

INDUSIND DIGITAL CARE MANAGEMENT - POLICY WORDING

1 PREAMBLE

This Policy is a contract of insurance issued by IndusInd General Insurance Company Limited (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

2. OPERATIVE CLAUSE

If during the policy period one or more Insured Person (s) is required to seek treatment/ consultation for an Illness or Injury at a Hospital/ Day Care Centre/Clinic as outpatient and Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary, expenses towards the Coverage mentioned in the policy schedule. Provided further that, any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured (Individual) opted as specified in the Schedule.

3. DEFINITIONS

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

1. **Accident** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Act** means the Insurance Act 1938
3. **Age** or **Aged** means "Age as on last birthday" as determined on the date of first **Policy** issuance or at **Renewal**. In case of change in Age during the proposal stage then "Age" shall be determined on the date of **Proposal Form** submission would be considered for premium calculation
4. **Annexure** means a document attached and marked as **Annexure** to this **Policy**
5. **Authority** means the Insurance Regulatory and Development **Authority** of India established under sub section 1of section 3 of the IRDA Act 1999
6. **AYUSH Treatment** means the medical and / or **Hospitalization** treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
AYUSH Treatment shall only include treatment at an **AYUSH Hospital** or **AYUSH Day Care Centre**.
7. **Bank Rate** means **Bank Rate** fixed by the Reserve Bank of India (RBI) at the beginning of the **financial** year in which claims has fallen due.
8. **Break in Insurance/Policy** means the period of gap that 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.
9. **Cashless Facility** means a facility extended by the insurer or **TPA** on behalf of the insurer to the **Insured**, where the payments for 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.
10. **Claim** means a demand made by the **Policyholder** or on his/her behalf, for payment under any Benefit, as covered under the **Policy**.
11. **Company** means IndusInd General Insurance Company Limited.
12. **Complainant** means a policyholder or prospect or any beneficiary of an insurance policy who has filed a **Complaint** or **Grievance** against the **Company** or a **Distribution Channel**.
13. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a **Complainant** with insurer, **Distribution Channels**, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities. Explanation: An inquiry or request would not fall within the definition of the "**Complaint**" or "**Grievance**"
14. **Condition Precedent** means a **Policy** term or condition upon which the Insurer's liability under the **Policy** is conditional upon.
15. **Congenital Anomaly** means a condition which is present since birth, and which isabnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body.



- b. **External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body.
16. **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 supervision of a registered and qualified **Medical Practitioner** and must comply with all minimum criterion as under:
- has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
17. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
- undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and which would have otherwise required **Hospitalization** of more than 24 hours.
 - Treatment normally taken on an OPD basis is not included in the scope of this definition.
18. **Dependent** means **Insured Person**, within the scope of **Family** definition, who is financially dependent on the Policyholder and does not have independent source of income.
19. **Dependent Child** means **Insured Person's** biological or legally adopted son or daughter, whose completed age is between 91 days to 25 years as on **Policy Period Start Date**, and who is unmarried and financially dependent on the **Insured Person** and does not have an independent source of income
20. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and **Surgery**.
21. **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.
22. **Distribution Channels** means persons and entities authorised by the **Authority** to involve in sale and service of insurance products. For the purpose of this **Policy** it means the **Distribution Channels** who is an Intermediary of the **Company**.
23. **Family** means as defined in the **Policy Schedule**. For th purposes of this **Policy**, it shall include the **Policyholder** and anyone or more of the family members as mentioned below:
- legally wedded spouse
 - Parents and Parents- in law
 - Maximum 2 dependent children (i.e. biological or adopted) between the age of 3 months to 25 years.
24. **Grace Period** means the specified period immediately following the premium due date during which a 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.
25. **Hospital** means any institution established for **Inpatient Care** and **Day Care Treatment of Illness** and/or injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock.
 - has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places.
 - has qualified Medical Practitioner(s) in charge round the clock.
 - has a fully equipped operation theatre of its own where surgical procedures are carried out.
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
26. **Hospitalization** means admission in a **hospital** for a minimum period of 24 consecutive '**Inpatient Care**' hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
27. **Illness** means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
28. **Injury** means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
29. **Inpatient Care/Inpatient** Treatment means treatment for which the **Insured Person** has to stay in a **Hospital** for more than 24 hours for a covered event.
30. **Insured Person/Insured** means A person accepted by the Company to be insured under this Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears under Insured /Insured Person in the



Policy Schedule and with respect to whom the premium has been received by the Company.

31. **Maternity Expenses** means;
- Medical Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization), and neo-natal Medical Expenses incurred during the same Hospitalization.
 - expenses towards lawful medical termination of pregnancy.
32. **Medical Advice: Medical Advice** means any consultation or advice from a **Medical Practitioner** including the issuance of any prescription or follow-up prescription.
33. **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 **Hospital** or doctors in the same locality would have charged for the same medical treatment.
34. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in **Hospital** or part of a stay in **Hospital** which:
- is required for the medical management of the **Illness** or **Injury** suffered by the Insured.
 - must not exceed the level of care necessary to provide safe, adequate, and appropriate medical
 - care in scope, duration, or intensity.
 - must have been prescribed by a **Medical Practitioner**.
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
35. **Medical Practitioner** means 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** should not be the Policyholder/Insured or their close Family member.
- Medical Practitioner for Mental Illness** shall be in accordance with The Mental Healthcare Act, 2017.
36. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise 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 characterised by sub normality of intelligence.
37. **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
38. **Network Provider** means hospitals or health care providers enlisted by an insurer, **TPA** or jointly by an Insurer and **TPA** to provide medical services to an **Insured** by a cashless facility.
39. **New Born Baby** means baby born during the **Policy Period** and is aged up to 90 days.
40. **Nominee** means the person whose name specifically appears as such in the **Certificate of Insurance** and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Policyholder. **Nominee** for all other **Insured Person(s)** shall be the Policyholder himself.
41. **Non - Network Provider** means any **Hospital, Day Care Centre** or other provider that is not part of the network.
42. **Notification of Claim** means the process of intimating a **Claim** to the insurer or TPA through any of the recognized modes of communication.
43. **Out Patient (OPD) Treatment** means the 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 **Inpatient**.⁴⁴⁾
44. **Policy** means the **Company's** contract of insurance with the **Policyholder** providing cover as detailed in this **Policy Terms & Conditions**, the Proposal Form, **Policy Schedule** or **Certificate of Insurance**, Endorsements if any and Annexures, form part of the contract and must be read
45. **Policy Schedule/Schedule:** The Schedule attached to and forming part of this Policy mentioning apart from other details, Policyholder's details, details of the Insured Person, the Base Sum Insured, the Policy Period, Premium paid (including duties, taxes and levies thereon) and the limits to which benefits under the Policy are subject to.
46. **Policyholder** means the person who is the Proposer and whose name specifically appears in the Policy Schedule as such.
47. **Policy Period** means a period beginning from the **Policy Period Start Date** and ending on the **Policy Period End Date** as specified in the policy schedule

48. **Policy Period End Date:** The date on which the Policy expires, as specifically appearing in the Policy Schedule.
49. **Policy Period Start Date:** The date on which the Policy commences, as specifically appearing in the Policy Schedule.
50. **Policy Year** means a period of every 12 consecutive months of the Policy Period commencing from the Policy Period Start Date
51. **Proposal Form** means a form to be filled in by the Prospect in written or electronic or any other format as approved by the **Authority**, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted
- Explanation: "Material Information" shall mean all important, essential and relevant information sought by the Company in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk.*
52. **Prospect** means any person who is potential customer of an insurer and is likely to enter into an insurance contract either directly with the insurer or through a **Distribution Channel**.
53. **Prospectus** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products
54. **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.
55. **Renewal** means 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 gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods
56. **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
57. **Sum Insured** the means the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.
58. **Telemedicine** means medical consultation service availed via telecommunications and digital communication technologies by the **Insured Person** from a **Medical Practitioner** while taking treatment for the health condition that has resulted in an admissible Claim under a cover in this **Policy**. Such Telemedicine services shall be delivered in compliance with the Medical Council of India's 'Telemedicine Practice Guidelines' dated March 2020 or its subsequent amendments, if any.
59. **Third Party Administrators or TPA** means a **Company** registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services
60. **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
61. **Waiting Period** means a period from the inception of this **Policy** during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the **Policy** has been continuously renewed without any break

4. Scope of Cover

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the policy holder as per the benefits and limits specified in the policy schedule.

A. Medical Expenses Cover

This cover provides coverage for medical services only on Outpatient Basis up to sum insured specified on policy schedule The coverage's available are as below,

1. Online Medical Consultation- Medical consultation by registered medical practitioner required for any illness/injury by Telephonic/Virtual means.

Conditions

- a. Consultation should be by registered medical practitioner only
- b. Consultation can be by mode of telephonic, video calls through designated virtual platform/ Web or mobile Application.
- c. Subjected platform should have valid registration from competent authorities to carry out medical consultation activities.
- d. Insured needs to submit details/transcript of medical consultation for claim

Note- In case if no online consultation facility is availed by insured throughout the year; Offline medical consultation shall be claimed as reimbursement only and once in a policy year. All relevant documents need to be submitted within 15 days post policy expiry date.

2. Pharmacy Expenses

Expenses of pharmacy for medical prescription will be covered up to sum insured specified in the policy schedule. This includes but not limited to tablets, injections, fluids etc.

Conditions

- a. Expenses of pharmacy prescribed through online/offline consultation will only be covered.
- b. Valid prescription by registered medical practitioner needs to be submitted

Exclusions

- a. 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 Outpatient Treatment
- b. Any pharmacy bill without prescription of registered medical pra

3. Investigation Expenses

Expenses of investigations prescribed by registered medical practitioner as part of treatment of illness/injury will be covered up to sum insured limits specified in the schedule.

It includes both laboratory and radiology investigations

Conditions

- a. Expenses of investigations prescribed through online/offline consultation will only be covered.
- b. Valid prescription by registered medical practitioner needs to be submitted ctitioner

4. Dental and Ophthalmology Cover

Coverage for Dental and ophthalmology checkup as defined in the policy schedule will be provided for policy period. Below procedures will be covered,

- a. Dental Checkup and Dental Cleansing
- b. Routine Ophthalmology checkup and Refraction
- c. Cost of Spectacle/Lens up to the limit specified in the policy schedule.

Conditions

- a. Consultation should be by registered medical/Dental practitioner only
- b. It should be offline medical consultation in the clinic / hospital established as per clinical establishment act

Special Conditions applicable for Medical Expenses Cover-

In case of online/designated web/mobile application facility is not availed by insured throughout the year; Offline medical expenses as defined under medical expenses cover shall be claimed as reimbursement only once in a policy year.

B. Add on Services

Under this cover Insurance company provide access to the below mentioned services either through TPA or empaneled healthcare providers through web application

1. Booking Online Medicine - Under this cover insurance company provides easy access for booking of online medicines/ pharmacy through Services Provider
2. Booking Online Investigations and Diagnostic services- Under this cover insurance company provides easy access for booking appointment for Lab Investigations and Diagnostics through Services Provider

Conditions applicable to Add on Covers

- a. Only access to health facilities will be provided by this cover
- b. All these services can be availed at only through services providers web/Mobile application
- c. Company does not take any liability for payment for the services until and unless covered under section A.

5. Waiting Period

There will be no waiting period applicable for this product. One can avail coverages from first day of policy inception.

6. Exclusions (Applicable to all benefits under the Policy)

5.1 General Exclusions

The Company shall have no liability and no Claim shall be admissible in respect of any Insured Person under any benefit(s) where such liability or Claim arises directly or indirectly due to any of the following

- 1) **Rest Cure, rehabilitation, and respite care:** Expenses related to any consultation primarily for enforced bed rest and not for receiving treatment.

This also includes:

- a. 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.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- 2) **Change - of - Gender** Expenses related to any treatment/consultation, including surgical management, to change characteristics of the body to those of the opposite sex
- 3) **Cosmetic or Plastic Surgery):** 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**.
- 4) **Hazardous or Adventure sports:** Expenses related to any treatment/consultation 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.
- 5) **Breach of law:** Expenses for treatment/ consultation directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- 6) **Excluded Providers:** 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. (For updated and detailed list of Excluded Providers refer website- www.indusindinsurance.com)
- 7) **Substance Abuse and Alcohol:** Treatment/ consultation for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- 8) **Wellness and Rejuvenation:** Treatments / consultation received in health spas, nature cure clinics, AYUSH establishments, 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.
- 9) **Dietary Supplements & Substances:** 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
- 10) **Unproven Treatments-Code:** 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.
- 11) **Sterility and Infertility:** Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- 12) **Maternity Expenses**
 - a. Medical treatment/consultation 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 Year.
- 13) **External Congenital Anomaly:** External Congenital Anomaly
- 14) **Treatment other than Medically Necessary Treatment:** Any treatment or part of a treatment that is not Medically Necessary Treatment
- 15) **Nuclear and radiological emissions, acts of terrorism**
- 16) **Overseas treatment:** Any treatment taken by Insured **Person** outside India.
- 17) **Charges other than Reasonable & Customary Charges:** Any Medical Expenses which are not reasonable and Customary Charges.
- 18) **Self-Injury or suicide:** Any intentional self-inflicted Injury, suicide or attempted suicide.
- 19) **Treatment outside discipline:** Treatment taken from anyone not falling within the scope of definition of **Medical Practitioner** or from a **Medical Practitioner** who is practicing outside the discipline for which he/she is licensed or any kind of self-medication
- 20) **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.
- 21) **Wilful Act/Negligence:** Wilful acts or wilful gross negligence of the Insured Person.

7. CLAIMS PROCEDURE

7.1 Procedure for Cashless claims



IGI Facilitates customer to book his/her medical consultancy, Pharmacy expenses and investigation booking through complete digitally enabled white labelled mobile app.

1	Online medical Consultations	Tele / Video / Chat or offline consultation booking Through mobile App
2	Pharmacy Expenses	Prescribed Medicines through Online/Offline consultation booking Through mobile App*
3	Investigation expenses	Investigations through Online Offline consultation booking Through mobile App*
4	Dental and Ophthalmology Expenses	Offline Consultation only booked through Mobile App.

* Prescribed by Registered Medical Practitioner only

Sum insured is auto deducted (Cashless) as per the sub limits defined per policy while booking any of the covered service online

7.2 Procedure for Reimbursement of Claim-

IGI Facilitates customer to reimburse his / her medical consultancy, Pharmacy / Investigation / dental or ophthalmology booking through IGI Portal link which will be provided post Claim Intimation on 022-48903009 (Paid)

- In case of online/designated web/mobile application facility is not availed by insured throughout the year; Offline medical expenses as defined under medical expenses cover shall be claimed as reimbursement, only once in a policy year.
- Reimbursement to be filed with insurance company only once along with all claims documents within 15 days post policy expiry date.

7.3 Documents to be submitted

a. Cashless claims-

Sum insured is auto deducted (Cashless) as per the sub limits defined per policy while booking any of the covered service online. Required documents will be made available by associated facility provided through digital mode. Insurance company may ask further information, if required.

b. Reimbursement claims-

Sr. No.	Coverage	List of Documents
1	Online medical Consultations	Scan copies of original prescribed medical consultation Bi ls and papers, NEFT, Pan Card, ID Card
2	Pharmacy Expenses	Scan copies of original prescription*, Pharmacy bills*, NEFT ,Pan Card, ID Card
3	Investigation Expenses	Scan copies of original prescription, Diagnostic/Investigation Bi ls, NEFT, Pan Card, ID Card
4	Dental and Ophthalmology Expenses	Scan copies of original prescription, Consultation papers Bi ls, NEFT,Pan Card, ID Card.

Address to submit claims documents- Rcare Health: IndusInd General Insurance, No. 1-89/3/B/40 to 42/ks/301, 3rd Floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081

7.4 Payment of claim

All claims under the policy shall be payable in Indian currency only.

8. General Terms And Conditions

8.1 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, misdescription or non-disclosure of any material fact.

8.2 Conditions precedent of to Admission of Liability

The due observance and fulfilment of the terms and conditions of the policy, by the insured person shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

8.3 Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and/or premium,

if necessary, accordingly

8.4 Records to be Maintained

The 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 for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

8.5 Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim

8.6 Notice & Communication

- Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

8.7 Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

8.8 Multiple Policies

- 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 policyholder 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 if chosen by the policy holder 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.
- Policyholder 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(s) shall independently settle the claim subject to the terms and conditions of this policy.
- If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- 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 hospitalization costs in accordance with the terms and conditions of the chosen policy.

8.9 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 which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy: -

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

The company shall not repudiate the policy 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. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

8.10 Cancellation

- The Policyholder may cancel this Policy on by giving 15 days' written notice, and in such an event, the Company shall refund premium on pro-rata basis term rates for the unexpired Policy Period
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.
- The Company may cancel the Policy at any time on grounds of mis-representation, 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 misrepresentation, non-disclosure of material facts or fraud.

8.11 Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise.

However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective

8.12 Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

8.13 Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

8.16 Renewal of Policy

As per guidelines of IRDAI (Regulatory Sandbox) Regulations, 2019, renewal is not applicable for captioned product.

8.17 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, 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.

8.18 Free look period

The Free Look Period shall be applicable at the inception of the Policy. The insured shall be allowed a period of fifteen days from date of receipt of the Policy 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

- i. 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
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

8.19 Endorsements (Changes in Policy)

This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

Endorsement request for any change should be submitted by insured to insurance company in written form through mail/letter. Request for the same can also be raised through connecting with service centre

8.20 Change of Sum Insured

Sum insured cannot be changed (increased/ decreased) during policy tenure.

8.21 Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document

8.22 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. 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/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.

9. Redressal Of Grievances

Grievance - In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link

<https://www.indusindinsurance.com>

E-mail: services@indusindinsurance.com

Telephone: 022-48903009 (Paid)

Post/Courier: Any branch office, the correspondence address, during normal business hours.

Write to us at: IndusInd General Insurance, "Winway Building, 2nd and 3rd Floor, 11/12 Block No - 4, Old No - 67, South Tukoganj, Indore (M.P) - 452001"

For further details on Grievance redressal procedure please refer

below link:

<https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>

IRDAI Integrated Grievance Management System -

<https://igms.irdai.gov.in/>

Insurance Ombudsman - The insured person may also approach the office of Insurance Ombudsman of the respective area / region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B

(Insurance is the subject matter of solicitation)

You can reach us through any of the following methods for any service-related issue and assistance:

Claims Servicing	
Name	R Care
Correspondence Address:	IndusInd General Insurance. No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire, Madhapur, Hyderabad - 500081.
Contact No.	022-41112600
E-mail:	healthcare@indusindinsurance.com
Fax No.:	(022) 4890 3009

10. Table of Benefits			
Name	Digital Care Management		
Product Type	Individual		
Category of Cover	Indemnity		
Sum Insured	Sum Insured (In INR)	Sublimit	
		Online medical Consultation	Pharmacy Expenses Investigation Expenses Dental and Ophthalmology Cover
	1000	Unlimited General Physician consultations for Rs. 250	Upto Rs.750
	2000	Unlimited General Physician consultations for Rs. 350	Upto Rs.1650
	3000	Unlimited General Physician consultations with 1 Specialist Consultation for Rs. 400	Upto Rs.2650
	4000	Unlimited General Physician consultations with 2 Specialist Consultation for Rs. 500	Upto Rs.3500
	5000	Unlimited General Physician consultations with 2 Specialist Consultation for Rs. 500	Upto Rs.4500

Policy Period	1 year						
Eligibility	<p>Policy can be availed by persons between the age of 18 years and 75 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members</p> <ul style="list-style-type: none"> • Legally wedded spouse. • Parents and Parents-in-law • Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years 						
Free Look Period	15 Days						
Medical Expenses Cover	<p>Medical Expenses Cover</p> <ol style="list-style-type: none"> 1. Online Medical Expenses 2. Pharmacy Expenses 3. Investigation Expenses 4. Dental and Ophthalmology Cover 						
Add On	<ol style="list-style-type: none"> 1. Booking Online Medicine/Pharmacy 2. Booking of Online Investigation Appointment 						
Discount	<table border="1"> <tr> <td>IGI customer any policy</td> <td>5% discount</td> </tr> <tr> <td>Covid Vaccination discount</td> <td>5% discount</td> </tr> <tr> <td>Good Health Discount</td> <td>5% discount</td> </tr> </table> <p>*Maximum Discount applicable per policy is limited to 10% percent</p>	IGI customer any policy	5% discount	Covid Vaccination discount	5% discount	Good Health Discount	5% discount
IGI customer any policy	5% discount						
Covid Vaccination discount	5% discount						
Good Health Discount	5% discount						
Payment Mode	Online Payment Mode						

