

Sr. No	Particular	Details
1	Family Definition	Self, Spouse, Dependent children, Dependent Parents/ in laws for the married female employees & Dependent Siblings), Age limit for dependent Son is 25 years and NO age limit for Unmarried/divorcees/girls until they are dependent. Brother/Sister also covered in case of being dependent in the Policy. No age limit for parents. Disabled dependents, covered (age no bar). Third Child shall be covered in case of twins are born during second delivery.
2	Sum insured	6 Lacs for each Family.
3	Room Rent and ICU	As per the Grade as hereunder
4	Grade A employees	AC Single Room & Actual ICU
5	Grade B employees	AC Twin Sharing AC Room & Actual ICU
6	Grade C employees	AC General Ward & Actual ICU.
7	Pre-Existing Diseases	Covered for All employee and their dependents (existing and new joinees during the policy period)
8	Domiciliary Hospitalization	As per standard policy available cover.
9	Pre & Post Hospitalization	Covered 30 days and 60 days respectively only.
10	Maternity Benefit	INR 25,000/- for Normal & INR 35000/- For C-Section upto 02 living children
11	Ambulance charges	INR 2500/- per hospitalization.
12	All Day Care Treatment	Covered up to sum-insured
13	Mid Term inclusion	Spouse (On account of Marriage during Policy Term) and New Born Baby (childbirth during the policy terms).
14	Coverage	Coverage for Adjuvant / Neo adjuvant Chemo / hormonal therapy / Oral chemo therapy / Immune modulator, Inj Zoledronic / Avastin / lucentis/ARMD etc, Genetic diseases, Advancement in technology (Cyber knife /Laser/ Robotic charges/Bone Marrow and Stem Cell Transplantatio etc.) up to sum-insured.
15	Incremental Clause	Applicable in the Policy.
16	Lasik Treatment	Covered in case if power of eye is above +/- 7.5, is payable Up to the cataract limit.
17	Infertility Treatment	Covered Up to Maternity Limit (35K) In IPD
18	Coverage of life threatening situation	in view of a Life threatening situation and on the basis of the treating doctors advice,.In case of maternity the Maternity Sub Limit may not be applicable but be covered upto sum-insured
19	Coverage of Psychiatric Treatment	Covered up to 50% of Sum-Insured.
20	AYUSH treatment	Covered in IPD as per the standard policy in hospital registered by the Central / State authorities. For Ayurvedic, Unani, Siddha, Homeopathy and Naturopathy treatment, hospitalization expenses are admissible only when the treatment has been undergone in a government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.
21	Organ donor	Organ donor coverage only for 2 cases and only the cost of medical procedure involving organ harvesting would be The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy covered. Rest coverage will remain in routine i.e. recipient and donor treatment expenses are covered within the total sum insured
22	Animal Bite	Animal (Dog/Rat/ Monkey/Snake) Bite covered up to 10K IN IPD and OPD basis.
23	Covid 19 test and Kit	COVID 19 test and PPT kit payable, if done in any surgical procedure.
24	BMI Coverage	Coverage for Bariatric Surgery where the BMI is equal to or over and above 40.
25	External Congenital	Coverage for External congenital disease cover (upto 50% of Sum Insured).
26	Cochlear treatment	Cochlear treatment restricted to Sum Insured
27	Injection Under day care which takes more 02 hours	Any medical enhancement or technological advancement should be covered (Approved Treatment), injection which as per doctors advise are mandatory and any other treatment given under general anesthesia provided will be covered under day care procedure up to the sum-insured .
28	New Born Baby covered	From day one within family floater Sum Insured and well baby charges covered up to 5K over and above maternity limit
29	Medical appliance coverage	Cost of appliance splints as a part of orthopedic treatment, part of hospitalization expense. Reimbursable up to max 2% of SI or actual cost of appliance whichever is lower. Biodegradable, drug eluting and all varionts of stents covered upto cost of regular stent as per regulatory cost as per GIPSA.
30	Sub Limit for Cataract	Up to 34K for Grade C, Up to 40K for Grade B and Up to 50K for Grade A
31	Main Claim submission period	60 days from date of discharge
32	Post claim submission period	90 days from date of discharge
33	Intimation period	Up to claim document submission timeline.
34	Employee death claim coverage	100% coverage including non-payable items of employee's death claim during hospitalization