PRAGATI WAREHOUSING PRIVATE LIMITED

Benefit Manual 2025

Policy No.

2-81-25-00004062-000

Prepared By

Aon Risk India Insurance Brokers Private Limited (formerly GIB an Aon company)
CIN:U67200MH2002PTC137954, , Composite Insurance Broker, IRDAI License No.119, Valid till 02/03/2027
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02

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Know Your Insurance Policies

Group Medical Insurance

covers in-patient hospitalization and day care expenses incurred by an employee and his insured dependents for a diagnosed ailment with an active line of treatment. 24 hours of hospitalization is compulsory to register a valid claim under the group Mediclaim policy.

Group Personal Accident

insurance policy covers expenses by the insured persons (employee covered) on account of death or permanent/partial/temporary, total or partial disability due to an accident.

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GROUP MEDICAL INSURANCE PLAN

Group Medical Insurance Plan – What's Covered

Room rent & boarding expenses

Anaesthesia, blood, oxygen, Intensive Care Unit, operation theatre charges and surgical appliance

Nursing expenses, surgeon, anaesthetist, medical practitioner, consultant & specialist fees

Medicines and drugs, consumables such as dressing, ordinary splints and plaster casts

Diagnostic procedures (such as laboratory, x-ray, diagnostic tests)

Costs of prosthetic devices if implanted internally during a surgical procedure

Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

Day care procedures e.g. dialysis, chemotherapy etc.

Reasonable and Customary charges

Please note that your insurance benefit plan (like all insurance plans) covers medical expense charges that are reasonable and customary in nature
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, and considering the nature of the Illness / Injury involved

Group Medical Insurance Plan – What's Changed

Family Definition

- Coverage for Self ,Spouse and 3 dependent Children
- Dependent children covered up to age 25
- Employees covered up to age 80

Sum insured

- Basis of sum insured – Structure changed from graded cover to fixed cover
- Fixed sum insured levels-
- INR 10,00,000

Benefits

- Maternity sub-limit –INR 30,000 Flat amount for normal and INR 50,000 c-section deliveries
- Pre – Post Natal - Covered upto Maternity Sum Insured

MID TERM ENROLMENT Allowed only for New Joiner and their dependents & for existing employee . Only allowed for newborn baby and newly wed spouse
(Provided the intimation is given within 15 days from the date of event)

Group Medical Insurance Plan – Key Information

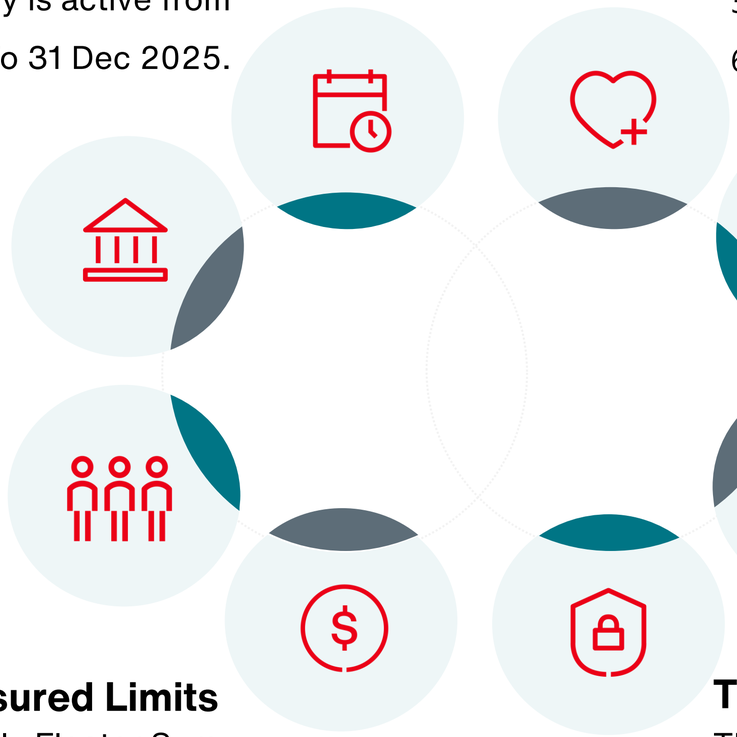
Policy Period
Your policy is active from

01 Jan 2025 To 31 Dec 2025.

Insurance company
The insurance company for the group medical policy is **Aditya Birla Health Insurance Co. Ltd**

Third Party Assistance
IN House (HAT) will be servicing all claims

Sum Insured Limits
INR 10,00,000 Family Floater Sum Insured Limit per family



Pre & Post Hospitalization
30 Days Prior to date of Admission

60 Days after date of Discharge.

Age Limit
Employee : 18 – 80 years

Spouse: 18 – 80 years

Children – 0 – 25 years

Family Definition
Employee, Spouse & First 3 Living Children.

Type of cover
The policy is on a floater basis for your enrolled family members

Benefits Summary

Pre-Existing diseases	Covered from day 1
Pre-Post hospitalization	Covered (30 days & 60 days)
Waiting period	Waived off
Maternity	Covered for first 2 living children
Pre-Post Natal expense	Covered within Maternity Limit
New-born baby coverage	Covered from day 1

Ambulance services	Covered – INR 2000 Per incident
Day Care procedures	Covered – 541 procedures
Ayurvedic Treatment	Covered -25% of SI
Dental & Vision OPD	Not Covered
Room Rent	Normal 2 % & ICU – 4% of Sum Insured
Co-payment	Nil

Benefit descriptions in this benefit manual are to be treated as indicative only.
For a complete list of benefits and exclusions, please also refer to the policy document.

Benefits Summary

Ailment capping	No
Cyber Knife treatment	Covered – 50% of Sum Insured
Stem Cell Transplantation/ Robotic Surgery	Covered – 50% of Sum Insured
Lasik Treatment	Covered if power is +/- 7.5D

Terrorism	Covered
Domiciliary hospitalization	Covered
Internal Congenital	Covered
External Congenital	Not Covered

Maternity Benefit

Maternity

Pregnancy is the most cherish moment of one's life. **PRAGATI WAREHOUSING** wants to ensure that you are adequately covered for this moment.

Maternity benefit covers the cost related to the birth of the child

Benefit

- Normal Deliver: INR 30,000
- C-Section Delivery: INR 50,000
- Pre-post natal expenses are covered
- Well baby expenses are covered up to the maternity limit
- Newborn baby is covered from day 1

Exclusions

- Applicable only for the birth of first 2 children
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Infertility Treatment

Benefits Explained: Room Rent

Room Rent

Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (twenty-four hours) basis and shall include associated medical expenses. Sub-limit on room rent would mean that the insurer defines the maximum amount it will pay towards the room rent. Mostly, this limit is defined as a percentage of sum insured.

Benefit

2% for Normal
4% of SI for ICU

Note

- Choosing a higher category of room than your entitlement will incur additional charges which needs to be borne by you
- Home Care Treatment Expenses -Covered Maximum upto 14 days per incident

Advanced Medical Treatments

Stem cell/Robotics transplant therapy

is a procedure in which a patient receives healthy stem cells (blood-forming cells) to replace their own stem cells that have been destroyed. The cause for the same could be radiation or high doses of oral chemotherapy medication etc. Please refer to the policy terms and condition for limits and co-pay for this benefit.

Benefit

Stem cell transplant cost covered with a 50% co-pay

Lasik surgery

is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc.

Benefit

Lasik surgery covered for +/- 7.5 & above refractive index correction

Cyber Knife treatment

is a radiation therapy used as non-invasive treatment for cancerous tumors anywhere in the body.

Benefit

Cyber Knife Treatment cost covered with a 50% co-pay

Advanced Medical Treatments

Cochlear Implant treatment

A cochlear implant is an electronic device that improves hearing.

Benefit

A cochlear implant treatment covered with a 50% co-pay

Lucentis

is a medicine used to treat adults with certain sight problems caused by damage to the retina.

Benefit

Lucentis is covered upto 50000 per family within Floater Sum Insured

Functional Endoscopic Sinus Surgery

Functional endoscopic sinus surgery (FESS) is a minimally invasive procedure that's used to unblock the sinus openings.

Benefit

Functional Endoscopic Sinus Surgery within a limit of 35000 per family within the Family Floater SI

Advanced Medical Treatments

Psychiatric or Mental Disorder treatment

Treatment varies with the type of mental disorder but almost always involves psychiatric counselling. (Treatment only counselling covered.)

Benefit

Psychiatric ailments within a limit of INR 50000 per family

Other Modern Treatment

- Treatments Limit Uterine Artery Embolization and HIFU
- Balloon Sinuplasty Covered
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy Monoclonal Antibody to be given as injection
- Intravitreal injections
- Robotic surgeries
- Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
- Bronchial Thermoplasty
- Stereotactic radio
- Intra Operative Neuro Monitoring
- Stem cell therapy

Benefit

Modern Treatments IRDAI specified 12 Modern Treatments covered with 50% Copay

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GROUP PERSONAL ACCIDENT INSURANCE PLAN

Group Personal Accident Insurance Plan

1

Accidental Permanent Disablement means disablement caused due to an accident which entirely prevents an insured person from attending to any business or occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.

2

Accidental Temporary Total Disablement means disablement caused due to an accident which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured person first became disabled.

3

Accidental Permanent Partial Disablement is a doctor certified total and continuous loss or impairment of a body part or sensory organ caused due to an accident , to the extent specified in the chart provided by the insurer.

Group Personal Accident Insurance Plan

Plan Details

Policy Period

01st Jan 2025 to

31st Dec 2025 midnight

Insurance Company

Aditya Birla Health Insurance Co. Ltd

Basis of Sum Insured

INR 10,00,000

Members Covered

Employee Only

Group Personal Accident Insurance Plan

Plan Benefits

Accidental Death

Sum Insured :1000000
100% of Sum Insured

Permanent Total Disability

Sum Insured :1000000
100% of Sum Insured

Permanent Partial Disability

Sum Insured :1000000
100% of Sum Insured

Group Personal Accident Insurance Plan

Plan Benefits

Temporary Total Disablement

1 % of SI or INR 5000 or 25% of monthly Gross Salary,w hicheveri s lower, for up to 104 weeks

Dependent Child Education Fund

10% of Sum Insured subject to maximum INR 5000 per child, for up to 2 kids

Medical Expenses

Cover Up to INR 100000 or 50% of SI or actuals, whichever is less

Group Personal Accident Insurance Plan

Plan Benefits

Funeral Expenses

2% of Sum Insured subject to maximum of INR 5000

Transportation Expenses

2.5% of Sum Insured subject to maximum of INR 5000

Burns Cover

10% of Sum Insured subject to maximum of INR 10000

Group Personal Accident Insurance Plan

Plan Benefits

Lifestyle Modification

15% of Sum Insured subject to maximum of INR 10000

Compassionate Visit

10% of Sum Insured subject to maximum of INR 10000

Ambulance Hospitalization

1% of SI upto INR 5000

Group Personal Accident Insurance Plan

General Exclusions

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
- Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
- Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or
- Self exposure to needless peril (except towards saving human life)
- Loss due to childbirth or pregnancy.
- Bodily Injury or Sickness occasioned by Civil War or Foreign War

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GENERAL TERMS AND CONDITIONS

General Terms And Conditions

- The expenses shall be reimbursed provided they are **incurred in India** and are within the policy period.
- Expenses will be reimbursed to the **insured member** depending on the level of cover that he/she is entitled to.
- Expenses that are incurred for standalone diagnostic or preventive tests **without any active line of treatment** and do not warrant a hospitalization admission are **not covered** under the plan.
- No Individual should be covered as a dependent of more than one employee.
- In case an employee has not covered his/her dependents during enrolment, they will be able to add them only during the next renewal.
- Mid-Term enrolments are only allowed for life events. For example: new-born baby or marriage. These new additions need to be intimated within 30 days of event.
- You are requested to use prudence and proper negotiation with Hospital/Nursing home in availing the eligible room category.
- Please remember, higher the room category higher is the cost of treatment. This may result in faster exhaustion of your total available eligibility.
- If you are opting for a higher room category, then you will have to bear the proportionate increase in cost on all categories/heads.
- Dental treatment is not covered. However only in case of accident, the mandatory expenses will be payable.
- Vision Treatment which are undertaken for regular maintenance of eyes are not covered.
- The portion to be paid by employees will be spread over 12 months period (deducted from payroll) with 2 years lock-in period.
- Should a colleague opt in and then leave employment during the policy period, the pro-rated premium for the remaining period will be settled in the Full and Final exit settlement.
- Colleagues can avail Tax Benefit for Voluntary Parental Cover payment, under Section 80 (D) of the Income Tax Act.

Benefit descriptions in this benefit manual are to be treated as indicative only.
For a complete list of benefits and exclusions, please also refer to the policy document.

General Exclusions

- War, War like operations (whether war be declared or not) or by nuclear weapons/materials
- Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids etc.
- Any dental treatment or surgery unless arising from disease or injury and which requires hospitalization for treatment.
- Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- Expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.
- Miscarriage, abortion or complications of any of these including changes in chronic condition as a result of pregnancy except, where covered under the maternity section of benefits.
- Doctor's home visit charges, Attendant/Nursing charges during pre- and post-hospitalization period.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine.
- External and or durable Medical/Non-Medical equipment of any kind used for diagnosis.
- Change of treatment from one pathy to another pathy unless being agreed/allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies, etc.
- Any treatment required arising from Insured's participation in any hazardous activity. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any cosmetic or plastic surgery except for correction of injury.

Benefit descriptions in this benefit manual are to be treated as indicative only.
For a complete list of benefits and exclusions, please also refer to the policy document.

Key Contacts

Cashless hospitalization – Network List And Contact Details

Hospital Network List
Click on Website –Find Near by Hospital: Cashless Hospital in your location

Claim Type	Name	Email id	Contact no	Spoc Level
Cashless Preauthorization /Reimbursement	Phaneendra Chandavolu	chandavolu.phaneendra@adityabirlacapital.com	9949534888	Level 1
	Uma Polisetti	uma.polisetti@adityabirlacapital.com	9951059465	
	Dr Srilatha Shamakkagari	shamakkagari.srilatha@adityabirlacapital.com	9640033312	Level 2
	Dr Chaitanya Bharathi	bathina.bharathi@adityabirlacapital.com	9703014259	
	Dr Nagaraju Ambarapu	nagaraju.ambarapu@adityabirlacapital.com	9010635556	Level 3

Level	Level – 1 Claim Escalation	Level - 2	Level - 3
Name	Pradip Lakare	Vidhya Shetty	Ms. Meriam Ansari
Mobile Number	+91 - 7813 918 382	+91 - 7757821386	+91 - 7619 143 015
Email ID	pradip.lakare@aon.com	Vidhya.shetty@aon.com	Meriam.Ansari09@aon.com

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OPD Coverage

OPD Express - Add on only for Employee

Active Health App
Family Definition-
Only Employee

- Tele Consultation- GP (Cashless only) – Unlimited
- Diet or Nutrition (Cashless only) - 6 sessions
- Mental Wellness Consultations (Cashless only) - 6 sessions
- Preventive Health Check-up (Cashless only) - 1 coupon
- Health Risk Assessment – Yes
- Discounts - 15% on Doc consult.
- Discount on 20% on Lab
- Discount on 10% on Pharmacy

Annual Health Check up

Test Name	Component
Hemogram (25)	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Hemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Hematocrit(Pcv), Red Cell Distribution Width - Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Hemoglobin(Mch), Monocytes, ESR
Kidney Function Tests (2)	Blood Urea Nitrogen (BUN), Creatinine- Serum
Lipid Profile (9)	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non - HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
Liver Function Test (12)	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine Routine (9)	Colour, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Diabetic Profile (2)	Fasting Blood Sugar, HbA1C
Thyroid Profile (3)	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
Bone Health (1)	Calcium

Claims Process

Making a Claim

Group Medical Insurance Plan

The hospitalization Procedure

You can avail either cashless facility or submit the claim for reimbursement.

Cashless

Cashless hospitalization means the TPA may authorise (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Standard Network/PPN Network Hospital and the TPA. In such case, the TPA will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent these services are covered under the Policy. Denial of cashless does not mean that the treatment is not covered by the policy.

Group Medical Insurance Plan

The Hospitalization Procedure

You can avail either cashless facility or submit the claim for reimbursement.

Reimbursement

In case you choose a non-network hospital, you will have to liaise directly with the hospital for admission. However, you are advised to follow the preauthorisation procedure and intimate the TPA about the claim to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

To know about cashless or reimbursement, please visit the desired section mentioned below:

Claims Process – Cashless Claims

Planned Claims

Approach the hospital minimum 48 hours prior to hospitalization, produce TPA card with Govt. Photo Id and complete pre-authorisation formalities

Fax pre-authorisation letter for approval. If documents are in order, TPA will issue authorisation letter within 3 hours.

If the case is declined, a denial letter will be issued to the hospital. However, do note that denial of cashless does not mean denial of claim or denial of treatment

Emergency Claims

If possible, check which is the closest network hospital in the area. Once admitted, initiate treatment and within 24 hours, start the process of pre-authorisation

If in order, TPA will issue authorisation letter within 3 hours. If declined (unlikely in emergencies), a denial letter will be issued

Post discharge, if you believe the denied claim is payable, do submit the claim as a reimbursement for a secondary review.

Claims Process – Reimbursement

Making A Claim

Employee/Beneficiary notifies HR, who in turn would intimate Insurer and submit required claims documents within 14 days of the event

On obtaining all relevant documents, Insurer begins processing the claims

Claim Investigation and Review post submission of all the required documents

Is claim approved?

Yes

On approval, the cheque is sent to the HR or NEFT details shared with HR, from where the information is shared to the Employee/Beneficiary

No

On obtaining all relevant documents, Insurer begins processing the claims

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DEFINITIONS

Benefits Summary

Standard Hospitalization	In the event of a hospitalization claim (more than 24 hrs.), the insurance company will pay the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured person, but not exceeding the sum insured in aggregate mentioned in the policy: • Room Charges, • Nursing expenses, • Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialists Fees, • Anesthesia, Blood, Oxygen, Operation Theatre Charges Surgical Appliances, Medicines & Drugs, & similar expenses.
Pre-existing diseases	Pre-existing diseases is a condition for which the insured has been diagnosed with or treated for before the policy commencement date. The most common examples of such conditions are diabetes, hypertension, thyroid etc. **Your policy covers pre-existing diseases from day 1.**
Pre-hospitalization	Pre-hospitalization expenses include various charges related to consultation fees, medical tests and medicine cost before an individual gets hospitalized. Doctors/physicians conduct a slew of tests to accurately diagnose the medical condition of a patient before prescribing treatment. However, in most cases, charges incurred by an individual 30 days prior to his or her hospitalization fall within the ambit of pre-hospitalization expenses. For instance, several tests such as blood test, urine test and X-ray among others are categorized as pre-hospitalization expenses. **Your policy covers 30 days of pre-hospitalization benefit.**

Benefits Summary

Post-hospitalization	Post hospitalization expenses include all expenses or charges incurred by an individual after he or she is discharged from the hospital. For instance, the consulting physician may prescribe medicine along with certain tests to ascertain the progress or recovery of a patient. Expenses related to various therapies, namely, acupuncture and naturopathy are not included by insurance providers in the category of post hospitalization expenses. However, diagnostic charges, consulting fees and medicine costs are covered. **Your policy covers 60 days of post-hospitalization benefits.**
Waiting period	A waiting period is the amount of time an insured must wait before some or all their coverage comes into effect. The insured may not receive benefits for claims filed during the waiting period. In a corporate group policy, waiting period of 30 days , 1 year and 9 months are waived off. However, in a retail policy most of the waiting period continue to exist. **Your policy has no waiting period.**
Maternity Benefits	Maternity benefit covers the cost related to the birth of the child. It includes the delivery charges for both normal and c-section. Maternity benefit can be availed for the birth of first two children. Maternity benefit will not be applicable in case two biological children already exist in the family. • Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered. • Infertility Treatment and sterilization are excluded from the policy.

Benefits Summary

Pre/Post Natal	Pre and Post natal expenses are those which are incurred pre delivery and post delivery e.g., Ultrasound, regular checkups, doctor's consultation fee, medicines and so on. **Your policy covers Pre/Post Natal expenses within the maternity limit**
Newborn baby cover	A Newborn baby is covered in the family floater sum insured limits from day 1. However, the birth of the child needs to be intimated to the HR team or updated on the benefits portal within 30 days of date of event. **Your policy covers newborn baby cover from day 1.**
Ambulance Services	Ambulance charges include emergency transport of the patient from the residence/place of accident/illness to the hospital where treatment is undergone. **Your policy covers ambulance charges for INR 1,000 per incidence only during emergency.**

Benefits Summary

Day Care Services	Due to medical advancement, a list of treatments do not require 24 hours of hospitalization. For example : Cataract operation, kidney stones removal etc. **Your policy covers list of day care procedures as per the insurer list**
Ayurvedic treatment	Ayurvedic is a form of non-allopathic treatment. Under insurance policy ayurvedic treatment undertaken in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health is only admissible. The ayurvedic treatment is covered only on in-patient basis. **Your policy covers ayurvedic treatment up to 25% of sum insured undertaken only in a government registered hospital.**
Dental cover	Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants. The dental cover is a standard exclusion under the policy except treatment undertaken in case of an accident. **Your policy covers dental treatment only in case of accident. No other form of dental treatment is covered in the policy.**

Benefits Summary

Vision cover	Vision cover refers to the maintenance of the health and wellness of the eyes or eye care and includes routine preventive eye care and prescription of glasses. This remains as a standard exclusion under the medical insurance. **Your policy does not cover vision benefit.**
Co-pay	A co pay is the amount of the claim that is borne by the employee. For.eg during a claim process , the admissible claimed amount is INR 100,000 and the policy has a 10% co pay . The employee will have to bear INR 10,000 and the insurance company will pay the remaining INR 90,000. **Your policy has a 10% co-pay only on parental claims.**
Ailment capping	Ailment capping in form of cost containment method to ensure only reasonable and customary charges are payable under the insurance policy. The most common form of ailment capping are cataract, knee replacement surgery, oral chemotherapy etc. Please refer to your policy terms and conditions to understand the ailment caps under your corporate policy. **Your policy has capped cataract at INR 30,000 per eye.**

Benefits Summary

Room Rent	Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (twenty-four hours) basis and shall include associated medical expenses. Sub-limit on room rent would mean that the insurer defines the maximum amount it will pay towards the room rent. Mostly, this limit is defined as a percentage of sum insured. As an example, a 1% (of Sum Insured) per day cap for a normal room in a policy with a sum insured of Rs 3 lakh means that the insurer will only pay Rs3,000 per day towards room rent. In other words, you would be eligible to stay in a room with a tariff of up to Rs3,000 per day. If you choose a room with higher tariff, the insurer will not pay, and you will pay the difference. But that's not all. You don't only pay the difference in the room rent alone, but the associated difference in cost of doctors' fees, nursing fees and surgery costs. This is so because the cost of medical procedures is linked to the room that you choose. So, for the same line of treatment a person with a twin-sharing room will pay less compared to a person with a single room. Your policy eligibility is: **1% of the sum insured for normal room category and 2% of the sum insured for ICU/CCU/NICU room category per day.** **Employee, spouse and children : Normal room category limit : INR 5,000** **ICU/CCU/NICU room rent limit : INR 10,000** **Parents/Parents-in-law : Normal room category limit : INR 3,000** **ICU/CCU room category limit : INR 6,000**

Benefits Summary

Advanced Medical Treatment	Stem cell transplant therapy is a procedure in which a patient receives healthy stem cells (blood-forming cells) to replace their own stem cells that have been destroyed. The cause for the same could be radiation or high doses of oral chemotherapy medication etc. Please refer to the policy terms and condition for limits and co-pay for this benefit. **Your insurance policy covers Stem cell transplant cost up to 50% co-pay.** Robotic surgery are performed by robots. This type of surgery is believed to have delivered precision, flexibility and control during the process of an invasive surgery as compared to a conventional from of surgery. The cost of such surgery is costly and hence, the insurance policy covers it with co-pay or sublimit. Please refer to the policy terms and conditions for more details. **Your insurance policy covers robotic surgery cost with 50% co-pay.** Lasik surgery is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc. **Your insurance policy covers Lasik surgery for +/- 7.5 and above refractive index correction.** Cyber Knife treatment is a radiation therapy used as non-invasive treatment for cancerous tumours anywhere in the body. **Your insurance policy covers cyber knife treatment up to 50% of the sum insured.**

Benefits Summary

Congenital Ailments	Congenital Disease means anomaly at the time of birth. This l of two types : Internal and External. Internal Congenital anomaly is a type of birth defect which is invisible in accessible parts of the body. For example: Atrial septal defect. External Congenital Anomaly is a type of birth defect which is in the visible and is in accessible parts of the body. For example: Cleft lip/palate **Your policy covers internal congenital defects and external congenital defects up to six years only in case of life-threatening conditions.**
Domiciliary hospitalization	Domiciliary hospitalization is a conditions where in the insured is treated as hospitalised even when he is at home Your policy covers internal congenital defects and external congenital defects up to 6 years only in case of life-threatening conditions. **Your policy does not cover domiciliary treatments.**

Thank You

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