement Facility, up to the amount specified against this Benefit in the Policy Schedule, for the Medical Expenses *incurred towards Domiciliary Hospitalization*, i.e., Coverage extended when Medically Necessary treatment is taken at home (as explained in Definition 1.22), subject to the conditions specified below:

- (i) The Domiciliary Hospitalization continues for a period exceeding 3 consecutive days.
- (ii) The Medical Expenses are incurred during the Policy Year.
- (iii) The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred.
- (iv) Any Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses (Benefit 2) shall not be payable under this Benefit.
- (v) Any Medical Expenses incurred for the treatment in relation to any of the following diseases *shall not be payable* under this Benefit :
 1. Asthma;
 2. Bronchitis;
 3. Chronic Nephritis and Chronic Nephritic Syndrome;
 4. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
 5. Diabetes Mellitus and Diabetes Insipidus;
 6. Epilepsy;
 7. Hypertension;
 8. Influenza, cough or cold;
 9. All Psychiatric or Psychosomatic Disorders;
 10. Pyrexia of unknown origin for less than 10 days;
 11. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
 12. Arthritis, Gout and Rheumatism.

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2.7 Benefit 7 : Automatic Recharge

If a Claim is payable under the Policy, then the Company agrees to automatically make the re-instatement of up to the Sum Insured once in a policy year which is valid for that Policy Year only, subject to the conditions specified below:

- (i) The Recharge shall be utilized only after the Sum Insured, No Claims Bonus (Benefit – 10), No Claims Bonus Super (Optional Cover – 4) and Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11) has been completely exhausted in that Policy Year.
- (ii) A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit 1 (Hospitalization Expenses).
- (iii) The Recharge is applicable only for Benefit 1 (Hospitalization Expenses).
- (iv) The Recharge shall be available only for all future Claims which are not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year.
- (v) No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating 'Automatic Recharge'.
- (vi) Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- (vii) If the Policy is issued on a Floater basis, then the Recharge will also be available only on Floater basis.
- (viii) For any single Claim during a Policy Year the maximum Claim amount payable shall be sum total of:
 - a) Sum Insured
 - b) No Claims Bonus (Benefit – 10)
 - c) No Claims Bonus Super (Optional Cover – 4)
 - d) Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
- (ix) During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum total of:
 - a) Sum Insured
 - b) No Claims Bonus (Benefit – 10)
 - c) No Claims Bonus Super (Optional Cover – 4)
 - d) Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
 - e) Automatic Recharge (Benefit – 7)
- (x) In case of portability, the credit for Sum Insured would be available only to the extent of sum insured of the expiring policy, including the Recharge.

2.8 Benefit 8 : Second Opinion

In the event that the Insured Person is diagnosed with any Major Illness / Injury during the Policy Year, then at the Policyholder's / Insured Person's request, the Company shall arrange for a Second Opinion from a Medical Practitioner within India.

- (i) It is agreed and understood that the Second Opinion will be based only on the information and documentation provided to the Company which will be shared with the Medical Practitioner and is subject to the conditions specified below:
 - a) This Benefit can be availed only once by an Insured Person during the Policy Year for each Major Illness / Injury.
 - b) The Insured Person is free to choose whether or not to obtain the Second Opinion and, if obtained under this Benefit, then whether or not to act on it.
 - c) This Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
 - d) The Company does not provide a Second Opinion or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the Second Opinion is put.
 - e) The Company does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Second Opinion or for any consequences of actions taken or not taken in reliance thereon.
 - f) The Policyholder or Insured Person shall hold the Company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or for any consequences of any action taken or not taken in reliance thereon.
 - g) Any Second Opinion provided under this Benefit shall not be valid for any medico-legal purposes.
 - h) The Second Opinion does not entitle the Insured Person to any consultation from or further opinions from that Medical Practitioner.

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(ii) For the purposes of this Benefit only:

- a) Second Opinion means an additional medical opinion obtained by the Company from a Medical Practitioner solely on the Policyholder's or Insured Person's express request in relation to a Major Illness / Injury which the Insured Person has been diagnosed with during the Policy Year.
- b) Major Illness / Injury means one of the following only:
 - 1. Benign Brain Tumor
 - 2. Cancer
 - 3. End Stage Lung Failure
 - 4. Myocardial Infarction
 - 5. Coronary Artery Bypass Graft
 - 6. Heart Valve Replacement
 - 7. Coma
 - 8. End Stage Renal Failure
 - 9. Stroke
 - 10. Major Organ Transplant
 - 11. Paralysis
 - 12. Motor Neuron Disorder
 - 13. Multiple Sclerosis
 - 14. Major Burns
 - 15. Total Blindness

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2.9 Benefit 9: Alternative Treatments

The Company will indemnify the Insured Person, through Cashless or Reimbursement Facility, up to the amount specified in the Policy Schedule, towards Medical Expenses incurred with respect to the Insured Person's medical treatment undergone at any Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions, through any of the alternative treatments namely Ayurveda, Sidha, Unani and Homeopathy, subject to the conditions specified below:

- (i) A Claim will be admissible under this Benefit only if the Claim is admissible under 'In-patient Care' of Benefit 1 (Hospitalization Expenses).
- (ii) Such Hospital should directly be run by a local/state/central Government body, which administers treatment related to Ayurveda or Unani or Sidha or Homeopathy; and
- (iii) Medical Treatment should be rendered from a registered Medical Practitioner who holds a valid practicing license in respect of such Alternative Treatments; and
- (iv) Such treatment taken is within the jurisdiction of India; and
- (v) Clause 4.2 (26) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.10 Benefit 10: No Claims Bonus

At the end of each Policy Year, the Company will enhance the Sum Insured by 10% flat, on a cumulative basis, as a No Claims Bonus for each completed and continuous Policy Year, provided that no Claim has been paid by the Company in the expiring Policy Year, and subject to the conditions specified below:

- (i) In any Policy Year, the accrued No Claims Bonus, shall not exceed 50% of the Sum Insured available in the renewed Policy.
- (ii) The No Claims Bonus shall not enhance or be deemed to enhance any Conditions as prescribed under Clause 2.1(iii).
- (iii) For a Floater policy, the No Claims Bonus shall be available on Floater basis and shall accrue only if no Claim has been made in respect of any Insured Person during the expiring Policy Year. The No Claims Bonus which is accrued during the claim-free Policy Year will only be available to those Insured Persons who were insured in such claim-free Policy Year and continue to be insured in the subsequent Policy Year.
- (iv) The entire No Claims Bonus will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date or the expiry of the Grace Period whichever is later.
- (v) The No Claims Bonus shall be applicable on an annual basis subject to continuation of the Policy.
- (vi) If the Insured Persons in the expiring policy are covered on Individual basis and thus have accumulated the No Claims Bonus for each Insured Person in the expiring policy, and such expiring policy is renewed with the Company on a Floater basis, then the No Claims Bonus to be carried forward for credit in this Policy would be the least No Claims Bonus amongst all the Insured Persons.
- (vii) If the Insured Persons in the expiring policy are covered on a Floater basis and such Insured Persons renew their expiring Policy with the Company by splitting the Floater Sum Insured in to 2 (two) or more Floater / Individual covers, then the No Claims Bonus of the expiring Policy shall be apportioned to such renewed Policy in the proportion of the Sum Insured of each of the renewed Policy.
- (viii) This clause does not alter the Company's right to decline renewal or cancellation of the Policy for reasons as specified in Clause 7.1 (Disclosure to Information Norm).
- (ix) In the event of a Claim occurring during any Policy Year, the accrued No Claims Bonus will be reduced by 10% of the Sum Insured at the commencement of next Policy Year, but in no case shall the Total Sum Insured be reduced than the Sum Insured.
- (x) In case Sum Insured under the Policy is reduced at the time of renewal, the applicable No Claims Bonus shall also be reduced in proportion to the Sum Insured.
- (xi) In case Sum Insured under the Policy is increased at the time of renewal, the No Claims Bonus shall be calculated on the Sum Insured applicable on the last completed Policy Year.
- (xii) The Recharge amount ('Automatic Recharge' & 'Unlimited Automatic Recharge') shall not be considered while calculating 'No Claims Bonus'.
- (xiii) Along with the Benefits (Base Covers) under the Policy, accrued '**No Claims Bonus**' can be utilized for Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for.
- (xiv) In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

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2.11 Benefit 11: Global Coverage (excluding U.S.A.)

The Company shall indemnify the Insured Person, through Cashless or Reimbursement Facility, for Hospitalization Expenses incurred outside India and anywhere across the world excluding United States of America, up to the amount specified against this Benefit in the Policy Schedule, subject to the conditions specified below:

- (i) A mandatory Co-Payment of 10% per Claim is applicable, which will be in addition to any other co-payment (if any) applicable in the Policy.
- (ii) The Benefit is available for 45 continuous days from the date of travel in a Single Trip and 90 days on a cumulative basis as a whole, in a Policy Year.
- (iii) The Medical expenses payable shall be limited to Benefit 15 (Maternity Cover) and Inpatient Care & Day Care Treatment under Benefit 1 (Hospitalization Expenses) only; 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered under the purview of this cover.
- (iv) The payment of any Claim under this Benefit will be based on the rate of exchange as on the Date of Loss published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Loss, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.

Note:

- a) Clause 6.7(a) of Payment Terms under Claims Procedure and Management is superseded to the extent covered under this Benefit.
- b) Exclusions applicable to this Benefit have been mentioned under Permanent Exclusions, Clause 4.2.

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2.12 Benefit 12: Annual Health Check-up

(i) On the Policyholder's / Insured Person's request, through Cashless Facility, the Company will arrange for the Insured Person's Annual Health Check-up for the list of medical tests specified below at its Network Provider or other Service Providers specifically empanelled with the Company to provide the services, in India, subject to the conditions specified below:

- a) This Benefit shall be available only once during a Policy Year per Insured Person; and
- b) This benefit does not reduce the Sum Insured.

(ii) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to 75 Lakh Rupees for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows :-

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Plan
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	Care 2, Care 3 & Care 8
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	Care 4 & Care 9
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	Care 5 & Care 6

(iii) Medical Tests covered in the Annual Health Check-up, applicable for Care 7, for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows :-

<p><u>Infection Markers</u> Complete Blood Count(CBC) ESR ABO Group & Rh Type Urine Routine Stool Routine</p>	<p><u>Lipid Profile</u> Cholesterol LDL HDL Triglycerides VLDL</p>
<p><u>Liver Function Test</u> S Bilirubin (Total/Direct) SGPT SGOT GGT Alkaline Phosphatase Total Protein Albumin : Globulin</p>	<p><u>Kidney Function Test</u> Creatinine Blood Urea Nitrogen Uric Acid</p>
<p><u>Lung Function Markers</u> Lung Function Test</p>	<p><u>Diabetes Markers</u> Hba1c</p>
<p><u>Cardiac Markers</u> Treadmill Test ECG</p>	<p><u>Imaging Tests</u> X-Ray – Chest Ultrasound Abdomen</p>

(iv) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date for all Plans except Care 1, are as follows :-

List of Medical Tests covered as a part of Annual Health Check-up
Physical Examination (Height, Weight and Body Mass Index (BMI)), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)

2.13 Benefit 13: Vaccination Cover:

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The Company will indemnify the Insured Person up to the amount specified against this Benefit in the Policy Schedule, through Cashless or Reimbursement Facility, towards Vaccination expenses for the Insured Person(s) up to 18 years of Age, as prescribed in the National Immunization Schedule (NIS) for protection against Diphtheria, Pertussis, Tetanus, Polio, Measles, Hepatitis B and Tuberculosis, which fall under category of Vaccine preventable diseases as per the Grid provided below.

S. No	Vaccine& its presentation	Protection against	S. No	Vaccine& its presentation	Protection against
1	BCG (Bacillus Calmette Guerin)- Lyophilized vaccine	Tuberculosis	5	Measles - Lyophilized vaccine	Measles
2	OPV (Oral Polio Vaccine)- Liquid vaccine	Poliomyelitis	6	TT (Tetanus Toxoid) – Liquid vaccine	Tetanus
3	Hepatitis B – Liquid Vaccine	Hepatitis B	7	JE vaccination Lyophilized vaccine	Japanese Encephalitis (Brain fever)
4	DPT (Diphtheria, Pertussis and Tetanus Toxoid) – Liquid vaccine	Diphtheria, Pertussis and Tetanus	8	Hib (given as pentavalent containing Hib + DPT + Hep B) – Liquid vaccine	Hib Pneumonia and Hib meningitis

2.14 **Benefit 14: Care Anywhere**

The Company will indemnify the Insured Person, through Cashless or Reimbursement Facility, for the Medical Expenses incurred towards the Insured Person's Major Illness / Injury treatment undertaken outside India, during the Policy Year, up to the Sum Insured specified in the Policy Schedule, subject to the conditions specified below:

- (i) The Medical Expenses incurred towards the major Illness / injury treatment which are covered as a part of this Benefit are:
1. Benign Brain Tumor
 2. Cancer
 3. Coma
 4. Coronary Artery Bypass Graft
 5. End Stage Lung Disease
 6. End Stage Renal Failure
 7. Heart Valve Replacement
 8. Major Burns
 9. Major Organ Transplant
 10. Myocardial Infarction
 11. Stroke
 12. Total Blindness
- (ii) The Medical Expenses incurred are only for 'In-patient Care' or 'Day Care Treatment' undertaken in any Hospital; 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered under the purview of this cover.
- (iii) The rate of exchange as published by Reserve Bank of India (RBI) as on the Date of Loss shall be used for conversion of foreign currency amounts into Indian Rupees for payment of any Claim under this Benefit. Where on the Date of Loss, RBI rates are not published, the rates next published by RBI shall be considered for conversion.
- (iv) The Company shall be liable to make payment under this Benefit only if prior written notice of at least 7 days is given to the Company.
- (v) Clause 6.7(a) of Payment Terms under Claims Procedure and Management is superseded to the extent covered under this Benefit.

2.15 **Benefit 15: Maternity Cover**

The Company shall indemnify the Insured Person, through Cashless or Reimbursement Facility, for the Medical Expenses associated with Hospitalization of an Insured Person for the delivery of a child, up to amount specified against this Benefit in the Policy Schedule, subject to the conditions specified below:

- (a) Claims will not be admissible for any expenses incurred for diagnosis / treatment related to any Maternity Expenses until 24 months since the inception of the first Policy with the company.
- (b) This Benefit is available only under Floater cover type for all Insured Persons of age 18 years or above.

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- (c) Maternity Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit.
For this purpose 'week' shall constitute any consecutive 7 days.
- (d) Medical Expenses for ectopic pregnancy are not covered under this Benefit. However, these expenses are covered under Benefit 1 (Hospitalization Expenses).
- (e) The Company shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per MTP Act, 1971(amended) and other applicable laws and rules.
- (f) Clause 4.2 (16) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

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3. OPTIONAL COVERS:

The Policy provides the following Optional Covers which can be opted either at the inception of the policy or at the time of renewal. The Policy Schedule will specify the Optional Covers that are in force for the Insured Persons.

3.1 Optional Cover 1: Global Coverage – Total

“Global Coverage – Total” is an extension to Benefit 11 (Global Coverage (excluding U.S.A.)) and hence all the provisions stated under Clause 2.11, holds good for Clause 3.1 as well, except that the geographical scope of coverage through Optional Cover 1 is extended to United States of America also.

3.2 Optional Cover 2: Travel Plus

The Benefits under this Optional Cover are valid outside India, which will be available for 45 continuous days from the date of travel in a Single Trip and 90 days on a cumulative basis as a whole, in a Policy Year.

This Optional Cover includes six varied Benefits namely “Worldwide In-Patient Cover (for Emergency)”, “Worldwide OPD Cover”, “Loss of Passport”, “Loss of Checked-in Baggage”, “Repatriation of Mortal Remains” and “Medical Evacuation” which are explained below.

3.2.1 Worldwide In-Patient Cover (for Emergency)

If an Insured Person suffers an Injury or is diagnosed with an Illness as an Emergency condition that requires the Insured Person to take an In-patient Treatment which should be Medically Necessary, then the Insured Person can avail a ‘Single Private Room’ during the Hospitalization and the Company shall indemnify such relevant & reasonable Medical Expenses incurred by Insured Person, through Cashless or Reimbursement Facility, up to the Sum Insured as specified in the Policy Schedule or Rs. 20 Lakhs (whichever is lesser), subject to the conditions specified below:

- (i) The In-patient Hospitalization is on the written advice of a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary; ‘Day Care Treatment’, ‘Pre-Hospitalization’ and ‘Post-Hospitalization’ expenses are not covered under the purview of this cover.
- (ii) The treatment for the Illness or Injury commences during the Policy Period and immediately after the diagnosis of the Illness or occurrence of the Injury;
- (iii) The amount assessed by the Company on each admitted Claim for the Insured Person under this Benefit shall be reduced by the Deductible of Rs. 5,000. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.
- (iv) ‘Single Private Room’ mentioned here above, should comply with Clause 2.1 (iii) (a) (1) & 2.1 (iii) (a) (2).

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3.2.2 Worldwide OPD Cover

- (i) If an Insured Person while on a foreign land suffers an Injury or is diagnosed with an Illness, that requires the Insured Person to take an Out-patient Treatment, then the Company shall indemnify such Medical Expenses, through Reimbursement Facility, up to the Sum Insured as specified in the Policy Schedule or Rs. 20 Lakhs (whichever is lesser).
- (ii) The amount assessed by the Company on each admitted Claim for the Insured Person under this Benefit shall be reduced by the Deductible of Rs. 5,000. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.

3.2.3 Loss of Passport

- (i) If an Insured Person loses his / her original passport, then the Company will indemnify the Insured Person up to 1% of the Sum Insured specified in the Policy Schedule or Rs. 20,000 (whichever is lesser), towards obtaining a duplicate or new passport.
- (ii) The amount assessed by the Company on each admitted Claim for the Insured Person under this Benefit shall be reduced by the Deductible of Rs. 2,500. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.
- (iii) **Additional Documents to be submitted for any Claim under this Benefit:**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
 - a) Copy of the police report
 - b) Details of the attempts made to trace the passport;
 - c) Statement of claim for the expenses incurred;
 - d) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

3.2.4 Loss of Checked-in Baggage

If the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier, the Company will indemnify to the extent of cost incurred by the Insured Person towards replacement of the entire baggage and its contents as per market value, up to 1% of the Sum Insured specified in the Policy Schedule or Rs. 20,000 (whichever is lesser), subject to the conditions specified below:

- (i) Coverage under this Benefit shall commence only after the Checked-In Baggage is entrusted to the Common Carrier and a receipt obtained and coverage under this Benefit shall terminate automatically on the Common Carrier reaching the Place of Destination specified in the ticket of the Insured Person during the Policy Period;
- (ii) If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person and all the pieces of Checked-in Baggage are not lost, then the Company's liability shall be restricted to 0.5% of the Sum Insured specified in the Policy Schedule or Rs. 10,000 (whichever is lesser);
- (iii) If the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit in full irrespective of whether delivery of the baggage is taken or not;
- (iv) If a portion of the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit attributable to the portion of Checked-in Baggage traced in full irrespective of whether delivery of the baggage is taken;
- (v) The liability of the Company shall be determined based on the market value of the Contents of the Checked-In Baggage as on the scheduled/expected date of delivery at the destination port;
- (vi) In case the market value of any single item of the Contents (excluding Valuables) of a Checked -In Baggage exceeds Rs. 5,000/-, the Company's liability shall be limited to Rs. 5,000/- only;
- (vii) **Additional Documents to be submitted for any Claim under this Benefit:**
It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
 - a) Property irregularity report issued by the appropriate authority.
 - b) Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.
 - c) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non -delivery / short delivery of the Checked-In Baggage.

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(viii) Additional Exclusions applicable to any Claim under this Benefit:

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

1. Any partial loss or damage of any items contained in the Checked-In Baggage.
2. Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
3. Any loss due to damage to the Checked-In Baggage.
4. Any loss of the Checked-In Baggage sent in advance or shipped separately.
5. Valuables (Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals).

3.2.5 Repatriation of Mortal Remains

If death of the Insured Person happens solely and directly due to an Insurable event, the Company shall indemnify the Policyholder, through Reimbursement Facility, up to the Sum Insured as specified in the Policy Schedule or Rs. 20 Lakhs (whichever is lesser), for the costs of repatriation of the mortal remains of the Insured Person back to the Place of Residence or for a local burial or cremation at the place where death has occurred.

(a) Additional documents to be submitted for any Claim under this Benefit :

It is a condition precedent to the Company's liability under this Benefit that the following information and documents shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
- (ii) Copy of the postmortem certificate, if conducted;
- (iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
- (iv) In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

3.2.6 Medical Evacuation

The Company shall indemnify up to the Sum Insured as specified in the Policy Schedule or Rs. 20 Lakhs (whichever is lesser), for the reasonable cost incurred towards the medical evacuation of the Insured Person in an Emergency, through an Ambulance, including Air Ambulance or any other transportation and evacuation services to the nearest Hospital, (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person during the Policy Year, subject to the conditions specified below:

- (i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's emergency Medical evacuation;
- (ii) These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital. Any transportation from one hospital to another is not covered under this Benefit;
- (iii) This benefit will be extended only through Cashless Facility, if the costs are certified and authorized by the Company or the Assistance Service Provider in advance, unless the Insured Person has a Life Threatening Medical Condition and the Insured Person (or his representatives) arrange for the emergency Medical evacuation at their own cost and expense in which case the Company will indemnify the costs incurred on the emergency Medical evacuation in accordance with the terms of this Benefit;
- (iv) Payment under this Benefit is subject to a Claim for the same Illness or Injury being admitted by the Company under Benefit 3.2.1 (Worldwide In-Patient Cover (for Emergency));
- (v) **Additional Documents to be submitted for any Claim under this Benefit:**
 - a) It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

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- b) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of evacuation.
- c) Documentary proof for expenses incurred towards the Medical Evacuation.

Notes for Clause 3.2 (Travel Plus):

- i. Clause 6.7(a) of Payment Terms under Claims Procedure and Management is superseded to the extent covered under this Benefit.
- ii. The payment of any Claim under this Benefit will be based on the rate of exchange as on the Date of Loss published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Loss, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
- iii. **Additional Exclusions applicable to any Claim under this Benefit:**
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following *shall not be* admissible under this Optional cover unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
 1. Medical treatment taken outside the Country of Residence if that is the sole reason or one of the reasons for the journey.
 2. Any treatment which is not Medically Necessary and could reasonably be delayed until the Insured Person's return to the Country of Residence.
 3. Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Policy Period.
 4. Degenerative or oncological (Cancer) diseases.
 5. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
 6. Any expenses related to services, including Physiotherapy, provided by Chiropractitioner; and the expenses on prostheses / prosthetics (artificial limbs).
 7. Traveling against the advice of a Medical Practitioner; or receiving, or is supposed to receive, medical treatment; or having received terminal prognosis for a medical condition; Or taking part or is supposed to participate in war like or peace keeping operation.

Note for Deductible under 'Worldwide In-Patient Cover (for emergency)', 'Worldwide OPD Cover' and 'Loss of Passport' of Optional Cover 'Travel Plus' – Once the claimed amount is converted into Indian Rupees, the deductible (in INR) will be applied to calculate the final pay-out to the Claimant.

3.3 Optional Cover 3: Unlimited Automatic Recharge

"Unlimited Automatic Recharge" is an extension to Benefit 7 (Automatic Recharge) and hence all the provisions stated under Clause 2.7, holds good for Clause 3.3 as well, except that the Recharge shall be available unlimited times during the Policy Year. However, in case of a single claim payout, the maximum liability of the Company shall not exceed the Sum Insured. No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating 'Unlimited Automatic Recharge'.

3.4 Optional Cover 4: No Claims Bonus Super

"No Claims Bonus Super" is an extension to Benefit 10 (No Claims Bonus) and hence all the provisions stated under Clause 2.10, holds good for Clause 3.4 as well, except the below clauses which have been modified for the purpose of this Optional Cover:

- (i) If no Claim has been paid in the expiring Policy Year and the Policy is renewed with the Company without any break, the Insured Person would receive a flat 50% increase in the Sum Insured on a cumulative basis as a No Claims Bonus Super (which is over & above the Sum Insured accrued under Benefit 10 – No Claims Bonus), for each completed and continuous Policy Year.
- (ii) In any Policy Year, the accrued No Claims Bonus Super shall not exceed 100% of the total of the Sum Insured available in the renewed Policy.
- (iii) In the event of a Claim occurring during any Policy Year, the accrued No Claims Bonus Super will be reduced by 50% of the Sum Insured at the commencement of next Policy Year, but in no case shall the Total Sum Insured be reduced than the Sum Insured.

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- (iv) At the time of Policy renewal if the Policyholder chooses not to renew this Optional Cover, then the No Claims Bonus Super under the expiring Policy shall be forfeited.
- (v) The Recharge amount ('Automatic Recharge' & 'Unlimited Automatic Recharge') shall not be considered while calculating 'No Claims Bonus Super'.
- (vi) Along with the Benefits (Base Covers) under the Policy, accrued '**No Claims Bonus Super**' can be utilized for Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for.
- (vii) In case no claim is made in a particular Policy Year, 'No Claims Bonus Super' would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 years policy tenure).

3.5 Optional Cover 5: Deductible Option

If this Optional Cover is opted, then Policyholder is entitled for a discount on the Premium payable.

- (i) The claim amount assessed by the Company for a particular claim shall be reduced by the Deductible as specified in the Policy Schedule in accordance with Clause 6.6 (b) (ii) and the Company shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.
- (ii) The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Person in a Policy Year.
- (iii) Illustration for applicability of Deductible in the same Policy Year:

(Amount in Rs.)

Case	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	500,000	100,000	75,000	125,000	100,000	-	100,000	100,000
2	500,000	100,000	75,000	250,000	300,000	-	225,000	275,000
3	500,000	100,000	250,000	400,000	400,000	150,000	350,000	Claim not payable as SI is exhausted

3.6 Optional Cover 6: Everyday Care

The Company will provide the following Everyday Care Services (the "Services") to the Insured Person during the Policy Year, under this Optional Cover.

(i) Out-Patient consultations:

The Insured Person may avail out-patient treatment at any of the Company's Network Service Provider which is payable up to 1% of Sum Insured as specified in the Policy Schedule. For the purpose of this Benefit, a flat Co-payment of 20% per consultation is applicable and no other co-payment mentioned as per Clause 2 (g) or elsewhere in the Policy is applicable.

(ii) Diagnostic Examinations:

The Insured Person may avail Diagnostic Examination facilities anywhere within the Company's Network Service Provider which is payable up to 1% of Sum Insured as specified in the Policy Schedule, as prescribed by a Medical Practitioner. For the purpose of this Benefit, a flat Co-payment of 20% per Diagnostic Examination is applicable and no other co-payment mentioned as per Clause 2 (g) or elsewhere in the Policy is applicable.

(iii) Health Care Services which include only the following:

- a) **Doctor Anytime /Free Health Helpline:** The Insured Person may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting the Company on the helpline details specified on the Company's website;
- b) **Health Portal:** The Insured Person may access health related information and services available through the Company's website;
- c) **Health & Wellness Offers:** The Insured Person may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Service Providers (which are listed on the Company's website).

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Note: For the purpose of above Clause, **Network Service Provider** means any person, organization, institution that has been empaneled with the Company to provide Services specified under this Optional Cover to the Insured Person.

3.7 Optional Cover 7: Smart Select

If this Optional Cover is opted, then Policyholder is entitled for a discount of 15% on the Premium payable, subject to following conditions:

- (i) If the Insured Person takes Medical Treatment in hospitals other than those listed in Annexure – IV to the Policy Terms and Conditions, then the Policyholder/Insured Person shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.
- (ii) However, no such additional co-payment shall be applicable if treatment is availed in the hospitals listed in Annexure IV to the Policy Terms and Conditions.

NOTE: For an updated list of Hospitals mentioned under Annexure – IV to the Policy Terms and Conditions, the Policyholder / Insured Person should refer to the Company's Website.

3.8 Optional Cover 8: OPD Care

The Company will indemnify the Insured Person, only through Reimbursement Facility, for availing Out-Patient consultations, Diagnostic Examinations and Pharmacy expenses, up to the amount specified against this Optional Cover in the Policy Schedule, during the Policy Year, subject to the following condition:

- Coverage for Optional Cover 'OPD Care' is provided for entire Policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type.
- All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable / reimbursed by the Company. However, claim can be filed with the Company, only twice during that Policy year, as and when that Insured Person may deem fit.

3.9 Optional Cover 9: Daily Allowance+

The Company will pay a *fixed amount* as specified against this Benefit in the Policy Schedule, for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, subject to the conditions specified below:

- (i) The Company shall not be liable to make payment under this Benefit for more than 30 days of Hospitalization during a Policy Year; and
- (ii) This Benefit is valid for In-patient Care Hospitalization of the Insured Person only.
- (iii) In case the Insured Person is admitted in an ICU, the Company will pay twice the *fixed amount* as specified against this Benefit in the Policy Schedule, for each continuous and completed period of 24 hours of Hospitalization in an ICU.
- (iv) The Payment under this Optional Cover will be in addition to any payment made under Benefit 3 (Daily Allowance).
- (v) At one point of time, an Insured Person cannot stay both in a regular Hospital room as well as in an ICU room. Hence, only either one of the rooms would be considered for pay-out as per the Insured Person's room occupancy in the Hospital.

3.10 Optional Cover 10: Personal Accident

The Insured Persons covered and the coverage amount chosen for the Proposer under this Optional Cover, are specified against this Optional Cover in the Policy Schedule.

If the Policy Schedule states that spouse and / or children of the Proposer are covered under this Optional Cover, then the coverage amount for them will be as follows:-

- (i) For Spouse: 50% of the coverage amount chosen for Proposer
- (ii) Per Child: 25% of the coverage amount chosen for Proposer (If opted for 'Per Child', cover should be taken for all dependent children under this Policy)

Proposer's Dependent parents are not eligible to for coverage under this Optional Cover 'Personal Accident'.

This Optional Cover includes two Benefits namely "Accidental Death" and "Permanent Total Disablement" which are explained below and are applicable to events arising worldwide:-

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3.10.1 Accidental Death

If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's death within 12 months from the date of Accident (including date of Accident), then the Company will pay 100% of the coverage amount of that Insured Person under this Optional Cover.

3.10.2 Permanent Total Disablement (PTD)

If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), then the Company will pay the amount as specified in the table below :

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Sr. No.	Insured Events	Amount payable = % of the coverage amount of that Insured Person under this Optional Cover
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet; or (b) one hand and one foot; or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

For the purpose of this Benefit only:

- (i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- (ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- (iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

Insured Event means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

3.10.3 Additional Exclusions applicable to any Claim under this Benefit:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

1. Any pre-existing injury or physical condition;
2. The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
3. The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
4. Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanor;
5. The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
6. The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
7. The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
8. Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
9. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
10. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
11. Any change of profession after inception of the Policy which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the Policy Schedule.

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3.11 Optional Cover 11: Additional Sum Insured for Accidental Hospitalization

In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Period, the Company shall automatically provide an additional Sum Insured equal to the Sum Insured for In-patient Care for that Insured Person who is hospitalized, provided that:

- (i) The 'additional Sum Insured for Accidental Hospitalization' shall be utilized only after the Sum Insured has been completely exhausted;
- (ii) The total amount payable under this Optional Cover shall not exceed the sum total of the Sum Insured, No Claims Bonus, No Claims Bonus Super (if opted) and 'additional Sum Insured for Accidental Hospitalization';
- (iii) The 'additional Sum Insured Accidental Hospitalization' shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;
- (iv) The 'additional Sum Insured Accidental Hospitalization' shall be applied only once during the Policy Period.

3.12 Optional Cover 12: International Second Opinion

"International Second Opinion" is an extension to Benefit 8 (Second Opinion) and hence all the provisions stated under Clause 2.8, holds good for Clause 3.12 as well, except that the geographical scope of coverage through Optional Cover 12 is applicable to worldwide excluding India only.

3.13 Optional Cover 13: Reduction in PED Wait Period

Choosing this Optional Cover reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.

Hence all the provisions stated under Clause 4.1 (iii) and Definition 1.57 holds good for Clause 3.13 as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after just 24 months of continuous coverage has elapsed, since the inception of the first Policy with the Company.

NOTE: This Optional Cover will be available only at the time of inception of the Policy and only for the Sum Insured chosen at that time.

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3.14 Optional Cover 14: Extension of Global Coverage

This Optional Cover is an extension to Benefit 15 'Global Coverage (excluding USA)' and Optional Cover 1 'Global Coverage – Total' and hence all the related provisions stated under Clause 2.15 and Clause 3.1, holds good for Clause 3.14 as well, except that the duration of coverage will be extended to 90 continuous days in a single trip and maximum 180 days on a cumulative basis.

3.15 Optional Cover 15: Air Ambulance Cover

The Company will indemnify the Insured Person up to the amount specified against this Benefit in the Policy Schedule, for the Reasonable and Customary Charges necessarily *incurred on availing Air Ambulance services*, in India, offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation, provided that:

- (i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's requirement for Air Ambulance;
- (ii) The transportation expenses under this Optional Cover include transportation from the place of occurrence of Medical Emergency of the Insured person, to the nearest Hospital; and/or transportation from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Person, following an Emergency;
- (iii) This benefit will be extended only through Cashless Facility, if the costs are certified and authorized by the Company or the Assistance Service Provider in advance. In case the Insured Person has a Life Threatening Medical Condition and the Insured Person (or his representatives) arranges for the emergency Air Ambulance at their own expense, then the Company will reimburse such costs incurred in accordance with the terms of this Optional Cover;
- (iv) Payment under this Optional Cover is subject to a Claim for the same Illness or Injury being admitted by the Company under Benefit 1;
- (v) **Additional Documents to be submitted for any Claim under this Benefit:**
 - a) It is a condition precedent to the Company's liability under this Optional Cover that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:
 - b) Medical reports and transportation details issued by the air ambulance service provider, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of air ambulance services.
 - c) Documentary proof for expenses incurred towards availing Air Ambulance services.

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4. Exclusions

4.1. Waiting Periods:

(i) First 30-Day waiting Period – Code – Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

(ii) Specific Waiting Period - Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 - 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
 - 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
 - 3. Benign Prostatic Hypertrophy
 - 4. Cataract
 - 5. Dilatation and Curettage
 - 6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
 - 7. Surgery of Genito-urinary system unless necessitated by malignancy
 - 8. All types of Hernia & Hydrocele
 - 9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
 - 10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
 - 11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
 - 12. Myomectomy for fibroids
 - 13. Varicose veins and varicose ulcers
 - 14. Parkinson's or Alzheimer's disease or Dementia

(iii) Pre-existing Disease - Code- Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

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- (v) If Coverage for Benefits (in case of change in Product Plan) or Optional Covers are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.
- (vi) For specific Covers offered on a global basis namely Benefit 11 'Global Coverage (excluding USA)', Optional Cover 1 'Global Coverage – Total' and Optional Cover 2 'Travel Plus', first 30 day Waiting Period defined as per Clause 4.1 (i) does not apply on the foreign land, in case the Insured Person travels abroad.

4.2. Permanent Exclusions:

The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
2. Investigation & Evaluation (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
3. Rest Cure, rehabilitation and respite care- Code- Excl05
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
4. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
5. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
6. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
7. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
8. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

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- 9. Excluded Providers: Code- Excl11
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.
- 10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12
- 11. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
- 12. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
- 13. Refractive Error: (Code- Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- 14. Unproven Treatments: Code- Excl16
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- 15. Sterility and Infertility: Code- Excl17
Expenses related to sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
- 16. Maternity: Code Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 17. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- 18. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
- 19. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
- 20. Treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
- 21. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability .
- 22. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- 23. All preventive care (except eligible and entitled for Benefits – 12: Annual Health Check-up), Vaccination (except eligible and entitled for Benefit – 13: Vaccination Cover), including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
- 24. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
- 25. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery (This exclusion is only applicable for Care Plan 1).

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26. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
27. 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.
28. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.
29. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
30. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
31. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.
32. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
33. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
34. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
35. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
36. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
37. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
38. Expenses incurred on advanced treatment methods other than as mentioned in clause 2.1 (iv)
39. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

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5. Portability & Migration

Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link:

<https://www.careinsurance.com/other-disclosures.html>

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>

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6. Claims Procedure and Management

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by the Company. All the procedures and processes such as pre-requisite for filing an admissible Claim, Duties of a Claimant, Documents to be submitted for filing a valid Claim, Claim Settlement Facilities, Intimation of Claims by the Insured to the Company, Progressive order for Assessment of Claims by the Company, settlement of payable Claim Amount by the Company to the Insured Person/Claimant (in case of Reimbursement Facility) and/or Hospital (in case of Cashless Facility) and related terms of Payment, are explained herein.

6.1. Pre-requisite for admissibility of a Claim:

Any claim being made by an Insured Person or attendant of Insured Person during Hospitalization on behalf of the Insured person, should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. The Company will not be liable to indemnify the Insured Person for any loss other than the covered benefits and any other person who is not accepted by the Company as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. The Company may call for additional documents wherever required.

6.2. Claim settlement - Facilities

(a) Cashless Facility

The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on the Company's Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed at any Network Hospital.
- (ii) **Identification Documents:** The "Health card" provided by the Company under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to the Company for authentication purposes. Valid Photo Identification Proof documents which will be accepted by the Company are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by the Company.
- (iii) **Company's Approval:** The Company will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) **Company's Authorization:**
 - a) If the request for availing Cashless Facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility.
 - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request the Company for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. The Company will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

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- (v) **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **Company's Rejection:** If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to the Company to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** The Company may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on the Company's website or at the call center.
- (viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (ix) **Claims incurred outside India:** The Company's Assistance Service Provider should be intimated for availing Cashless Facility outside India under Benefit 11 (Global coverage (excluding USA)), Benefit 14 (Care Anywhere), Optional Cover 1 (Global coverage – Total), Optional Cover 2 (Travel Plus) and Optional Cover 12 (International Second Opinion).

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(b) Re-imbusement Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 6.4 and Clause 6.5 shall be submitted to the Company at Policyholder's / Insured Person's own expense, immediately and in any event within 15 days of Insured Person's discharge from Hospital.
- (ii) The Company shall give an acknowledgement of collected documents. However, in case of any delayed submission, the Company may examine and relax the time limits mentioned upon the merits of the case.
- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

6.3. Duties of a Claimant/ Insured Person in the event of Claim

- (a)** It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
 - (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
 - (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 (Claims Procedure and Management) of the Policy.
 - (iv) The Insured Person will, at the request of the Company, submit himself / herself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
 - (v) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.

The Company shall be provided with complete necessary documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

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6.4. Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, all of the following shall be undertaken:

- (i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Company's call center or in writing.
- (ii) Claim must be filed within 15 days from the date of Loss from the hospital.
Note: 6.4 (i) and 6.4 (ii) are precedent to admission of liability under the policy.
- (iii) The following details are to be disclosed to the Company at the time of intimation of Claim:
 - 1. Policy Number;
 - 2. Name of the Policyholder;
 - 3. Name of the Insured Person in respect of whom the Claim is being made;
 - 4. Nature of Illness or Injury;
 - 5. Name and address of the attending Medical Practitioner and Hospital;
 - 6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 - 7. Any other necessary information, documentation or details requested by the Company.
- (iv) In case of an Emergency Hospitalization, the Company shall be notified either at the Company's call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

6.5. Documents to be submitted for filing a valid Claim

- (i) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims:
 - 1. Duly filled and signed Claim form by the Insured Person;
 - 2. Copy of Photo ID of Insured Person;
 - 3. Medical Practitioner's referral letter advising Hospitalization;
 - 4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
 - 5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
 - 6. Original bills from pharmacy/chemists;
 - 7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
 - 8. Operation Theatre Notes;
 - 9. Indoor case papers;
 - 10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
 - 11. Ambulance Receipt;
 - 12. MLC/FIR report, Post Mortem Report if applicable and conducted;
 - 13. Any other document as required by the Company to assess the Claim.

Notes:

- The Company may give a waiver to one or few of the above mentioned documents depending upon the case.
- Under Optional Cover 2: 'Travel Plus', additional documents which are required for assessing claims pertaining to 'Loss of Passport', 'Loss of Checked-in Baggage' and 'Medical Evacuation', have been mentioned under Clauses 3.2.3 (iii), 3.2.4 (vii) and 3.2.6 (v) respectively.
- Under Optional Cover 15: 'Air Ambulance Cover', additional documents which are required for assessing claims has been mentioned under Clause 3.15(v).

- (ii) The Company will accept bills/invoices which are made in the Insured Person's name only.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay .

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6.6. Claim Assessment

- (a) The Company shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, the Company may call for any additional documents or information as required, based on the circumstances of the Claim.
- (b) All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
 - (i) If a Room accommodation has been opted for where the Room Rent or Room Category is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Schedule, then the Associate Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Clause 2.1(iii) (a).
 - (ii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. The Company's liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible where the Claim amount is within the Deductible, the Company will not apply the Contribution Clause. Similarly, if 'Deductible per claim' is applicable, the Company's liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded and the Company will not apply the Contribution Clause.
 - (iii) Co-payment shall be applicable on the amount payable by the Company as specified in the Policy Schedule.
- (c) The Claim amount assessed in Clause 6.6 (b) above would be deducted from the following amounts in the following progressive order:
 - (i) Sum Insured;
 - (ii) Additional Sum Insured for Accidental Hospitalization (if applicable);
 - (iii) No Claims Bonus (if applicable);
 - (iv) No Claims Bonus Super (if applicable);
 - (v) Automatic Recharge (if applicable);
 - (vi) Unlimited Automatic Recharge (if applicable).
- (d) All claims incurred in India are dealt by the Company directly.

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6.7. Payment Terms

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (b) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Total Sum Insured for that Insured Person is exhausted.
- (c) **The Company shall settle any Claim within 30 days** of receipt of all the necessary documents / information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person the Company shall make payment within 7 days from the date of receipt of such acceptance.
- (d) **If the Policyholder / Insured Person suffers a relapse within 45 days** of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

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7. General Terms and Conditions

7.1. Disclosure to Information Norm

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

Note:

- i. "Material facts" for the purpose of this clause policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- ii. In continuation to the above clause the Company may also adjust the scope of cover and / or the premium paid or payable, accordingly.

7.2. Condition precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

7.3. Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense, as per Annexure – V. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly.

7.4. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

7.5. Complete discharge

Any payment to the policyholder, Insured Person or his/her nominees or his/her legal representative or Assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

7.6. Proximate Clause

The Company covers the Policyholder / Insured Person only to the extent of Proximity cause which means active and efficient cause that sets in motion a chain of events which brings about a result, without the intervention of any force started and working actively from a new and independent source.

7.7. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

7.8. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days (30 days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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- (a) A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- (b) Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- (c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

7.9. **Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- (a) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- (b) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- (c) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- (d) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period
- (e) No loading shall apply on renewals based on individual claims experience

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7.10. Premium Installment Facility

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly or Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

1. Grace Period of 15 days would be given to pay the installment premium due for the policy
2. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company
3. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
4. No interest will be charged If the installment premium is not paid on due date.
5. In case of installment premium due not received within the grace period, the policy will get cancelled
6. In the event of a claim, all subsequent premium installments shall immediately become due and payable. (This clause will not apply to claims arising under 'Annual Health Check-up', 'Second Opinion', 'Vaccination Cover' and 'International Second Opinion' benefits)
7. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Note:

Tenure Discount will not be applicable if the Insured Person has opted for Premium Payment in Installments.

7.11. Cancellation / Termination

- (a) The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below
 Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Policy Tenure – 1 Year	Policy Tenure – 2 Years	Policy Tenure – 3 Years
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.50%
18 months to 24 months	N.A.	0.00%	33.00%
24 months to 30 months	N.A.	N.A.	8.00%
Beyond 30 months	N.A.	N.A.	0.0%

- (b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (c) The Company may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

In case of demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:

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- I. Written notice in this regard is given to the Company before the Policy Period End Date; and
- II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

In case Premium Installment mode is opted for, then:

- (a) If Policyholder cancels the Policy after the Free look period or demise of Policyholder where h e/she is the only insured in the Policy, then the Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy

7.12. Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

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7.13. Communication

- (a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.
- (b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf.
- (c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7.14. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

7.15. Out of all the details of the various Benefits provided in the Policy Terms and Conditions, only the details pertaining to Benefits chosen by policyholder as per Policy Schedule shall be considered relevant

7.16. Electronic Transactions

The Policyholder and/or 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 confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, 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. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions

7.17. Multiple Policies

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person 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.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. 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 treatment costs in accordance with the terms and conditions of the chosen policy

7.18. Records to be maintained

The Policyholder or Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Policy Year or until final adjustment (if any) and resolution of all Claims under this Policy.

7.19. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break

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7.20. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

7.21. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

7.22. Fraud

If any claim made by the insured person, 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 person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:-

- A. The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- B. The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- C. Any other act fitted to deceive; and
- D. Any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7.23. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

7.24. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDA, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

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7.25. **Grievances**

In case of any grievance the insured person may contact the company through

Website: www.careinsurance.com

Toll free: 1800-xxx-xxxx

E-mail: customerfirst@careinsurance.com

Courier: Any of Company's Branch Office or corporate office

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd),

Unit No. 604 - 607, 6th Floor, Tower C,

Unitech Cyber Park, Sector-39,

Gurgaon, Haryana – 122001

For updated details of grievance officer, kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

The contact details of Ombudsmen offices shown in Annexure C

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SECTION 4: GENERAL POLICY CONDITIONS COMMON TO BOTH HEALTH INSURANCE AND LIFE INSURANCE

Mera Mediclaim Plan is a Health plus Life Combi plan wherein Health insurance benefit is underwritten by Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd) (CHI) and Life insurance benefit is underwritten by PNB MetLife India Insurance Company Limited (PMLI)

Risk attached within "Combi plan" are distinct and are accepted by the respective Insurer.

1. Free Look Period [Reproduced from Terms & Conditions of Life(Section 2) and Health(Section-3) respectively]

i. For Life Section(Section 2)(Clause 4.1)

A free look period of 15 days (30 days for Distance Marketing) from the date of receipt of the policy document is provided under this product. In case the Policyholder is not satisfied with the terms and conditions of the policy, he/ she may send a written notice stating the reasons for cancellation to the Company. The Company shall refund the installment Premiums paid subject to a deduction of a proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and stamp duty charges.

ii. For Health Section(Section 3)(Clause 7.8)

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days (30 days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- b. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

2. Grace Period [Reproduced from Terms & Conditions of Life(Section 2) and Health(Section-3) respectively]

(i) Life Section) (Section 2)(Clause 2-Part B)

- o
- a) Premium that is not received in full by us by its due date may be paid in full during the Grace Period. In the event of the Life Assured's death during the Grace Period, the Death Benefit shall be payable in full in accordance with clause 3.2.1(Life Part-Section 2)
- b) A period of 15 days from the Installment Premium due date if the Installment Premium is payable monthly and 30 days for all other frequencies for payment of Installment Premium. The Policy shall continue to be in- force with the insurance cover without any interruption as per terms of the policy during the Grace Period

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ii) Health Section(Section 3)(Clause 7.9(d))

At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period

3. **Policy servicing and Claim settlement:** The policy servicing requests and claim under Life Insurance section will be serviced and settled by PNB MetLife India Insurance Company Limited and policy servicing requests and claim under Health Insurance Section will be serviced and settled by Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd).

4. **Withdrawal of tie-up:**

In case of withdrawal of tie-up between PNB MetLife India Insurance Company Limited and Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd), at any time, for any reasons and with the prior approval of the IRDA of India, the Policyholder will be intimated at least 90 days in advance about the withdrawal of the tie-up. In such an event, the policy holder may continue to enjoy the benefits of both the components of this Combi product till expiry of policy term. At the next premium due date, the policy holder also has the choice of continuing with either of the two separate components with the respective insurer. In case at the next premium due date, the policyholder opts to not continue with Combi or discontinue either portion of the risk coverage, the Combi discount shall not be applicable for future premiums payable.

5. **Discontinuance of insurance:**

The Insured has the option to continue with either section of the policy discontinuing the other section during the policy term. The continuation of benefits as provided under each section would be available provided there is no break in coverage.

The policy holder also has the option of porting-out to another health policy as per provisions of Clause 5 of Section 3, of this Policy document.

In these scenarios the Combi policy will cease to exist.

6. **Health Plus Life Combi Discount**

This policy has a premium discount of 7.5% for both health and life risks. The discount remains available to the policyholder on continued renewal of the plan. The discount will be withdrawn for all subsequent premiums if the policyholder decides to discontinue either portion of the Combi cover for any reasons

7. **Legal / Quasi legal disputes:**

The legal / quasi legal disputes, if any, shall be dealt with the respective insurers for respective benefits.

8. **Death of Policyholder**

In case of demise of the Policyholder,

- (a) Life Benefit shall be paid in accordance with Part-C, Section-3.2 of this Policy Document.

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(b) Health Benefit {Refer section 7.11.of section 3(Health Insurance Terms & Conditions)}

- (i)** Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii)** Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Health Benefit under the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

9. The Life Partner Option under Part C of Section 2 (Life insurance terms and conditions) will not be available under the Combi plan.

10. Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.

All notifications and declarations for the Company must be in writing and sent to the address specified below. Agents are not authorized to receive notices and declarations on the Company's behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Our Address for Communications

All notices and communications in respect of this Policy shall be addressed to the Company at any of the following addresses:

Health Insurance Benefit	Life Insurance Benefit
Care Health Insurance Limited (formerly known as Religare Health Insurance Company Ltd) Unit No. 604-607, 6 th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon-122001, Haryana	PNB MetLife India Insurance Co. Ltd, 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062, Maharashtra



SECTION 5: ANNEXURES

Annexure A

Section 39, Nomination by policyholder

1. Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act. The extant provisions in this regard are as follows:
2. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
3. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the company.
4. Nomination can be made at any time before the maturity of the policy.
5. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the company and can be registered by the company in the records relating to the policy.
6. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
7. A notice in writing of Change or Cancellation of nomination must be delivered to the company for the company to be liable to such nominee. Otherwise, company will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the company.
8. Fee to be paid to the company for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
9. On receipt of notice with fee, the company should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
10. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of company's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
11. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
12. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
13. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
14. Where the policyholder whose life is insured nominates his
 - parents or
 - spouse or
 - children or
 - spouse and children
 - or any of them

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the nominees are beneficially entitled to the amount payable by the company to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act.
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act, 1938, as amended from time to time and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.]

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Section 38, Assignment and Transfer of Insurance Policies – applicable to Life Insurance

1. Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act. The extant provisions in this regard are as follows:
2. This policy may be transferred/assigned, wholly or in part, with or without consideration.
3. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Company.
4. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
5. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
6. The transfer of assignment shall not be operative as against a company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the company.
7. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the company should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the company of duly receiving the notice.
9. If the company maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
10. The company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - not bonafide or
 - not in the interest of the policyholder or
 - not in public interest or
 - is for the purpose of trading of the insurance policy.
11. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment
12. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
13. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
14. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - (a) where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - (b) where the transfer or assignment is made upon condition that
 - (i) the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - (ii) the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
15. In other cases, the company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person

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- shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
- may institute any proceedings in relation to the policy
- obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act, 1938, as amended from time to time and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.]



Section 45, Policy shall not be called in question on the ground of mis-statement after three years– applicable to Life Insurance

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - the date of issuance of policy or
 - the date of commencement of risk or
 - the date of revival of policy or
 - the date of rider to the policywhichever is later.
For this, the company should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the company or to induce the company to issue a life insurance policy:
 - The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Company shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the company. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the company should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation. However, the payment will be as per IRDAI direction/Regulation/Circular from time to time.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the company. The onus is on company to show that if the company had been aware of the said fact, no life insurance policy would have been issued to the insured.
9. The company can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Act, 1938, as amended from time to time and only a simplified version prepared for general information. Policy Holders are advised to refer the Insurance Laws (Amendment) Act 2015 notified in the Official Gazette on 23rd March 2015 for complete and accurate details.

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Annexure B:

Guaranteed Surrender Value factors – applicable to Return of premium option under Life Insurance

GSV factors as a % of premium										
Year/Term	10	11	12	13	14	15	16	17	18	19
1	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	30%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
3	35%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%
4	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
5	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
6	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
7	50%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
8	70%	63.3%	60.0%	58.0%	56.7%	55.7%	55.0%	54.4%	54.0%	53.6%
9	90%	76.7%	70.0%	66.0%	63.3%	61.4%	60.0%	58.9%	58.0%	57.3%
10	90%	90.0%	80.0%	74.0%	70.0%	67.1%	65.0%	63.3%	62.0%	60.9%
11		90.0%	90.0%	82.0%	76.7%	72.9%	70.0%	67.8%	66.0%	64.5%
12			90.0%	90.0%	83.3%	78.6%	75.0%	72.2%	70.0%	68.2%
13				90.0%	90.0%	84.3%	80.0%	76.7%	74.0%	71.8%
14					90.0%	90.0%	85.0%	81.1%	78.0%	75.5%
15						90.0%	90.0%	85.6%	82.0%	79.1%
16							90.0%	90.0%	86.0%	82.7%
17								90.0%	90.0%	86.4%
18									90.0%	90.0%
19										90.0%

Year/Term	20	21	22	23	24	25	26	27	28	29	30
1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
3	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%
4	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
5	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
6	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
7	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
8	53.3%	53.1%	52.9%	52.7%	52.5%	52.4%	52.2%	52.1%	52.0%	51.9%	51.8%

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9	56.7%	56.2%	55.7%	55.3%	55.0%	54.7%	54.4%	54.2%	54.0%	53.8%	53.6%
10	60.0%	59.2%	58.6%	58.0%	57.5%	57.1%	56.7%	56.3%	56.0%	55.7%	55.5%
11	63.3%	62.3%	61.4%	60.7%	60.0%	59.4%	58.9%	58.4%	58.0%	57.6%	57.3%
12	66.7%	65.4%	64.3%	63.3%	62.5%	61.8%	61.1%	60.5%	60.0%	59.5%	59.1%
13	70.0%	68.5%	67.1%	66.0%	65.0%	64.1%	63.3%	62.6%	62.0%	61.4%	60.9%
14	73.3%	71.5%	70.0%	68.7%	67.5%	66.5%	65.6%	64.7%	64.0%	63.3%	62.7%
15	76.7%	74.6%	72.9%	71.3%	70.0%	68.8%	67.8%	66.8%	66.0%	65.2%	64.5%
16	80.0%	77.7%	75.7%	74.0%	72.5%	71.2%	70.0%	68.9%	68.0%	67.1%	66.4%
17	83.3%	80.8%	78.6%	76.7%	75.0%	73.5%	72.2%	71.1%	70.0%	69.0%	68.2%
18	86.7%	83.8%	81.4%	79.3%	77.5%	75.9%	74.4%	73.2%	72.0%	71.0%	70.0%
19	90.0%	86.9%	84.3%	82.0%	80.0%	78.2%	76.7%	75.3%	74.0%	72.9%	71.8%
20	90.0%	90.0%	87.1%	84.7%	82.5%	80.6%	78.9%	77.4%	76.0%	74.8%	73.6%
21		90.0%	90.0%	87.3%	85.0%	82.9%	81.1%	79.5%	78.0%	76.7%	75.5%
22			90.0%	90.0%	87.5%	85.3%	83.3%	81.6%	80.0%	78.6%	77.3%
23				90.0%	90.0%	87.6%	85.6%	83.7%	82.0%	80.5%	79.1%
24					90.0%	90.0%	87.8%	85.8%	84.0%	82.4%	80.9%
25						90.0%	90.0%	87.9%	86.0%	84.3%	82.7%
26							90.0%	90.0%	88.0%	86.2%	84.5%
27								90.0%	90.0%	88.1%	86.4%
28									90.0%	90.0%	88.2%
29										90.0%	90.0%
30											90.0%

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ANNEXURE C: LIST OF INSURANCE OMBUDSMAN

CONTACT LOCATION	CONTACT DETAILS	JURISDICTION
AHMEDABAD	Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.:- 079-25501201/02/05/06. Email:- bimalokpal.ahmedabad@ecoi.co.in	State of Gujarat, Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU	19/19, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor 24 th Main, J.P. Nagar First Phase, Bengaluru-560 078 Tel.: 080 – 26652049/26652048 Email: bimalokpal.bengaluru@ecoi.co.in	State of Kamataka.
BHOPAL	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal – 462 003. Tel.:- 0755-2769201/202. Fax:- 0755-2769203 Email:- bimalokpal.bhopal@ecoi.co.in	States of Madhya Pradesh and Chhattisgarh.
BHUBANESHWAR	62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455. Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in	State of Orissa.
CHANDIGARH	S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196, 2706468. Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@ecoi.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh.
CHENNAI	Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai – 600 018. Tel.:- 044-24333668/24335284. Fax:- 044-24333664 Email:- bimalokpal.chennai@ecoi.co.in	State of Tamil Nadu and Union Territory Pondicherry Town and Karaikal (which is part of Union Territory of Pondicherry).
DELHI	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23232481/23213504. Email:- bimalokpal.delhi@ecoi.co.in	New Delhi.
ERNAKULAM	2 nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam, Kochi-682 015. Tel.:- 0484 -2358759 / 2359338. Fax:- 0484 -2359336 Email:- bimalokpal.ernakulam@ecoi.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
GUWAHATI	Jeevan Nivesh Bldg., 5th Floor, Near. Pan bazar over bridge, S.S. Road, Guwahati – 781001. Tel.:- 0361-2632204 / 2602205. Email:- bimalokpal.guwahati@ecoi.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad -500 004. Tel.:- 040-67504123 / 23312122. Fax:- 040-23376599 Email:- bimalokpal.hyderabad@ecoi.co.in	State of Andhra Pradesh, Telangana, Union Territory of Yanam which is a part of Territory of Pondicherry.
JAIPUR	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur -302 005. Tel.: 0141 -2740363 Email:- bimalokpal.jaipur@ecoi.co.in	State of Rajasthan.
KOLKATA	Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA -700 072. TEL : 033-22124339/22124340. Fax : 033-22124341 Email:- bimalokpal.kolkata@ecoi.co.in	States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226001. Tel.:- 0522-2231330/1 Fax:- 0522-2231310 Email:- bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdia, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau,

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		Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/6960. Fax:- 022-26106052 Email:- bimalokpal.mumbai@ecoi.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Bhagwan Sahai Palace, 4 th Floor, Main Road, Naya Bans, Sector-15, G.B. Nagar, UP-201301 Tel.:- 0120-2514250/52/53 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shami, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Kalpana Arcade Building, 1 st Floor, Bazar Samiti Road, Bahadurpur, Patna- 800 006 Tel.: 0612- 2680952 Email: bimalokpal.patna@gbic.co.in	States of Bihar and Jharkand
PUNE	3 rd Floor, Jeevan Darshan Bldg., C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030 Tel.: 020 - 41312555 Email: bimalokpal.pune@ecoi.co.in	State of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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ANNEXURE D: HEALTH INSURANCE PLAN DETAILS

What am I covered for	Payout basis	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (in Lakhs) – on an annual basis (Amount in Rupees)		1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Hospitalization Expenses	Indemnity	Up to Sum Insured								
Pre-Hospitalization & Post-Hospitalization Medical Expenses	Indemnity	Up to Sum Insured								
Daily Allowance	Benefit	Rs. 250 per day	Rs. 500 per day	Rs. 500 per day	x	x	x	x	Rs. 500 per day	x
Ambulance Cover	Indemnity	Up to Rs 1,000	Up to Rs 1,500	Up to Rs 1,500	Up to Rs 2,000	Up to Rs 2,500	Up to Rs 3,000	Up to Rs 5,000	Up to Rs 1,500	Up to Rs 2,000
Organ Donor Cover	Indemnity	x	Up to Rs 50,000	Up to Rs 50,000	Up to Rs. 1 Lakh	Up to Rs. 2 Lakh	Up to Rs. 3 Lakh	Up to Rs. 5 Lakh	Up to Rs 50,000	Up to Rs. 1 Lakh
Domiciliary Hospitalization	Indemnity	x	Up to 10% of Sum Insured							
Automatic Recharge	Indemnity	x	Up to SI (Once in a Policy Year)							
Second Opinion	Benefit	x	x	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury
Alternative Treatments	Indemnity	x	x	Up to Rs. 15,000	Up to Rs. 20,000	Up to Rs. 30,000	Up to Rs. 40,000	Up to Rs. 50,000	Up to Rs. 15,000	Up to Rs. 20,000
No Claims Bonus (NCB)	Indemnity	x	10% increase in SI per Policy Year in case of claim-free year							

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Global Coverage (excluding U.S.A.)	Indemnity	x	x	x	x	x	x	Up to Sum Insured	x	x	
Annual Health Check-up	Benefit	x	Once in a Policy Year								
Vaccination Cover	Indemnity	x	x	x	x	x	x	Up to Rs. 10,000	x	x	
Care Anywhere	Indemnity	x	x	x	x	x	Up to Sum Insured	x	x	x	
Maternity Cover	Indemnity	x	x	x	x	x	up to Rs 1 Lac	up to Rs 2 Lacs;	x	x	
Optional Covers											
What am I covered for	Payout basis	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9	
Sum Insured (in Lakhs) – on an annual basis (Amount in Rupees)		1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	
Global Coverage – Total	Indemnity	x	x	x	x	x	x	Up to Sum Insured; Additional Co-Payment of 10% per Claim applicable	x	x	
Travel Plus	Indemnity										
(1) Worldwide In-Patient Cover (for emergency)		x	x	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs	Up to Rs. 20 Lacs	x	Up to SI	Up to SI	
(2) Worldwide OPD Cover		x	x	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs	Up to Rs. 20 Lacs	x	Up to SI	Up to SI	

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(3) Loss of Passport		x	x	Up to 1% of SI	Up to 1% of SI	Up to 1% of SI or Rs. 20,000	Up to Rs. 20,000	x	Up to 1% of SI	Up to 1% of SI
(4) Loss of Checked-in Baggage		x	x	Up to 1% of SI	Up to 1% of SI	Up to 1% of SI or Rs. 20,000 (whichever is lesser)	Up to Rs. 20,000	x	Up to 1% of SI	Up to 1% of SI
(5) Repatriation of Mortal Remains		x	x	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	x	Up to SI	Up to SI
(6) Medical Evacuation		x	x	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	x	Up to SI	Up to SI
Unlimited Automatic Recharge	Indemnity	x	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	x	Up to SI (unlimited times)	Up to SI (unlimited times)
No Claims Bonus Super (NCBS)	Indemnity	x	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	x	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year
Deductible Option	Indemnity	5,000 / 10,000 / 25,000 / 50,000 / 1 Lakh/ 2 Lakh/ 3 Lakh / 5 Lakh								
Everyday Care	Indemnity	x	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services							
Smart Select	Indemnity	For listed Hospitals : Up to SI; For Other Hospitals : Up to SI with an additional co-payment of 20% per claim								

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OPD Care	Indemnity	Up to 5K/10K/ 15K/20K/25K/ 30K/35K/40K/45K/50K								
Daily Allowance+	Benefit	x	x	Up to Rs. 10K (in multiples of 1000) per day	Up to Rs. 10K (in multiples of 1000) per day	Up to Rs. 10K (in multiples of 1000) per day	x	x	Up to Rs. 10K (in multiples of 1000) per day	Up to Rs. 10K (in multiples of 1000) per day
Personal Accident	Benefit	Accidental Death – 100% of the respective coverage amount; Permanent Total Disablement – up to 100% of the respective coverage amount;								
Additional Sum Insured for Accidental Hospitalization –	Indemnity	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	x	Additional SI of up to 100%	Additional SI of up to 100%
International Second Opinion	Benefit	Once per Major Illness / Injury per policy year								
Reduction in PED Wait Period	Indemnity	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years								
Extension of Global Coverage	Indemnity	x	x	x	x	x	x	Duration of Coverage will be extended to 90 continuous days in a single trip and Max. 180 days on a cumulative basis	x	x
Air Ambulance Cover	Indemnity	up to Rs 5 Lacs								

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Annexure E - List of Day Care Surgeries

1. Cardiology Related:

1. CORONARY ANGIOGRAPHY

2. Critical Care Related:

2. INSERT NON- TUNNEL CV CATH
3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5. INSERTION CATHETER, INTRA ANTERIOR
6. INSERTION OF PORTACATH

3. Dental Related:

7. SPLINTING OF AVULSED TEETH
8. SUTURING LACERATED LIP
9. SUTURING ORAL MUCOSA
10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11. FNAC
12. SMEAR FROM ORAL CAVITY

4. ENT Related:

13. MYRINGOTOMY WITH GROMMET INSERTION
14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)

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15. REMOVAL OF A TYMPANIC DRAIN
16. KERATOSIS REMOVAL UNDER GA
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18. TYMPANOPLASTY (CLOSURE OF AN EAR DRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24. FENESTRATION OF THE INNER EAR
25. REVISION OF A FENESTRATION OF THE INNER EAR
26. PALATOPLASTY
27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
29. TONSILLECTOMY WITH ADENOIDECTOMY
30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31. REVISION OF A TYMPANOPLASTY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34. MASTOIDECTOMY
35. RECONSTRUCTION OF THE MIDDLE EAR
36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40. OTHER OPERATIONS ON THE NOSE
41. NASAL SINUS ASPIRATION
42. FOREIGN BODY REMOVAL FROM NOSE
43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44. ADENOIDECTOMY
45. LABYRINTHECTOMY FOR SEVERE VERTIGO
46. STAPEDECTOMY UNDER GA
47. STAPEDECTOMY UNDER LA
48. TYMPANOPLASTY (TYPE IV)
49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE

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50. TURBINECTOMY
51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDritis
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYMPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
74. RF ABLATION FOR BARRETT'S OESOPHAGUS
75. ERCP AND PAPILOTOMY
76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS + SUBMUCOSAL RESECTION
78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS + ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)

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81. COLONOSCOPY ,LESION REMOVAL
82. ERCP
83. COLONOSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

6. General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY
98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS
100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP
105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106. SURGICAL TREATMENT OF HEMORRHOIDS
107. OTHER OPERATIONS ON THE ANUS
108. ULTRASOUND GUIDED ASPIRATIONS
109. SCLEROTHERAPY, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY

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115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION
117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING
123. INFECTED LIPOMA EXCISION
124. MAXIMAL ANAL DILATATION
125. PILES
126. A)INJECTION SCLEROTHERAPY
127. B)PILES BANDING
128. LIVER ABSCESS- CATHETER DRAINAGE
129. FISSURE IN ANO- FISSURECTOMY
130. FIBROADENOMA BREAST EXCISION
131. OESOPHAGEAL VARICES SCLEROTHERAPY
132. ERCP - PANCREATIC DUCT STONE REMOVAL
133. PERIANAL ABSCESS I&D
134. PERIANAL HEMATOMA EVACUATION
135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136. BREAST ABSCESS I& D
137. FEEDING GASTROSTOMY
138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139. ERCP - BILE DUCT STONE REMOVAL
140. ILEOSTOMY CLOSURE
141. COLONOSCOPY
142. POLYPECTOMY COLON
143. SPLENIC ABSCESSSES LAPAROSCOPIC DRAINAGE
144. UGI SCOPY AND POLYPECTOMY STOMACH
145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146. FEEDING JEJUNOSTOMY
147. COLOSTOMY
148. ILEOSTOMY
149. COLOSTOMY CLOSURE
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION

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152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155. ZADEK'S NAIL BED EXCISION
156. SUBCUTANEOUS MASTECTOMY
157. EXCISION OF RANULA UNDER GA
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159. EVERSION OF SAC
160. UNILATERAL
161. ILATERAL
162. LORD'S PLICATION
163. JABOULAY'S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY
167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168. PSOAS ABSCESS INCISION AND DRAINAGE
169. THYROID ABSCESS INCISION AND DRAINAGE
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
171. ESOPHAGEAL GROWTH STENT
172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. TRU CUT LIVER BIOPSY
174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175. EXCISION OF CERVICAL RIB
176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177. MICRODOCHECTOMY BREAST
178. SURGERY FOR FRACTURE PENIS
179. SENTINEL NODE BIOPSY
180. PARASTOMAL HERNIA
181. REVISION COLOSTOMY
182. PROLAPSED COLOSTOMY- CORRECTION
183. TESTICULAR BIOPSY
184. LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186. LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)

7. Gynecology Related:

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- 187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
- 188. INCISION OF THE OVARY
- 189. INSUFFLATIONS OF THE FALLOPIAN TUBES
- 190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
- 191. DILATATION OF THE CERVICAL CANAL
- 192. CONISATION OF THE UTERINE CERVIX
- 193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY/
- 194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
- 195. OTHER OPERATIONS ON THE UTERINE CERVIX
- 196. INCISION OF THE UTERUS (HYSTERECTOMY)
- 197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
- 198. INCISION OF VAGINA
- 199. INCISION OF VULVA
- 200. CULDOTOMY
- 201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
- 202. ENDOSCOPIC POLYPECTOMY
- 203. HYSTEROSCOPIC REMOVAL OF MYOMA
- 204. D&C
- 205. HYSTEROSCOPIC RESECTION OF SEPTUM
- 206. THERMAL CAUTERISATION OF CERVIX
- 207. MIRENA INSERTION
- 208. HYSTEROSCOPIC ADHESIOLYSIS
- 209. LEEP
- 210. CRYOCAUTERISATION OF CERVIX
- 211. POLYPECTOMY ENDOMETRIUM
- 212. HYSTEROSCOPIC RESECTION OF FIBROID
- 213. LLETZ
- 214. CONIZATION
- 215. POLYPECTOMY CERVIX
- 216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
- 217. VULVAL WART EXCISION
- 218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
- 219. UTERINE ARTERY EMBOLIZATION
- 220. LAPAROSCOPIC CYSTECTOMY
- 221. HYMENECTOMY (IMPERFORATE HYMEN)
- 222. ENDOMETRIAL ABLATION

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- 223. VAGINAL WALL CYST EXCISION
- 224. VULVAL CYST EXCISION
- 225. LAPAROSCOPIC PARATUBAL CYST EXCISION
- 226. REPAIR OF VAGINA (VAGINAL ATRESIA)
- 227. HYSTEROSCOPY, REMOVAL OF MYOMA
- 228. TURBT
- 229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
- 230. VAGINAL MESH FOR POP
- 231. LAPAROSCOPIC MYOMECTOMY
- 232. SURGERY FOR SUI
- 233. REPAIR RECTO- VAGINA FISTULA
- 234. PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
- 235. URS + LL
- 236. LAPAROSCOPIC OOPHORECTOMY
- 237. NORMAL VAGINAL DELIVERY AND VARIANTS

8. Neurology Related:

- 238. FACIAL NERVE PHYSIOTHERAPY
- 239. NERVE BIOPSY
- 240. MUSCLE BIOPSY
- 241. EPIDURAL STEROID INJECTION
- 242. GLYCEROL RHIZOTOMY
- 243. SPINAL CORD STIMULATION
- 244. MOTOR CORTEX STIMULATION
- 245. STEREOTACTIC RADIOSURGERY
- 246. PERCUTANEOUS CORDOTOMY
- 247. INTRATHECAL BACLOFEN THERAPY
- 248. ENTRAPMENT NEUROPATHY RELEASE
- 249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
- 250. VP SHUNT
- 251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

- 252. RADIOTHERAPY FOR CANCER
- 253. CANCER CHEMOTHERAPY

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- 254. IV PUSH CHEMOTHERAPY
- 255. HBI-HEMIBODY RADIOTHERAPY
- 256. INFUSIONAL TARGETED THERAPY
- 257. SRT-STEREOTACTIC ARC THERAPY
- 258. SC ADMINISTRATION OF GROWTH FACTORS
- 259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
- 260. INFUSIONAL CHEMOTHERAPY
- 261. CCRT-CONCURRENT CHEMO + RT
- 262. 2D RADIOTHERAPY
- 263. 3D CONFORMAL RADIOTHERAPY
- 264. IGRT- IMAGE GUIDED RADIOTHERAPY
- 265. IMRT- STEP & SHOOT
- 266. INFUSIONAL BISPHTHONATES
- 267. IMRT- DMLC
- 268. ROTATIONAL ARC THERAPY
- 269. TELE GAMMA THERAPY
- 270. FSRT-FRACTIONATED SRT
- 271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
- 272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
- 273. HELICAL TOMOTHERAPY
- 274. SRS-STEREOTACTIC RADIOSURGERY
- 275. X-KNIFE SRS
- 276. GAMMAKNIFE SRS
- 277. TBI- TOTAL BODY RADIOTHERAPY
- 278. INTRALUMINAL BRACHYTHERAPY
- 279. ELECTRON THERAPY
- 280. TSET-TOTAL ELECTRON SKIN THERAPY
- 281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
- 282. TELECOBALT THERAPY
- 283. TELECESIUM THERAPY
- 284. EXTERNAL MOULD BRACHYTHERAPY
- 285. INTERSTITIAL BRACHYTHERAPY
- 286. INTRACAVITY BRACHYTHERAPY
- 287. 3D BRACHYTHERAPY
- 288. IMPLANT BRACHYTHERAPY
- 289. INTRAVESICAL BRACHYTHERAPY
- 290. ADJUVANT RADIOTHERAPY

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- 291. AFTERLOADING CATHETER BRACHYTHERAPY
- 292. CONDITIONING RADIOTHERAPY FOR BMT
- 293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
- 294. RADICAL CHEMOTHERAPY
- 295. NEOADJUVANT RADIOTHERAPY
- 296. LDR BRACHYTHERAPY
- 297. PALLIATIVE RADIOTHERAPY
- 298. RADICAL RADIOTHERAPY
- 299. PALLIATIVE CHEMOTHERAPY
- 300. TEMPLATE BRACHYTHERAPY
- 301. NEOADJUVANT CHEMOTHERAPY
- 302. ADJUVANT CHEMOTHERAPY
- 303. INDUCTION CHEMOTHERAPY
- 304. CONSOLIDATION CHEMOTHERAPY
- 305. MAINTENANCE CHEMOTHERAPY
- 306. HDR BRACHYTHERAPY

10. Operations on the salivary glands & salivary ducts:

- 307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
- 308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
- 309. RESECTION OF A SALIVARY GLAND
- 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
- 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

11. Operations on the skin & subcutaneous tissues:

- 312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
- 317. FREE SKIN TRANSPLANTATION, DONOR SITE

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- 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
- 319. REVISION OF SKIN PLASTY
- 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
- 321. CHEMOSURGERY TO THE SKIN.
- 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
- 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
- 324. EXCISION OF BURSITIS
- 325. TENNIS ELBOW RELEASE

12. Operations on the Tongue:

- 326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
- 327. PARTIAL GLOSSECTOMY
- 328. GLOSSECTOMY
- 329. RECONSTRUCTION OF THE TONGUE
- 330. OTHER OPERATIONS ON THE TONGUE

13. Ophthalmology Related:

- 331. SURGERY FOR CATARACT
- 332. INCISION OF TEAR GLANDS
- 333. OTHER OPERATIONS ON THE TEAR DUCTS
- 334. INCISION OF DISEASED EYELIDS
- 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
- 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
- 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
- 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
- 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
- 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
- 341. INCISION OF THE CORNEA
- 342. OPERATIONS FOR PTERYGIUM
- 343. OTHER OPERATIONS ON THE CORNEA
- 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
- 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
- 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
- 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
- 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)

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349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR

350. ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/CYCLOCRYOTHERAPY/ GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA

351. ENUCLEATION OF EYE WITHOUT IMPLANT

352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND

353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR

354. BIOPSY OF TEAR GLAND

355. TREATMENT OF RETINAL LESION

14. Orthopedics Related:

356. SURGERY FOR MENISCUS TEAR

357. INCISION ON BONE, SEPTIC AND ASEPTIC

358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS

359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH

360. REDUCTION OF DISLOCATION UNDER GA

361. ARTHROSCOPIC KNEE ASPIRATION

362. SURGERY FOR LIGAMENT TEAR

363. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS

364. REMOVAL OF FRACTURE PINS/NAILS

365. REMOVAL OF METAL WIRE

366. CLOSED REDUCTION ON FRACTURE, LUXATION

367. REDUCTION OF DISLOCATION UNDER GA

368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS

369. EXCISION OF VARIOUS LESIONS IN COCCYX

370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE

371. CLOSED REDUCTION OF MINOR FRACTURES

372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE

373. TENDON SHORTENING

374. ARTHROSCOPIC MENISCECTOMY - KNEE

375. TREATMENT OF CLAVICLE DISLOCATION

376. HAEMARTHROSIS KNEE- LAVAGE

377. ABSCESS KNEE JOINT DRAINAGE

378. CARPAL TUNNEL RELEASE

379. CLOSED REDUCTION OF MINOR DISLOCATION

380. REPAIR OF KNEE CAP TENDON

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- 381. ORIF WITH K WIRE FIXATION- SMALL BONES
- 382. RELEASE OF MIDFOOT JOINT
- 383. ORIF WITH PLATING- SMALL LONG BONES
- 384. IMPLANT REMOVAL MINOR
- 385. K WIRE REMOVAL
- 386. POP APPLICATION
- 387. CLOSED REDUCTION AND EXTERNAL FIXATION
- 388. ARTHROTOMY HIP JOINT
- 389. SYME'S AMPUTATION
- 390. ARTHROPLASTY
- 391. PARTIAL REMOVAL OF RIB
- 392. TREATMENT OF SESAMOID BONE FRACTURE
- 393. SHOULDER ARTHROSCOPY / SURGERY
- 394. ELBOW ARTHROSCOPY
- 395. AMPUTATION OF METACARPAL BONE
- 396. RELEASE OF THUMB CONTRACTURE
- 397. INCISION OF FOOT FASCIA
- 398. CALCANEUM SPUR HYDROCORT INJECTION
- 399. GANGLION WRIST HYALASE INJECTION
- 400. PARTIAL REMOVAL OF METATARSAL
- 401. REPAIR / GRAFT OF FOOT TENDON
- 402. REVISION/REMOVAL OF KNEE CAP
- 403. AMPUTATION FOLLOW-UP SURGERY
- 404. EXPLORATION OF ANKLE JOINT
- 405. REMOVE/GRAFT LEG BONE LESION
- 406. REPAIR/GRAFT ACHILLES TENDON
- 407. REMOVE OF TISSUE EXPANDER
- 408. BIOPSY ELBOW JOINT LINING
- 409. REMOVAL OF WRIST PROSTHESIS
- 410. BIOPSY FINGER JOINT LINING
- 411. TENDON LENGTHENING
- 412. TREATMENT OF SHOULDER DISLOCATION
- 413. LENGTHENING OF HAND TENDON
- 414. REMOVAL OF ELBOW BURSA
- 415. FIXATION OF KNEE JOINT
- 416. TREATMENT OF FOOT DISLOCATION
- 417. SURGERY OF BUNION

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- 418. INTRA ARTICULAR STEROID INJECTION
- 419. TENDON TRANSFER PROCEDURE
- 420. REMOVAL OF KNEE CAP BURSA
- 421. TREATMENT OF FRACTURE OF ULNA
- 422. TREATMENT OF SCAPULA FRACTURE
- 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
- 424. REPAIR OF RUPTURED TENDON
- 425. DECOMPRESS FOREARM SPACE
- 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
- 427. LENGTHENING OF THIGH TENDONS
- 428. TREATMENT FRACTURE OF RADIUS & ULNA
- 429. REPAIR OF KNEE JOINT

15. Other operations on the mouth & face:

- 430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
- 431. INCISION OF THE HARD AND SOFT PALATE
- 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
- 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
- 434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:

- 435. EXCISION OF FISTULA-IN-ANO
- 436. EXCISION JUVENILE POLYPS RECTUM
- 437. VAGINOPLASTY
- 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
- 439. PRESACRAL TERATOMAS EXCISION
- 440. REMOVAL OF VESICAL STONE
- 441. EXCISION SIGMOID POLYP
- 442. STERNOMASTOID TENOTOMY
- 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
- 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA
- 448. RECTAL-MYOMECTIONY

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- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT

17. Plastic Surgery Related:

- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBRO MYOCUTANEOUS FLAP
- 461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
- 462. SLING OPERATION FOR FACIAL PALSY
- 463. SPLIT SKIN GRAFTING UNDER RA
- 464. WOLFE SKIN GRAFT
- 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

18. Thoracic surgery Related:

- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS
- 469. PLEURODESIS
- 470. THORACOSCOPY AND PLEURAL BIOPSY
- 471. EBUS + BIOPSY
- 472. THORACOSCOPY LIGATION THORACIC DUCT
- 473. THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE

19. Urology Related:

- 474. HAEMODIALYSIS
- 475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
- 476. EXCISION OF RENAL CYST

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- 477. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
- 478. INCISION OF THE PROSTATE
- 479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
- 481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 482. RADICAL PROSTATOVESICULECTOMY
- 483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 484. OPERATIONS ON THE SEMINAL VESICLES
- 485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
- 486. OTHER OPERATIONS ON THE PROSTATE
- 487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 488. OPERATION ON A TESTICULAR HYDROCELE
- 489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
- 490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 491. INCISION OF THE TESTES
- 492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
- 493. UNILATERAL ORCHIDECTOMY
- 494. BILATERAL ORCHIDECTOMY
- 495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
- 496. RECONSTRUCTION OF THE TESTIS
- 497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
- 498. OTHER OPERATIONS ON THE TESTIS
- 499. EXCISION IN THE AREA OF THE EPIDIDYMIS
- 500. OPERATIONS ON THE FORESKIN
- 501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
- 502. AMPUTATION OF THE PENIS
- 503. OTHER OPERATIONS ON THE PENIS
- 504. CYSTOSCOPICAL REMOVAL OF STONES
- 505. CATHETERISATION OF BLADDER
- 506. LITHOTRIPSY
- 507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
- 508. EXTERNAL ARTERIO-VENOUS SHUNT
- 509. AV FISTULA - WRIST
- 510. URSL WITH STENTING
- 511. URSL WITH LITHOTRIPSY
- 512. CYSTOSCOPIC LITHOLAPAXY
- 513. ESWL

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- 514. BLADDER NECK INCISION
- 515. CYSTOSCOPY & BIOPSY
- 516. CYSTOSCOPY AND REMOVAL OF POLYP
- 517. SUPRAPUBIC CYSTOSTOMY
- 518. PERCUTANEOUS NEPHROSTOMY
- 519. CYSTOSCOPY AND "SLING" PROCEDURE.
- 520. TUNA- PROSTATE
- 521. EXCISION OF URETHRAL DIVERTICULUM
- 522. REMOVAL OF URETHRAL STONE
- 523. EXCISION OF URETHRAL PROLAPSE
- 524. MEGA-URETER RECONSTRUCTION
- 525. KIDNEY RENOSCOPY AND BIOPSY
- 526. URETER ENDOSCOPY AND TREATMENT
- 527. VESICO URETERIC REFLUX CORRECTION
- 528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
- 529. ANDERSON HYNES OPERATION
- 530. KIDNEY ENDOSCOPY AND BIOPSY
- 531. PARAPHIMOSIS SURGERY
- 532. INJURY PREPUCE - CIRCUMCISION
- 533. FRENULAR TEAR REPAIR
- 534. MEATOTOMY FOR MEATAL STENOSIS
- 535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
- 536. SURGERY FILARIAL SCROTUM
- 537. SURGERY FOR WATERING CAN PERINEUM
- 538. REPAIR OF PENILE TORSION
- 539. DRAINAGE OF PROSTATE ABSCESS
- 540. ORCHIECTOMY
- 541. CYSTOSCOPY AND REMOVAL OF FB

Note: This list is not exhaustive, only illustrative. Due to Technological advancement any treatment considered by the Indian Medical Council as Day Care surgery / procedure, such treatments would also be considered for Day care surgeries / procedures.
Hence it is requested to verify Company's website for detailed list of updated Day Care Surgeries / procedures for easy understanding purposes.

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Annexure – F

Sr. No.	Annexure – II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
<i>List I – Optional Items</i>	
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE

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18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR

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45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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Sr. No.	List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
<i>List II – Items that are to be subsumed into Room Charges</i>	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET

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26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

Sr. No.	List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
<i>List III – Items that are to be subsumed into Procedure Charges</i>	
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER

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13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

Sr. No.	List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
<i>List IV – Items that are to be subsumed into costs of treatment</i>	
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS

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7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
<i>List V – Additional Non Payable Items</i>	
1	BRUSH
2	COSY TOWEL

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3	MOISTURISER PASTE BRUSH
4	POWDER
5	BARBER CHARGES
6	OIL CHARGES
7	BED UNDER PAD CHARGES
8	COST OF SPECTACLES/CONTACT LENSES/ HEARING AIDS, ETC.,
9	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
10	HOME VISIT CHARGES
11	DONOR SCREENING CHARGES
12	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
13	BLADE
14	MAINTAINANCE CHARGES
15	PREPARATION CHARGES
16	WASHING CHARGES
17	MEDICINE BOX
18	COMMODE
19	Digestion gels
20	NOVARAPID
21	VOLINI GEL/ ANALGESIC GEL
22	ZYTEE GEL
23	AHD
24	VISCO BELT CHARGES
25	EXAMINATION GLOVES
26	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
27	PAPER GLOVES
28	REFERAL DOCTOR'S FEES
29	SOFNET

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30	SOFTOVAC
31	STOCKINGS

Annexure G –List of Hospitals where Claim will not be admitted

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15, Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr. Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70, S.A.S. Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23, D.C.F. Chowk, DLF Colony , Rohtak , Haryana

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Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V.Lane Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises, Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Hospital Name	Address
Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr. Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No. 151/2, Imli Bazar, Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana
Prakash Hospital	D -12, 12A, 12B, Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628, Niti Khand-I, Indrapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234, -, Greater Kailash 1 , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41 , Noida , Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road , Ahmedabad , Gujarat
Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal , Haryana
Hospital Name	Address
B.K.S. Hospital	No. 18, 1st Cross, Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711, Sector 14, Sector 14 , Gurgaon , Haryana

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Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg, Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6,Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Hospital Name	Address
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 ,Behind Cambridge School, Indirapuram, Ghaziabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat

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Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc,60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Notes:

1. For an updated list of Hospitals, please visit the Care Health Insurance (formerly known as Religare Health Insurance Company Ltd) Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

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Annexure H –List of Hospitals where Co-Payment of 20% is not applicable under Optional Cover “Smart Select”

Hospital Name	Address
Chaudhry Eye Centre & Lazer Vision	No.4802, No.24,Bharat Ram Road,Ansari Road,Daryaganj,New Delhi-110002,Delhi
Sanjeevan Medical Research Centre Pvt. Ltd.	4869/24,Ansari Road, Daryaganj,New Delhi-110002,Delhi
Shree Jeewan Hospital	67/1, New Rohtak Road,Karol Bagh,New Delhi-110005,Delhi
Fortis Jessa Ram Hospital	R.B.Seth Jessa Ram Hospital, West Extension Area,Karol Bagh,New Delhi-110005,Delhi
Jeewan Hospital & Nursing Home Pvt. Ltd.	150, Gate No 1Jeevan Nagar,New Delhi-110014,Delhi
Handa Nursing Home	57,Near Swadeshi Motor, Raja Garden,New Delhi-110015,Delhi
Khetarpal Hospital	F-95 Bali Nagar, Bali Nagar,New Delhi-110015,Delhi
Sawan Neelu Angel'S Nursing Home	J-293, Near Main Road, Saket,New Delhi-110017,Delhi
M.K.W.Hospital	T-Block Community Centre, Rajouri Garden,Rajouri Garden,New Delhi-110027,Delhi
Behl Hospital	B-128, Naraina Vihar,New Delhi-110028,Delhi
Kuber Hospital	No.12, Chanderlok Enclave,Pitampura,New Delhi-110034,Delhi
Satyabhama Hospital Pvt. Ltd.	RZ-10,Naresh Park Najafgarh Road,Nangloi,New Delhi-110041,Delhi
Bhagat Chandra Hospital	R.Z.F.1/1, Near Dwarka Flyover,Palam Davri Road,Mahavir Enclave,New Delhi-110045,Delhi
Ashok Nursing Home	F-3/15-16, Vijay Chowk,Krishna Nagar,New Delhi-110051,Delhi
Ganesh Ortho Trauma & Medical Centre	F-15/7, Near BSES Office,Krishna Nagar,New Delhi-110051,Delhi
Panchsheel Hospitals Pvt. Ltd.	C3/64 A, Yamuna Vihar,New Delhi-110053,Delhi
Amar Leela Hospital Pvt. Ltd.	B-1/6,Main Najafgarh Road, Nearby East Metro Station,Janakpuri,New Delhi-110058,Delhi
Genesis Hospital Pvt. Ltd.	C-1/130, Near Mata Chanan Devi Hospital,Janakpuri,New Delhi-110058,Delhi
Orchid Hospital	C-3/91,92, Janakpuri,New Delhi-110058,Delhi
Pawan Gandhi Health Care Pvt. Ltd.	C-5D-51, Om Vihar,Uttam Nagar,New Delhi-110059,Delhi
Sehgal Neo Hospital	R-364,Meera Bagh, Outer Ring Road,Paschim Vihar,New Delhi-110063,Delhi

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Hospital Name	Address
Jeewan Hospital And Nursing Home	150, Gate No 2Jeevan Nagar, New Delhi-110014, Delhi
Samvit Health Care	Plot No.1, Sohna Road, Islampur, Near Rajiv Chowk, Islampur, Gurgaon-122001, Haryana
Saraswati Hospital	299/2, Old Delhi Road, Gurgaon, Gurgaon-122001, Haryana
Sethi Hospital Pvt. Ltd.	No.301-302/4, Model Town, Basai Road, Gurgaon-122001, Haryana
Kriti Hospital	Plot No.196, Sec-56, Behind Jalvayu Towers, Saraswati Vihar, Gurgaon-122002, Haryana
Ganesh Hospitals Pvt. Ltd.	LI-C/3, Near Kalagiri Chowk, Nehru Nagar, Ghaziabad-201001, Uttar Pradesh
Pushpanjali Crosslay Hospital	W-3, Sector-1, Vaishali, Ghaziabad-201010, Uttar Pradesh
Ambay Hospital-A Unit Of Navodya Hospital & Research	No 1, Near St. Thomas School, Sahibabad, Lajpat Nagar 4, Ghaziabad-201005, Uttar Pradesh
Gargi Hospital-Unit Of Kaushalya Medical & Research Centre Pvt. Ltd.	R-9, 182, Near Alt Centre, Near Sector-10 Market, Raj Nagar, Ghaziabad-201002, Uttar Pradesh
Bhatia Nursing Home	Punjabi Mohalla, Near Gupta Hotel, Mohna Road, Punjabi Mohalla, Ghaziabad-201010, Uttar Pradesh
Paras Hospital	130 Sector 4, Vaishali, Ghaziabad-201010, Uttar Pradesh
I-Care Eye Hospital	E-3A, Sector 26, Noida-201301, Uttar Pradesh
Samvedana Health Services Pvt.Ltd.	B 206 A, Sector- 48, Sector 48, Noida-201301, Uttar Pradesh
Navin Hospitals Pvt. Ltd.	N.H.3, Pocket 2, Greater Noida, Alpha 2, Noida-201308, Uttar Pradesh
Ram Lal Kundan Lal Orthopaedic Hospital	Bungalow Plot No-8, Pandu Nagar, Parpar Ganj Road, Off Mother Dairy, Patparganj, New Delhi-110091, Delhi
Shreya Eye Centre	D-163, Surajmal Vihar, New Delhi-110092, Delhi
Malik Radix Health Care	C-218, Nirmal Vihar, Vikas Marg, Dayanand Vihar, New Delhi-110092, Delhi
Dr.M.L.Gupta Memorial Centre	5E/4 B.P.Railway Road, New Industrial Township 1, Faridabad-121001, Haryana
Aggarwal Medical Centre	Jiwan Nagar Gaunchi, Sector 55-F, Jiwan Nagar Gaunchi, Faridabad-121001, Haryana
C.K.Memorial Kapoor Hospital	No.3B/8A, DAV College Road, Near Eros Institute, Near Chimni Bai Dharamshala, New Industrial Township 1, Faridabad-121001, Haryana
Ashwani Hospital	No.8-D-1, Sector 11, Near H.U.D.A.Market, Sector 11, Faridabad-121001, Haryana
Hospital Name	Address
Shivmani Hospital	5E/9, B.P.N.I.T, Near Neelam Chowk, New Industrial Township 1, Faridabad-121001, Haryana
Anuj Hospital	No.2159-2161, Near Old Market, Old Faridabad, Sector 16, Faridabad-121002, Haryana

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Gupta Nursing Home	House No: 160, Sector 16-A, Near Capital Bus Stand, Sector 16, Faridabad-121002, Haryana
Sirohi Medical Centre Pvt.Ltd.	Clinic Plot No.4&5, Sector 3, Faridabad-121004, Haryana
Lohan Children Hospital	5 C,B.P, N.I.T, Sector 14, Faridabad-121007, Haryana
National Institute Of Medical Sciences	Sector 23-A, Near Sector-23 Market, Near Navchetna Hospital, Sector 23, Faridabad-121005, Haryana
Ghai Hospital	Plot No 29, Sector 9, Faridabad-121006, Haryana
Geeta Hospital	Near H.U.D.A.Market, Near Water Tank, Sector 28, Faridabad-121008, Haryana
Jaipur Golden Hospital	2, Institutional Area, Sector 3, Rohini, New Delhi-110085, Delhi
Lall Eye Care Centre	New Railway Road, Civil Lines, Gurgaon-122001, Haryana
Mamta Hospital	877/2, Mata Road, Near Workshop, Civil Lines, Gurgaon-122001, Haryana
Metro Heart Institute-Metro Speciality HospitalS Pvt. Ltd.	Sector -16 A, Sector 16A, Faridabad-121002, Haryana
Narinder Mohan Hospital And Heart Center	Near Mohan Nagar Chowk, Near Police Station, Opposite P.N.B.Bank, Mohan Nagar, Ghaziabad-201007, Uttar Pradesh
Paras Hospitals	C-1, Sushantlok, Sushant Lok Phase 1, Gurgaon, Gurgaon-122009, Haryana
St.Stephen's Hospital	St.Stephen's Hospital Marg, Nawab Ganj, Opposite Tis Hazari Metro Station, Tis Hazari, New Delhi-110054, Delhi
Tirupati Stone Centre and Hospital	6, Gagan Vihar, Near Karkardooma Court, Vikas Marg, New Delhi, New Delhi-110051, Delhi
Virmani Hospital Pvt. Ltd.	Plot No.8, Commercial Complex, L.S.C., Mayur Vihar Phase 2, New Delhi-110091, Delhi
Navjyoti Eye Centre	No.90, Near Golcha Cinema, Daryaganj, New Delhi-110002, Delhi
Jeewan Mala Hospital Pvt. Ltd.	67/1, New Rohtak Road, Karol Bagh, New Delhi-110005, Delhi
Bharti Eye Foundation	No. 1/3, Near Metro Station, Patel Nagar (E), New Delhi-110008, Delhi
Hospital Name	Address
Rockland Hospitals Ltd	B-33-34, Qutab Institutional Area, Ber Sarai, New Delhi-110016, Delhi
Dr Patnaik's Laser Eye Institute	C2, Near Moolchand Hospital, Lajpat Nagar 2, New Delhi-110024, Delhi
Bajaj Eye Care Centre	No.101, Vikas Surya Plot No.7, DDA Community Centre, Road No 44, Pitampura, New Delhi-110034, Delhi
Khandelwal Hospital And Urology Centre	B-16, Main Road East Krishna Nagar, Krishna Nagar, New Delhi-110051, Delhi
B M Gupta Nursing Home Pvt. Ltd.	H-11, 15, Arya Samaj Road, Uttam Nagar, New Delhi-110059, Delhi
Mohan Eye Institute	11-B, Ganga Ram Hospital Marg, Old Rajendra Nagar, New Delhi-110060, Delhi

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EYE Q Super Speciality Eye Hospital	4306, DLF Phase 4, Saraswati Vihar, Gurgaon-122002, Haryana
Ayushman Hospital	Plot-No 2, H.L.Galleria, Sector 12, Dwarka, New Delhi-110075, Delhi
Santom Hospital Pvt. Ltd.	D-5-6, Outer Ring Road, Prashant Vihar, New Delhi-110085, Delhi
Aastha Eye Centre	No.5-R/5, Behind Neelam Petrol Pump, New Industrial Township 1, Faridabad-121001, Haryana
Surya Ortho & Trauma Centre	No.5, R/5, New Industrial Township 1, Faridabad-121001, Haryana
Aar Pee Hospital	1276-P, Near Barkal Chowk, Sector 28, Faridabad-121008, Haryana
Perfect Wellness Pvt. Ltd. , Eye Centre	Plot No.7, Sector 27 A, Main Mathura Road, Near Badkhal Road, Sector 27A, Faridabad-121011, Haryana
Dr Nand Lal Sharma Memorial Hospital	701, Sector-8, Sector 6, Faridabad-121006, Haryana
Eye Care Centre	1368-B, 14/15, Dividing Road, Sector 14, Faridabad-121007, Haryana
Vision Eye Centre	No. 12/27, Near Arya Samaj Mandir, Patel Nagar, New Delhi-110008, Delhi
Ahuja Laser Eye Centre	No.212, Paramanand Colony, GTB Nagar, New Delhi-110009, Delhi
Vasan Eye Care Hospital	No.36-B, Parvtesh Tower, Pusa Road, Opposite Metro Pillar No.125, Karol Bagh, New Delhi-110005, Delhi
Sumitra Hospital	A-119A, Near Prakash Hospital, Sector 35, Noida-201301, Uttar Pradesh
Maharaja Agrasen Hospital	N.H.-10, West Punjabi Bagh, Punjabi Bagh, New Delhi-110026, Delhi
Hospital Name	Address
Sarvodaya Hospital And Research Centre	Sector-8, YMCA Road, Near E. S.I. Hospital, Sector 8, Faridabad-121002, Haryana
Aakash Hospital	No.90/43, Opposite Green Fields School, Malviya Nagar, New Delhi-110017, Delhi
Holy Family Hospital	Okhla Road, Okhla Vihar, New Delhi-110025, Delhi
Mata Chanan Devi Hospital	C-1, Janakpuri, Rajouri Garden, New Delhi-110058, Delhi
Rescue Hospital India Pvt. Ltd.	S-5, Vishwas Park, Behind Sector-3 Petrol Pump, Dwarka, New Delhi-110059, Delhi
Drishti Eye Centre	20-21, Fruit Garden, New Industrial Township 1, Faridabad-121001, Haryana
Mahindru Hospital	E-1, Kiran Garden, Uttam Nagar, New Delhi-110059, Delhi
Vasan Eye Care Hospital	A-120, Janakpuri, New Delhi-110058, Delhi
Visitech Eye Hospital	R-13, Greater Kailash 1, New Delhi-110048, Delhi
Bhagat Hospitals Pvt Ltd	D-2, 48/49, Janakpuri, New Delhi-110058, Delhi

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Rockland Hospitals Ltd	H.A.F, Pocket-B, Sector-12, Dwarka, New Delhi-110075, Delhi
Vasan Eye Care Hospital	F14, Opposite Metro Pillar No. 94, Near Metro Station Gate No. 2, Preet Vihar, New Delhi-110092, Delhi
Vasan Eye Care Hospital	Plot 500, Opp metro pillar 345, Pitampura, New Delhi-110034, Delhi
Vasan Eye Care Hospital	Sco-379 & 380, Sector-29, Near Iffco Chowk, Gurgaon, Gurgaon-122001, Haryana
Pushpanjali Medical Centre	A-15, Pushpanjali, Vikas Marg Extn, Preet Vihar, New Delhi-110092, Delhi
Vasan Eye Care Hospital	E-16, Greater Kailash-1, Opposite HSBC Bank, Greater Kailash, New Delhi-110048, Delhi
Karuna Hospital	D-62, Dilshad Colony, New Delhi-110095, Delhi
Hospital Name	Address
Kailash Healthcare Ltd	H-33, Sector 27, Noida, Noida-201301, Uttar Pradesh
Eye Health Clinic	E-1, Sector 61, Noida, Noida-201307, Uttar Pradesh
Deepak Memorial Hospital	5, Institutional Area, Vikas Marg Extn - II, Vikas Marg, New Delhi-110092, Delhi
Krishna Hospital & Trauma Centre	J 85, Patel Nagar - I, Ghaziabad, Ghaziabad-201001, Uttar Pradesh
Mahajan Eye Centre	AD-21DA, Outer Ring Road, Pitampura, New Delhi-110034, Delhi
Kailash Hospitals Ltd	23 KP-1, Greater Noida, Noida-201308, Uttar Pradesh
Eternity Hospital	914, Niti Khand - I, Indirapuram, Ghaziabad-201014, Uttar Pradesh
Sodhi Nursing Home and Ent Hospital	455, Bhera Enclave, Paschim Vihar, New Delhi-110087, Delhi
Sarvodaya Hospital & Research Centre	KJ-7, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh
Dr. Shroffs Charity Eye Hospital	5027, Kedarnath Road, Daryaganj, New Delhi-110002, Delhi
Sarvodaya Superspeciality Hospital and Heart Centre	D-3, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh
Medicheck Hospital	1-C, 76&53, Near IOB Bank, NIT, Faridabad-121001, Haryana
EYE Q Super Speciality Eye Hospital	Sheetla Hospital, New Railway Road, Gurgaon-122001, Haryana
EYE Q Super Speciality Eye Hospital	Basement & 1st Floor, NS-3 AD Block, East of Shalimar Bagh, New Delhi-110088, Delhi
Mohan Swarup Hospital	NH 91, GT Road, Opp. Electric Station, Near Baba Peer, Dadri-203207, Uttar Pradesh
Shishu Sadan Multispeciality Children Hospital	A-1/169A, Metro Pillar No. 616, Janak Puri, New Delhi-110058, Delhi
Uttam Hospital	E-230, Sector-9, New Vijay Nagar, Ghaziabad-201009, Uttar Pradesh
ASG Hospital Pvt Ltd	C-52A, RDC Raj Nagar Distt. Centre, Raj Nagar, Ghaziabad-201002, Uttar Pradesh

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S.R Krishna Hospital Pvt Ltd	Plot No. 23-24,Jain Park, Opp. Metro Pillar No. 722,723,Matiala Road,New Delhi-110059,Delhi
Vision Eye Hospital	F-24/136, Sector-7,Rohini,New Delhi-110085,Delhi
Park Hospital	J-Block, Near Court,Sector - 10,Faridabad-121004,Haryana
J.P. Memorial Hospital	F-189, Dilshad Colony,New Delhi-110095,Delhi
Kathuria Hospital	19/8,Model Town, Opp. S.D. School,Khandsa Road,Gurgaon-122001,Haryana
Roopali Medical Centre Pvt Ltd	C/477A, Yamuna Vihar,Yamuna Vihar,New Delhi-110053,Delhi
Royale Multispeciality Hospital	B-5, Central Green,NIT NH-5,Near B.K Chowk,Faridabad-121001,Haryana
Eye7 Chaudhary Eye Centre	34 Grd Floor, Lajpat Nagar-IV,Main Ring Road,Lajpat Nagar,New Delhi-110024,Delhi
Kalyani Hospital Pvt Ltd	354/2, Mehravli,Gurgaon Road,Gurgaon-122001,Haryana
Mata Roop Rani Mggo & Mahindru Hospital	C-9, Om Vihar,Phase-1,Uttamnagar,New Delhi-110059,Delhi
Gautam Nursing home & Maternity Centre	D-2/148, Jeewan Park,Pankha Road,New Delhi-110059,Delhi
Shri Daya Dutt Vashist Hospital	J-34,Ganga Ram Vatika, Near Raj Cinema,Chowkhandi,Tilak Nagar,New Delhi-110018,Delhi
B R Memorial Hospital	FCA-103, Mukesh Colony,Ballabgarh,Faridabad-121004,Haryana
Sunetra Eye Centre Pvt Ltd	KC-120, C-Block,C-Block Market,Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Vasan Eye Care Hospital	B-190, Derawal nagar,Model Town,New Delhi-110009,Delhi
Vasan Eye Care Hospital	# A-6/A, First and Second Floor,Nehru Ground, New Industrial Township 1, Industrial Township,Haryana Neelam Batta Road,Faridabad-121001,Haryana
Nav Drishti Eye Centre	B-5/351, Yamuna Vihar,Opp. Maharaja Agarsen Park,New Delhi-110053,Delhi
Save Sight Centre	A-14, G.T karnal Road,Adarsh Nagar,New Delhi-110033,Delhi
Ahooja Eye & Dental Institute	560/1, Dayanand Colony,New Railway Road,Gurgaon-122001,Haryana
M. R Hospital & Orthopaedic Centre	C1-3, Rama Park Near Dwarka Mor Metro Station,Opp. Pillar No. 772,New Delhi-110059,Delhi
Chopra Eye Hospital	H.No-3, Pkt-C-8,Sec-7,Rohini,New Delhi-110085,Delhi
Hi-Tech Eye Centre	A-12, 1st Floor,Vikas Puri,New Delhi-110018,Delhi
Holy Child Nursing Home	C-43-44, East Krishna Nagar,New Delhi-110051,Delhi
Jeevan Hospital & Stone Centre	GT Road, Near Amber Cinema,Modi Nagar,Ghaziabad-201201,Uttar Pradesh

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Dr. Nanda Eye Care Centre	A-200, Sector-8,Dwarka,New Delhi-110075,Delhi
Patel Hospital	U-158, Main Vikas Marg, Shakarpur,New Delhi-110092,Delhi
Hospital Name	Address
Cygnus Orthocare Hospital	C-5/29, Opp. IIT Gate,Safdarjung Development Area,,New Delhi-110016,Delhi
Agrawal Eye Institute	A-235, Shivalik,Malviya Nagar,New Delhi-110017,Delhi
Pushpawati Singhania Research Institute	Press Enclave Marg, Sheikh Sarai Phase 2,New Delhi-110017,Delhi
Qrg Central Hospital & Research Centre Ltd.	Plot No -69,Sec 20 A,Near Neelam Flyover, Ajrona Chowk,Sector 20 A, Faridabad-121001,Haryana
Sant Parmanand Hospital	18,Sham Nath Marg, Civil Lines,New Delhi-110054,Delhi
Lotus Hospital	389-3, Mata Road,Prem Nagar 2,Gurgaon-122001,Haryana
Yashomati Hospital Pvt. Ltd.	No.237 1,3,HAL Airport, Varthur Main Road, Munnekolala Bangalore -560037 Karnataka
Vishwabharathi Hospital Pvt Ltd	No.10/4 & 10/5, 3rd Main Road, Hanumanthnagar Bangalore -560019 Karnataka
Vijaya ENT Care Centre	No.1, IX Cross,Hoy Ice Cream Camp, Malleshwaram Bangalore -560003 Karnataka
Vasan Eye Care Hospital	No.5,20th Cross,Malagala Under Pass, Ring Road,Nagarbhavi 2nd Stage, Nagarabhavi Bangalore -560091 Karnataka
Vasan Eye Care Hospital	DPS Towers,No.40,First Floor, ICICI Bank Ltd,Arekere, Bannerghatta Road Bangalore -560076 Karnataka
Vasan Eye Care Hospital	Plot No.2(A-2),A type,BBMP PID No.57-64-2, Shivam Arcade,41St Main Road,Kanakapura Main Road, J.P. Nagar Bangalore -560078 Karnataka
Vasan Eye Care Hospital	No.46,19th Main Road,1st Block, Near Navrang Theatre, Rajaji Nagar Bangalore -560010 Karnataka
Vasan Eye Care Hospital	No.205-4C,4th Cross,3rd Block, H.R.B.R.Layout,Next To Hennur Bus Depo, Banaswadi Bangalore -560043 Karnataka
Vagus Super Speciality Hospital Pvt Ltd	# 6,7&8,4th Main, 8th Cross, Malleshwaram Bangalore -560003 Karnataka
Unity Life Line Hospital India Pvt. Ltd.	No.-193,2nd Block,2nd Stage, 0 Nagarbhavi Bangalore -560072 Karnataka
Trinity Hospital And Heart Foundation	No.27,Sri Ram Mandir Road, Near R.V. Teacher's College Circle, Basavanagudi Bangalore -560004 Karnataka
The Pulse Multispeciality Hospital	5/8/1,20th Main Road, 50 ft Road,Muneshwara Block, Girinagar Bangalore -560085 Karnataka
Tamara Hospital & IVF Centre	No. 34/3, 10th Cross, 1st 'N' Block, Rajajinagar, Bangalore Bangalore -560010 Karnataka
Hospital Name	Address
Syamala Hospital	# 17/4, Cambridge Road, Halasur Bangalore -560008 Karnataka
Sundar Hospital	1&2, Hennur Road Cross, Lingarajpuram Bangalore -560084 Karnataka

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Sumathi Nursing & Maternity Home	426/12, 2nd Cross, Mathikere Lay-out Bangalore -560054 Karnataka
Suguna Narayana Heart Centre	1A/87, Dr Rajkumar Road, 4th N Block, Rajajinagar Bangalore -560010 Karnataka
St. Theresas Hospital	Dr. Rajkumar Road, 1st Block, Rajajinagar Bangalore -560010 Karnataka
Sridevi Nursing Home	#726,23rd Cross, BSK 2nd Stage, KR Road, Behind Upahara Sagar, Bangalore Bangalore -560070 Karnataka
Sri Vinayaka Multi Speciality Hospital & Trauma Centre	Mylanahalli, B.K. Halli Post, Jala Hobli Bangalore -562149 Karnataka
Sri Sai Ram Hospital	#6, JC Industrial Area, Yelechenahalli Near Metro, Kanakapura Main Road, Bangalore Bangalore -560060 Karnataka
Sri Sai Northside Hospital	No.8, G Block, 60 Feet Road, Sahakaranagar Bangalore -560092 Karnataka
Sri Sai Krupa Hospital	19/A, Mathikere Main Road, Opp. LIC Bangalore -560054 Karnataka
Sri Ram Hospital	No. 107/2, Nishvasaha Centre, Opp. Traffic police, Old Madras Road, K. R. Puram Bangalore -560036 Karnataka
Sri Lakshmi Multispeciality Hospital	# 127/1, Sri Gandhada Kaval, Magadi Main Road, Sunkadakatte Bangalore -560091 Karnataka
Sri Kanchi kamakoti Medical Trust - Sankara Eye Hospital	Varthur Main Road, Kundalahalli Gate, Bangalore Bangalore -560037 Karnataka
South City Hospital	53/1 (45), Shalini, Susheela Road, Lalbagh, Upparahalli Bangalore -560004 Karnataka
Soukya Hospital	No.17, NTI Layout, Vidyaranyapura Main Road, Bangalore Bangalore -560097 Karnataka
Smt. Shantha & Sri J.A. Narayana Rao Foundation for Medical Sciences	# 878,879, 1st 'A' Main Road, Kengeri Satellite Town Bangalore -560060 Karnataka
Shreya Hospital	73,3rd Main, 6th Cross, 0 Kengeri Satellite Town Bangalore -560060 Karnataka
Shirdi Sai Hospital Pvt. Ltd.	519, 2nd Main, Nethravathi Street, Newbel Road, Devasandra Bangalore -560054 Karnataka
Shekhar Hospital	81, Bull Temple Road, Basavanqudi, Basavanqudi Bangalore -560019 Karnataka
Hospital Name	Address
Shaker Nursing Home	260, Near 17th Cross, Sampige Road, Malleshwaram Bangalore -560003 Karnataka
Sapthagiri Hospital	#15, Hesaraghatta Main Road, Chikkasandra Bangalore -560090 Karnataka
Rajalakshmi Hospital	No.21/1, Lakshmipura Main Road, Opp. Lakshmipura Lake, Vidyaranyapura Post Bangalore -560097 Karnataka
Radhakrishna Multispeciality Hospital	No. 3-4, Sunrise Towers, J.P. Road, Girinagar Bangalore -560085 Karnataka
Punya Hospitals India Pvt Ltd	#52/10, 80 Feet Road, KHB Colony, Basaveshwaranagar Bangalore -560079 Karnataka
Prisitne Hosptial	No.877, Modi Hospital Road, West Of Chord Road, 2nd Stage Extension, Basaveshwaranagar Bangalore -560079 Karnataka
Premier Sanjeevini Hospital	No.6/2, NH4, 0 Dasarahalli Bangalore -560057 Karnataka
Prashanth Hospital	No.90, D, Hosur Main Road, Bommanahalli Circle, Hosur Bangalore -560068 Karnataka
Pragathi Nursing Home	674/A, 10th Cross, 5th Main II Stage, West Of Chord Road, Bangalore Bangalore -560086 Karnataka

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Panacea Hospital Pvt. Ltd.	No.334, 8th Main,3rd Stage,4th Block, Basaveshwaranagar Bangalore -560079 Karnataka
P.D.Hinduja Sindhi Hospital	S.R.Nagar, 0 Sampangiramnagar Bangalore -560027 Karnataka
Om Shakthi Hospital	#1 & 2, Balaji Homes, 1st Main Kempegowda International Airport Road,Bagalur Cross, Yelahanka, Anand Nagar Bangalore -560063 Karnataka
NRR Hospital	No.3&3A, Hesaraghatta Main Road, Chikkabanavara, Chikkasendra Bangalore -560090 Karnataka
NMPC Health Care Pvt Ltd	No.66, 9th Main Road, Jayaram Reddy Layout,Horamavu Main Road, Banaswadi Bangalore -560043 Karnataka
New Akshay Mallya Hospital	#93/1,565, Srinivasa Complex,Varthur Main Road, Marthahalli Main Road Bangalore -560037 Karnataka
Neighbourhood Hospital Pvt Ltd	#9,WGBCS, Near Brigade Millinium,Kothnur Main Road,7th Phase, J.P Nagar Bangalore -560078 Karnataka
Neha Prakash Hospital	No.8 V Phase,6th Cross, New Town, Yelahanka Bangalore -560064 Karnataka
Narayana Hrudayalaya	No.258/A,Bommasandra Industrial Area, Anekal Taluk, Bommasandra Bangalore -560099 Karnataka
Hospital Name	Address
Namratha Nursing & Maternity Home	No.158,6th Main,2nd phase, West of Chord Road,2nd Stage, Bangalore Bangalore -560086 Karnataka
N.D. R Hospital	#2118,MIG House, 12th Main 'B Sector', Behind Shanthi Sagar,Near Mother Dairy Circle, Yelahanka New Town, Bangalore Bangalore -560106 Karnataka
MGMI Hospitals India Pvt Ltd	5/2,13th Cross, Hosur Road,Near Brand Factory, Wilson Garden Bangalore -560027 Karnataka
Mediscope Hospital	No.11, 3rd Stage,Pillanna Garden,Kadugondana Halli Stage 1, Kadugondana Halli Bangalore -560045 Karnataka
Manjushree Hospital	#91, Kavalbyrasandra,R.T Nagar Post, Bangalore Bangalore -560032 Karnataka
Manjunatha Maternity Home & Surgical Centre	90/1, West Park Road, Between 17th & 18th Cross, Malleshwaram Bangalore -560055 Karnataka
Manasa Hospital	G. Chandranna Building, Devanahalli Old Bus Stop, Devanahalli Bangalore -562110 Karnataka
Manasa Hospital	No. 107, 6th Main, 2nd Cross, Vijayanagar Bangalore -560040 Karnataka
Manasa Hospital	#189, Shiva Complex, M Dalapalya,Near Vijaya Bank, Shivanand Nagar Bangalore -560072 Karnataka
Mallya Hospital	#2, Vittal Mallya Road, Bangalore Bangalore -560001 Karnataka
Maharaja Agrasen Hospital	15Th Main Road,Banashankari, 17th Cross,2nd Stage, Padmanabhnagar Bangalore -560070 Karnataka
Mahanth Hospital	No.8,1st Cross, N.G.R Layout,Roopena Agraha, Bangalore Bangalore -560068 Karnataka
Live 100 Hospital Pvt. Ltd.	104/1, Hosur Main Road, Singasandra Bangalore -560068 Karnataka
Lakshmi Hospital	2nd Cross, Judges Colony, Ganga Nagar Bangalore -560006 Karnataka
Kaveri Speciality Hospital	15/2,4th Cross, Hosur Main Road, Madivala Bangalore -560068 Karnataka

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Hospital Name	Address
Karthik Netralaya Institute Of Ophthalmology Pvt. Ltd.	89,6th Cross,NR Colony,Ashok Nagar,Stage 1 Near Kathabhavana Buildng,BSK 1St Stage, Banashankari Bangalore -560050 Karnataka
K.R.Puram Super Speciality Hospital	3rd Main Road, OLD Extension, K. R. Puram Bangalore -560036 Karnataka
K K Hospital	No. 9,A1,A2,Opp. MEC School, A Sector,New Colony, Yelahanka Bangalore -560064 Karnataka
Jeevika Hospitals Pvt Ltd	#95/3, Marthahalli Outer Ring Road, Doddanekkundi Bangalore -560037 Karnataka
Jayashree Multispeciality Hospital	No. 25/26/27,1st Cross, B Block,Vishwapriya Nagar, Begur Bangalore -560068 Karnataka
ISIS Medicare & Research Centre Pvt Ltd	No. 18,Universal House, Bellary Road, Sadashivnagar Bangalore -560080 Karnataka
Health Cottage Hospital	#289,1st Cross, Cambridge Layout,Opp. Salapuria Residency, Halasur Bangalore -560008 Karnataka
H.K Hospital	106/2, Mysore Road,Near Rainbow Bridge, Kengeri Bangalore -560060 Karnataka
Gayathri Hospital Pvt. Ltd.	No.91,Magadi Chord Road, 0 Vijayanagar Bangalore -560040 Karnataka
Garden City Hospital	#132/18, 3rd Block, 22nd Cross, Jayanagar Bangalore -560011 Karnataka
Gangothri Hospital	# 27,100 Feet Ring Road, Kuvempuna, BTM Layout Bangalore -560076 Karnataka
Family Health Providers Pvt Ltd	No. 423/2,60 Feet Road,1st Main, 1st Stage,1st Phase,Behind SBM Gokula, Mathikere Bangalore -560054 Karnataka
Dr. Natesh ENT & Surgical Care Centre	#8/45,80 Feet Road, Banashankari 1st Stage,S.B.M Colony, Banashankari Bangalore -560050 Karnataka
Dr. B.R Ambedkar Medical College Hospital	No.24, 0 Kadugondanahalli Bangalore -560045 Karnataka
Divine Speciality Hospital	No.110,6th Main,ITI Layout, Benson Town Bangalore -560046 Karnataka
Divakars Speciality Hospital	No. 220, 9th Cross,2nd Phase, J.P. Nagar Bangalore -560078 Karnataka
Dhanush Hospital	63,2nd Main, Nagarabhavi Main Road, Byraveshwara Nagar Bangalore -560072 Karnataka
Deeksha Hospital	#387/347, Yelahanka Old Town, Next to Post Office,B.B Road, Nehru Nagar Bangalore -560064 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#1533, 9th Main,3rd Block, Jayanagar Bangalore -560011 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#115, Kodihalli Old Airport Road, Opp. Total Mall Bangalore -560017 Karnataka
Hospital Name	Address
Cloudnine - KIDS Clinic India Pvt. Ltd.	# 47, 17th Cross,11th Main, Malleshwaram Bangalore -560055 Karnataka
Chinmaya Narayana Hrudayalaya	CMH Complex, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chinmaya Mission Hospital	1/1, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chaya Hospital	No.66-335,4th Main Road,6th Cross, O.M.B.R.Layout,HRBR Layout Block 1, Kalyan Nagar Bangalore -560043 Karnataka
Chaitanya Hospital	No.80,3rd Cross, P & T Colony, RT Nagar Bangalore -560032 Karnataka
C.R Medical Centre	#6/2, Brigade Champak, Union Street,Infantry Road, Bangalore Bangalore -560001 Karnataka

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Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	# 1141, BMS Plaza, Mangammanapalya Main Road, Bommanahalli Bangalore -560068 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	#1023, Post-Singasandra, Hosa Road, Channakeshavanagar Bangalore -560100 Karnataka
Bilva Hospital	#21-22, 2nd Main Road, Palace Guttahalli, Bangalore Bangalore -560003 Karnataka
Bhaanu Nursing Home	69/5B, Hosur Main Road, Near Central Silk Board, Bommanahalli Bangalore -560068 Karnataka
Bellevues Cambridge Hospital	No 18/17, Cambridge Road, Ulsoor Bangalore -560008 Karnataka
Beams Hospitals Pvt Ltd	640, 12th main, 80 Ft. Road, 4th Block, Koramangala Bangalore -560034 Karnataka
Axon Speciality Hospital-Unit Of Sapna Medical Sciences Ltd.	Building No.321, 6th Main, Hal 2nd Stage, Indiranagar Bangalore -560038 Karnataka
Abhaya Hospital	No.17, Dr.M.H.Mari Gowda, Hosur Road, Opposite Park Area, Raja Ram Mohan Roy Extension Wilson Garden Bangalore Bangalore -560027 Karnataka
Raksha Multispeciality Hospital	No.141/142, 1st Main, Krishnanandnagar, KBH Colony, Police Quarters, Nandini Layout, Bangalore – 560096 Karnataka
St. Johns Medical College Hospital	John Nagar, Sarjapur Road, Koramangala, Bangalore – 560034 Karnataka
Vasan Eye Care Hospital	No.897/C, 80 Feet Road, 6th Block, Opposite I.B.L. Petrol Bunk, Koramangala Bangalore -560095 Karnataka
Vasan Eye Care Hospital	No.28&29, 7th Main, Diagonal Road, 4th Block, Jayanagar Bangalore -560011 Karnataka
Vasan Eye Care Hospital	No.25/5-D, Outer Ring Road, Marathalli, Bangalore -560037 Karnataka
Hospital Name	Address
Vasan Eye Care Hospital	No.483, 16th Cross, 8th Main Road, Rajarajeshwari Nagar Bangalore -560098 Karnataka
Vasan Eye Care Hospital	No-533, 108b Circle, Vijayalakshmi Arcade, Ganga Nagar Bus Stand, R. T. Nagar Bangalore -560032 Karnataka
Vasan Eye Care Hospital	1127/A, 7th Sector, Near BDA Complex, HSR Layout Bangalore -560102 Karnataka

Note: For an updated list of Hospitals, please visit the Company's website.

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Annexure I - Benefit / Premium illustration for Health section of Product 'Mera Mediclaim'

Illustration 1

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
44	6,956	5,00,000	6,956	10%	6,260	5,00,000	14,542	NA	14,542	5,00,000
40	5,644	5,00,000	5,644	10%	5,080	5,00,000				
22	3,722	5,00,000	3,722	10%	3,350	5,00,000				
14	3,722	5,00,000	3,722	10%	3,350	5,00,000				

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<p>Total Premium for all members of family is Rs. 20,045 when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs. 5,00,000</p>	<p>Total Premium for all members of family is Rs.18,040 when they are covered under a single policy</p> <p>Sum Insured available for each family member is Rs. 5,00,000</p>	<p>Total Premium when policy is opted on floater basis is Rs. 14,542</p> <p>Sum Insured of Rs. 5,00,000 is available for entire family</p>
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Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
61	18,154	5,00,000	18,154	5%	17,246	5,00,000	28,632	NA	28,632	5,00,000
57	15,197	5,00,000	15,197	5%	14,437	5,00,000				
21	3,722	5,00,000	3,722	5%	3,536	5,00,000				

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<p>Total Premium for all members of family is Rs. 37,073, when each member is covered separately.</p> <p>Sum Insured available for each individual is Rs. 5,00,000</p>	<p>Total Premium for all members of family is Rs. 35,219 when they are covered under a single policy</p> <p>Sum Insured available for each family member is Rs. 5,00,000</p>	<p>Total Premium when policy is opted on floater basis is Rs. 28,632</p> <p>Sum Insured of Rs. 5,00,000 is available for entire family</p>
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Illustration 3

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
75	34,695	5,00,000	34,695	5%	32,960	5,00,000	59,256	NA	59,256	5,00,000
71	34,695	5,00,000	34,695	5%	32,960	5,00,000				
Total Premium for all members of family is Rs. 69,390, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000			Total Premium for all members of family is Rs. 65,921 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 59,256 Sum Insured of Rs. 5,00,000 is available for entire family			

Notes:

1. Premium rates (excl taxes) specified in above illustration shall be standard premium rates without considering any loading.
2. Premium is inclusive of 7.5% discount on Health section of Combi Product

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3. Premium rates specified in above illustration with 20% Co-pay discount for age 61 year and above.

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Note: *The Company shall update its record with respect to the information provided above. Subsequently, the Company may review the risk involved and may alter the coverage and / or premium payable accordingly.*

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