

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer to Policy Clause Number
Product Name	MediRaksha Policy	
What am I covered for:	<ul style="list-style-type: none"> a. <u>In-patient Treatment</u> - Covers Medical Expenses for hospitalization for period more than 24 hrs. b. <u>Pre-Hospitalization</u> - Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization towards medical expenses incurred in 30 days before hospitalization c. <u>Post-Hospitalization</u> - Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization towards medical expenses incurred in 60 days after discharge post hospitalization d. <u>Day-Care procedures</u> - Medical expenses for enlisted 144 day care procedures if treatment is taken as in-patient in hospital or stand alone day care centre for which hospitalization required is for less than 24 hrs. Treatment in out patient department of hospital or day care centre is not covered. e. <u>Organ Donor</u> - Medical expenses on harvesting the organ from the donor for organ transplantation. 	<ul style="list-style-type: none"> Section 1, a) Section 1, b) Section 1, c) Section 1, d) Section 1, e)
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, treatment of obesity and any weight control program, Psychiatric, mental disorders, congenital internal or external diseases, defects or anomalies, genetic disorders; sleep apnoea, expenses arising from HIV or AIDs and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, surgery for nasal septum deviation, circumcisions, laser treatment for correction of eye due to refractive error, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non allopathic treatment, Any non medical expenses.</p>	Section 3, C. e.
Waiting Period	<p>We will not pay any claim under the waiting periods for specified benefits except due to an Accident.</p> <ul style="list-style-type: none"> 1 30 days waiting period in the first year and is not applicable in subsequent renewals. 1 24 month waiting period for specific illness/ surgeries in the first two years and is not applicable in subsequent renewals. 1 Pre-existing conditions will be covered after a waiting period of 48 month. 	<ul style="list-style-type: none"> Section 3, C b. Section 3, C c. Section 3, C d.
Payout basis	Reimbursement of covered expenses up to specified limit.	Section 1
Cost Sharing	<ul style="list-style-type: none"> a) Sublimits on Room Rent and Boarding Expenses <ul style="list-style-type: none"> Sum Insured per Policy [Rs.] 50,000 75,000 100,000 Room rent per day [Rs.] 500 750 1,000 ICU rent per day [Rs.] 1,000 1,500 2,000 b) Co-Payment <ul style="list-style-type: none"> 1 15% for each and every claim under this policy 	<ul style="list-style-type: none"> Section 3, A Section 3, B
Renewal Conditions	<ul style="list-style-type: none"> 1 Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium. 1 The renewal premium for this policy will not change unless We have revised the premium and obtained due approval from IRDA. Your premium will also change if you move into a higher age group, opt for a higher sum insured, change the term or change the plan. 1 Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. 	Section 4 q.

Title	Description	Refer To Policy Clause Number
Renewal Benefits	Health - Checkup - Upto 1% of the Sum Insured in the fourth year policy subject to a maximum of Rs. 1,000 per Insured Person only once at the end of a block of every continuous four claim free years	Section 2
Free Look Period	You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.	Section 4 x
Cancellation	This policy would be cancelled by us from inception on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person upon giving 30 days notice. No refund of premium will be allowed if policy is cancelled on the grounds of misrepresentation, fraud, or non-disclosure of material facts. In case policy is cancelled by us on the grounds of non-cooperation or you cancel the policy by giving 30 days notice then you will be refunded balance premium after retaining premium for the period policy was in force on short period rate basis. No refund of premium will be allowed if claim has been made on the policy.	Section 4 v,w
How to Claim	In case of any hospitalisation or an event which might give rise to a claim, please contact Our designated TPA at 1800-425-4033 & 040- 23552899 (for Senior Citizens).	Section 4 e), f), g),h) & Section 6.

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