

# ACKO HEALTH INSURANCE POLICY PROSPECTUS

## A. Introduction

A unique and innovative indemnity product which covers expenses incurred on hospitalization due to illness or accident in India and overseas alike. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

Acko General Insurance provides the following benefits to its customers:

- Wide range of Sum Insured Limit
- Easy & Transparent buying Process
- Guidance from Trained Professionals: Get unbiased insurance related advice from Acko's trained professionals.
- Quick Claim Settlement: When a claim is filed, Acko tries to settle it in a quick and hassle-free manner.

## B. Eligibility Criteria

1. This Policy covers persons in the age group 91 days onwards (\* 18 years for CI & PA add-on benefits).
2. There is no maximum entry age restricted (\* 65 years for CI & PA add-on benefits).
3. New-born child shall be covered from day-1 if born post 10 months from the policy commencement date.
4. Child above 91 days will be added in the policy as per underwriting assessment process.
5. The maximum entry age for a dependent child is 24 years. Post this age, the child will be treated as an Adult in the Policy.
6. There is no maximum cover ceasing age.
7. Age means "age as on last birthday" as on the date of first policy issuance or at renewal. If any age changes during proposal stage, then "age" at submission of proposal from would be considered for premium calculation.
8. This policy can be issued to an individual and/ or a family floater basis.
9. The Sum Insured for hospitalization cover may be taken on Individual or Floater basis for the family.
10. Relationship allowed in a policy: Self, spouse, son, daughter-in-law, daughter, son-in-law, father, mother, father-in-law, mother-in-law, grandfather, grandmother, grandson, granddaughter, brother, sister, sister-in-law, brother-in-law, nephew, niece.

## C. Policy Period

This policy will be issued for a period of 1 year / 2 year / 3 year

## D. Sum Insured

Sum Insured options 3lacs, 5lacs, 10 lacs, 15lacs, 25lacs, 50lacs, 1cr,1.5cr, 2.5cr, 5cr and 10cr.

## E. Premium Payment Option

Mode of payment: Any, as per the allowed IRDAI options

Frequency of payment: For 1 Year Policy- Monthly / Quarterly / Half Yearly / Single payment  
For 2 Years or 3 Years Policy- Single payment

## F. Salient Features and Benefits

### Section -1 Basic Benefits

All the Benefits under this Section are available to the Insured Person(s). The Sum Insured limits, Exclusions including waiting periods and cover options applicable are as opted by You in the proposal form and as specified in the Schedule.

Claims under the Basic Benefits "In-patient Hospitalization" and "Day-care treatment" will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Hospitalization:

- The Hospitalization of the Insured Person is caused solely and directly due to an Illness contracted or an Injury sustained by the Insured Person, during the Coverage Period, as specified in the Schedule.
- The Date of Admission is within the Coverage Period.
- The Hospitalization is for a Medically Necessary Treatment condition and commences and continues on the written advice of the treating Medical Practitioner.

#### • In-patient Hospitalization

We will indemnify for the Medical Expenses during an Insured Person's In-patient Hospitalization, namely, Room Rent, ICU/CCU/HDU charges, Operation theatre cost, all required Medical Practitioners' fees, medication, diagnostic tests and Surgical / Medical Appliances required.

Some expenses as specified in Annexure I are not covered in the Policy, unless specified otherwise in the Schedule.

#### • Day Care Treatment

We will indemnify for the Medical Expenses towards a Day Care Treatment undertaken by an Insured Person in a Hospital / nursing home / Day Care Centre. Any treatment in Out-Patient department is not covered under this Benefit.

#### • Pre & Post Hospitalization Medical Expenses

We will indemnify for the relevant Medical Expenses in relation to Pre/Post-hospitalization Medical Expenses of an Insured Person incurred immediately prior to the Date of Admission or post the date of discharge from the Hospital.

The above Medical Expenses shall be payable provided that a claim has been admitted for the same Hospitalization under "In-patient Hospitalization" or "Day Care Treatment" above.

#### • Road Ambulance

We will indemnify the reasonable costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance or public transport, in case of the Insured Person requiring Emergency Care.

#### • Domestic Emergency Evacuation

In case of a Medical Emergency during the Coverage Period in respect to an Insured Person, if adequate medical facilities are not available locally, We will indemnify the reasonable costs towards Emergency Evacuation of the Insured Person to the nearest medical facility capable of providing adequate care.

Transportation will be provided by medically equipped specialty aircraft, commercial airline, train, Ambulance or air ambulance depending upon the medical needs and available transportation specific to each case.

#### • Domiciliary Treatment Cover

We will indemnify the Medical Expenses incurred on the Domiciliary Treatment of an Insured Person during the Coverage Period following an Illness or Injury that occurs during the Coverage Period.

#### • Organ Donor Expenses

We will indemnify the In-patient Hospitalization expenses incurred by an Insured Person's organ donor towards harvesting of the organ.

- **Second Opinion**

We will indemnify the expenses incurred towards seeking a second opinion for an alternate evaluation of the diagnosis or Treatment from a Specialist Medical Practitioner, on an out-patient consultation basis, if an Insured Person is advised for In-patient Hospitalization or Day Care Treatment by a Medical Practitioner during the Coverage Period.

- **Newborn Baby**

We will indemnify the In-patient Hospitalization Expenses and Day Care Treatment Medical Expenses under incurred towards the Hospitalization of an Insured Person's Newborn Baby who is born during the Coverage Period.

- **Annual Preventive Health Check-up**

We will facilitate and provide the below set of preventive health check-ups, to all Insured Persons above 18 years of age in each Policy Year:

List of the tests under preventive health check-up		
Complete Medical Examination by a Medical Practitioner	Fasting Blood Sugar (FBS)	Serum Gamma-Glutamyl Transferase (GGT)
Complete Blood Count (CBC)	Electrocardiogram (ECG)	Serum Total Cholesterol (T Chol)
Erythrocyte sedimentation rate (ESR)	Serum Creatinine,	Serum Triglyceride (S. Trig)

- **Inflation Protect Sum Insured**

We will provide You an additional Sum Insured, called Inflation Protect Sum Insured, in the subsequent Policy Year, if the Policy is active or is renewed with Us. The Inflation Protect Sum Insured will be a fixed percent of the Base Sum Insured of the last completed Policy Year and will be added for each of the ten (10) completed and continuous Policy Years.

- **Restore Sum Insured**

We will restore Your Sum Insured up to 100% of the Base Sum Insured once in a Policy Year, in case the sum total of Base Sum Insured, Inflation Protect Sum Insured, and any NCB Sum Insured, earned under the Policy is insufficient to pay for Medical Expenses as a result of previous claims admitted during the Policy Year.

## Section -2 Basic Benefits Options

- **Worldwide In-patient Hospitalization**

We will cover the Covered In-patient Medical Expenses specified under the In-patient Hospitalization Cover, incurred during Hospitalization of an Insured Person anywhere outside India for the Illness or Injury.

- **Unlimited Restore**

We will restore the Sum Insured for unlimited number of times in a Policy Year, in case the sum total of Base Sum Insured, Inflation Protect Sum Insured and any NCB Sum Insured, earned under the Policy is insufficient to pay for Medical Expenses as a result of previous claims admitted during the Policy Year.

- **No Claim Bonus Sum Insured**

We will provide You an additional Sum Insured, called No Claim Bonus (NCB) Sum Insured, in the subsequent Policy Year, if the Policy is active or is renewed with Us. The additional NCB Sum Insured in the subsequent Policy Year will be a fixed percent of the Base Sum Insured of the last completed Policy Year.

- **First Notification of Claim**

We will offer a discount in premium, if You have agreed to notify Us about any claim under "In-patient Hospitalization" or "Day Care Treatment" within 48 hours of Hospitalization or before discharge of the Insured Person from the Hospital, whichever is earlier.



If You fail to notify Us as specified above, you will bear a compulsory Co-payment percentage, as specified in the Schedule, of the final claim amount assessed by Us, in addition to any other Co-payment applicable.

- **Preferred Providers Network**

We will offer a discount in premium, if You have agreed to use the services of Hospitals in Our Preferred Provider Network, as specified in the Schedule or Our website [www.acko.com](http://www.acko.com), for availing cover under “In-patient Hospitalization” or “Day Care Treatment”.

If You make a claim under “In-patient Hospitalization” or “Day Care Treatment” for Hospitalization in a Hospital outside of the specified Preferred Provider Network, You will bear a compulsory Co-payment percentage, as specified in the Schedule, of the final claim amount assessed by Us, in addition to any other Co-payment that may be applicable.

- **Co-Pay**

We will offer a discount on premium, if You agree to bear a compulsory Co-payment percentage of the final claim amount assessed by Us, for all claims under Basic Benefits.

- **Super Top-up**

We will pay the Insured Persons for claims only when the total admissible claim amount for all Insured Persons covered under the Policy, for the whole group, during the Policy Year exceeds the Annual Aggregate Deductible amount.

- **Waiver of Non-payable Medical Expenses Exclusion**

We will cover the reasonable and customary expenses towards Non-payable Medical Expenses under “In-patient Hospitalization”, “Day Care Treatment” or Domiciliary Treatment Cover”.

- **All Medically Necessary Hospitalization**

We will cover the reasonable and customary expenses towards Permanent Exclusions set 1 as specified in Section F (Exclusions), provided that the claim is admitted under “In-patient Hospitalization” or “Day Care Treatment” or “Domiciliary Treatment Cover”.

- **Reduction in Specific Disease/procedure Waiting Period**

We shall reduce the applicable specific waiting period for claims related to Specific Diseases / Procedures specified under Exclusion Section (Specific Disease/Procedure Waiting Period) to the period as specified in the Schedule.

This Basic Benefit Option will be available only at the time of inception of the first policy with Us and only for the Sum Insured opted at such inception.

### **Section -3 Add On Benefits**

- **Doctor-on-Call**

We will provide the Insured Person with access to a general Medical Practitioner, either directly or facilitated through Our Empanelled Service Provider, for round-the-clock medical consultation through an online portal as a chat service, a call back service or a voice call service.

- **Family Physician**

We will assign a qualified Medical Practitioner who is a general physician as a ‘Family Physician’ to the Insured Person in the locality of his/her place of residence whom the Insured Person or any of the Dependents covered under the Policy may visit for general physician consultations.

- **Out-Patient Medical Services**

We will cover the Medical Expenses incurred by an Insured Person in respect of any Medically Necessary Treatment availed, in a Hospital or Day Care Centre or by any service provider in an Out-Patient facility, of the following nature:

- Physical Consultation
- Prescribed Diagnostics
- Prescribed Pharmacy
- OPD Treatment

- **Access to Our Out-Patient Medical Services Network**

You are entitled to avail of Physical Consultation or Prescribed Diagnostics, at a discount on their Retail Rates as specified in the Schedule.

- **Monthly No Claim Bonus OPD Sum Insured**

We will provide You No Claim Bonus (NCB) OPD Sum Insured at the end of each claim free Policy Month for OPD Medical Services mentioned in Add-on Benefit "Out-Patient Medical Services".

- **Daily Hospital Cash**

We will pay You the daily allowance amount for each continuous and completed period of 24 hours of Hospitalization, in case a claim is admitted under "In-patient Hospitalization".

- **Critical Illness Benefit**

We will pay the Sum Insured as is specified against such Critical Illness, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered surgical procedures as specified in the Schedule.

- **Accidental Death or Disability Cover**

We will pay the percentage of Sum Insured as specified below, in case an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's Death or Disability which is of the nature specified in the table below, within 365 days from the date of the Accident:

Insured Event	Percentage of the Sum Insured payable
1. Accidental death	100%
2. Total and irrecoverable loss of sight in both eyes	100%
3. Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
4. Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
5. Total and irrecoverable loss of sight in one eye and loss of a Limb	100%
6. Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye	100%
7. Total and irrecoverable loss of hearing in both ears and loss of speech	100%
8. Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye	100%
9. Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living	100%
10. Total and irrecoverable loss of sight in one eye	50%
11. Loss of one hand or one foot	50%
12. Loss of all toes - any one foot	10%

Insured Event	Percentage of the Sum Insured payable
13. Loss of toe great - any one foot	5%
14. Loss of toes other than great, if more than one toe lost, each	2%
15. Total and irrecoverable loss of hearing in both ears	50%
16. Total and irrecoverable loss of hearing in one ear	15%
17. Total and irrecoverable loss of speech	50%
18. Loss of four fingers and thumb of one hand	40%
19. Loss of four fingers	35%
20. Loss of thumb- both phalanges	25%
21. Loss of thumb- one phalanx	10%
22. Loss of index finger-three phalanges	10%
23. Loss of index finger-two phalanges	8%
24. Loss of index finger-one phalanx	4%
25. Loss of middle/ring/little finger-three phalanges	6%
26. Loss of middle/ring/little finger-two phalanges	4%
27. Loss of middle/ring/little finger-one phalanx	2%

### • Permanent Total Disability Cover

We will pay the Sum Insured specified against this Add-on Benefit, in case an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident.

Nature of Permanent Total Disability
1. Total and irrecoverable loss of sight in both eyes
2. Loss by physical separation or total and permanent loss of use of both hands or both feet
3. Loss by physical separation or total and permanent loss of use of one hand and one foot
4. Total and irrecoverable loss of sight in one eye and loss of a Limb
5. Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
6. Total and irrecoverable loss of hearing in both ears and loss of speech
7. Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
8. Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

### • Value Added Services

We will provide You the below mentioned Value Added Service to incentivize You to take care of Your health and maintain a healthy lifestyle.

List of Value-Added Services			
e-Consultation	Pharmacy (Home Delivery)	Medical Wallet	Ambulance Arrangement Services
Wellness Coach	Vital/Physical Activity Monitoring Services	Report Aggregation	Pick-up and Drop Services for Consultation
Lab Services (Home Collection)	Reminder Notifications	Home Care Services	Prioritizing Appointments

## G. Exclusions

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following. All the waiting period shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

- **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.
- **Specified disease/procedure waiting period-Code-Excl02**
  - a. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
  - a. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
  - b. 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.
  - c. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
  - d. 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.
  - e. **List of specific diseases/procedures:**

Specific Diseases/Procedure	Description
1. Eye	Cataract, Glaucoma and other disorders of lens, disorders of Retina
2. Stone	Pancreatitis and Stones in Biliary and Urinary System
3. Genitourinary	Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, PCOD, or any condition requiring dilation and curettage or Hysterectomy
4. Cysts, Tumour	Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, PCOD, or any condition requiring dilation and curettage or Hysterectomy
5. Prostate	Hyperplasia of Prostate, Hydrocele and spermatocele
6. Rectal	Haemorrhoids, Fissure or Fistula or Abscess of anal and rectal region
7. Hernia	Hernia of all sites
8. Arthritis	Osteoarthritis, Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, inflammatory

Specific Diseases/Procedure	Description
	Polyarthropathies, Arthrosis such as RA, Gout, Intervertebral Disc disorders
9. Kidney	Chronic kidney disease and failure
10. Varicose veins	Varicose veins of lower extremities
11. Ear, Nose, Throat	Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane, Tonsils and Adenoids, Nasal Septum and Nasal Sinuses
12. Internal Congenital	Internal Congenital Anomaly
13. Gastro	Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract
14. Any other specific conditions in Schedule	Any other condition or treatment mentioned under this head in the Schedule will have a waiting period as specified in the Schedule.

- **Pre-Existing Diseases-Code- Excl01**

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- 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.
- Coverage under the policy after the expiry of number of months, as specified in the Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

- **Excluded Medical Expenses**

We shall not be liable to pay the expenses towards Non-Medical Expenses as listed in Annexure I for any claim under Basic Benefits “In-patient Hospitalization”, “Day Care Treatment” or “Domiciliary Treatment Cover”.

- **Permanent Exclusions Set 1 (Can be Waived)**

We shall not be liable to make any payment under this Policy for this coverage category and any Benefits or Benefit Options arising from or caused by any of the following (applicable for other than Personal Accident and Critical illness Add-on Benefits):

- Self-inflicted Injury:** Any condition occurring as a result of self-injury inflicted by the Insured Person.
- 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.
- HIV and AIDS:** Treatment of HIV and Acquired Immune Deficiency Syndrome (AIDS), whether or not sexually transmitted.
- Other sexually transmitted diseases:** Treatment of any sexually transmitted diseases or infections (other than HIV and AIDS), including the screening and prevention of such diseases or infections.



5. **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.
6. **Unproven and Experimental Treatment:**
  - a. **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.
  - b. **Radio Frequency Ablation:** Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.
7. **Treatment taken outside India:** Any treatment outside of India is not covered unless specifically covered under Basic Benefit Option 4.1
8. **External Congenital Anomaly or defects**
9. **Treatment undergone other than Allopathic treatment or AYUSH Treatment;**
10. **Specific Treatments:**
  - a. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure;
  - b. Muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities;
  - c. Treatment for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP);
  - d. Hyperbaric Oxygen Therapy, high intensity focused ultrasound, balloon sinuplasty, Deep Brain Stimulation, Holmium Laser Enucleation of Prostate, KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries;
  - e. Bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, use of Infliximab, rituximab, Avastin, Lucentis;
  - f. Remicade, Avastin or similar injectable treatment.
11. **Sleep Disorders:** Treatment for any conditions related to disturbance of normal sleep patterns or behaviours such as Sleep-apnoea, snoring, etc.
12. **Substance Abuse and Addictions:** Expenses incurred for the treatment of any Illness or Injury which is a consequence of:
  - f. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12  
Withdrawal and de-addiction; and  
Cancer of oral, oropharynx and respiratory system is specifically excluded in a tobacco user.  
However, it is hereby clarified that the foregoing exclusions do not exclude any cover under the Policy towards impairment of Persons' intellectual faculties by usage of drugs, stimulants or depressants as prescribed by a Medical Practitioner.
13. **OPD Treatment:** OPD consultations, diagnostics tests, pharmacy costs shall not be payable unless covered as an Add-on Benefit or is covered as a part of an admitted claim under Basic Benefit 3.1 (In-patient Hospitalization) or Basic Benefit 3.2 (Day care Treatment).

- **Permanent Exclusions Set 2 (Cannot be Waived)**

We shall not be liable to make any payment under this Policy for this coverage category and any Benefits or Benefit Options arising from or caused by any of the following (applicable for other than Personal Accident and Critical illness Add-on Benefits):

- 1. Birth control, Sterility and Infertility: Code – Excl17:** Expenses related to Birth Control, sterility and infertility. This includes:
  - g. Any type of contraception, sterilization
  - h. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - i. Gestational Surrogacy
  - j. Reversal of sterilization
- 2. Maternity: Code- Excl18**
  - k. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - l. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 3. 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.
- 4. Suicide**
- 5. Treatment for Cosmetic Purposes:**
  - m. **Refractive Error: Code-Excl15** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.  
**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.  
**Dental:** Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva unless necessitated due to an Accident.
- 6. Medically unnecessary Treatment:**
  - n. **Obesity/ Weight Control: Code- Excl06** : Expenses related to the surgical treatment of obesity that does not fulfil 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 Apnoea
        - iv. Uncontrolled Type2 Diabetes

- Circumcision:** Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
- 7. Prosthetics and Other Devices:** Prosthetics and other devices not implanted internally by surgery, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
- 8. 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.
- 9. Investigation & Evaluation-Code-Excl04**
- o. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - p. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 10. 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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
- 11. War and Exposure to Hazardous Substances:** Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism, nuclear, biological or chemical emissions, rebellion, revolution, acts of terrorism.
- 12.** Treatments received in health hydro's, 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**
- 13.** 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**
- 14. Hormonal Therapies:** Growth hormone therapy and/or any form of hormone replacement therapy (HRT) and/or administration of other hormonal medication.

• **Permanent Exclusions for Critical Illness Add-on Benefit**

We shall not be liable to make any payment under this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
- 2. Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Inception Date

3. Any Pre-existing Disease; injury or any complication arising therefrom.
4. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under 3 above.
5. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen;
6. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
7. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide;
8. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
9. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
10. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
11. Congenital Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;
12. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
13. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
14. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;
15. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;
16. Any treatment/surgery for change of sex, cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;

17. Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent;
18. In the event of the death of the Insured Person within the stipulated survival period as set out above.
19. Failure to seek or follow Medical Advice.
20. Birth control procedures and hormone replacement therapy.
21. Any loss or treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarean section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

• **Permanent Exclusions for Personal Accident Add-on Benefit**

We shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which our maximum liability in that period would exceed the Sum Insured. This would not apply to payments made under Emergency Ambulance Cover, Orphan Benefit, Loss of Employment, Funeral Expenses, Education fund of the Policy.
3. Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
7. Congenital external diseases, defects or anomalies or in consequence thereof
8. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
9. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
10. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Hernia.
11. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.

**Acko General Insurance Limited**

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[www.acko.com](http://www.acko.com) | Tollfree: 1800 266 2256 | Mail: [hello@acko.com](mailto:hello@acko.com)

12. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
13. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
14. Death or disablement resulting directly or indirectly contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof;
15. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
16. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep
17. sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
18. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
19. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
20. 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.
21. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
22. Any physical, medical condition or treatment or service that is specifically excluded in the Policy.

## H. Discounts

- a) First Notification of Claim Discount:** The insured person is eligible for discount on premium if have agreed to notify Us about any claim under Basic Benefit within 48 hours of Hospitalization or before discharge of the Insured person from the Hospital, whichever is earlier.

If You fail to notify Us as specified above, You will bear a compulsory Co-payment percentage, of the final claim amount assessed by Us, in addition to any other Co-payment applicable.

Co-pay	Discount
10%	5.0%
15%	7.5%
20%	10.0%

- b) Preferred Provider Network Discount:** The Insured person is eligible for discount on premium if have agreed to use the services of Hospitals in Our Preferred provider Network, as specified in the Schedule or Our website, for availing cover under Basic Benefit.

If You make a claim in Hospital outside of the specified Preferred provider Network, You will bear a compulsory Co-payment percentage, of the final claim amount assessed by Us, in addition to any other Co-payment applicable.

Co-pay	Discount
10%	5.0%
15%	7.5%
20%	10.0%

- c) Voluntary Co-Payment Discount:** The insured person is eligible for discount on the premium if you opt for a Voluntary Co-payment as per below table:

Co-pay	Discount
5%	5%
10%	10%
15%	15%
20%	20%
25%	25%
30%	30%

- d) Policy Tenure Discount:** If Policy Period is more than one year, the Insured Person will be entitled to receive a discount as per below table, If you pay premium in advance as a single premium.

Policy Tenure (In Years)	Discount
2	7.5%
3	12.5%

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## I. Pre-policy health check-up (PPHC)

- 100% PPHC costs will be absorbed by Us.
- Reports to be issued to the Insured for Accepted Cases only.
- Based on the Age, Sum Insured, Plan, Medical History or disclosures made by the customer either in proposal form or during the tele underwriting, we will ask only proposed to be insured customers to undergo certain medical tests and based upon the tests results we may ask certain higher level medical tests as well.

## J. Loading

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the person proposed for insurance). The maximum risk loading applicable for an individual will not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement date of the Policy including subsequent Renewal(s) with Us or on the receipt of the request for increase in Sum Insured ( for increased Sum Insured).

We will inform you about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 7 days, We will cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after receiving Your consent and additional premium (If any).

The application of loading does not mean that the illness / condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned on the Schedule shall be applied on the illness/ condition, as applicable.

## K. Terms of Renewal

**Life Long Renewal** – This Policy is ordinarily Renewable for life except on grounds of the fraud, moral hazard or misrepresentation or non-cooperation by the insured. We are Not under any obligation to: (1) Send Renewal notice or reminders, or (2) Renew it on same terms or premium as the expiring Policy.

**Grace Period** – All applications for Renewal must be received by Us before the end of the Policy Period. Grace Period of 30 days for renewing the policy is provided under this Policy. Coverage is not available for the period for which no premium is received.

**Revival Period** - Where premium is payable on an instalment basis, the instalment should be paid to Us during the revival period of 15 days from the date of the instalment due date. Wherever premiums are not received within the revival period, the Policy will be terminated and all claims that fall beyond such instalment due date shall not be covered as part of the Policy. However, We will be liable to pay in respect of all claims where the treatment/admission/Accident has commenced/ occurred prior to the date of termination of such Policy, if notified to Us in accordance with the applicable claim notification requirements under the Policy.

**Change in Premium** - Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority of India and will be intimated atleast 3 months in advance.

In the event of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the Policy. You will have the option to migrate to similar indemnity health insurance policy available with Us at the time of Renewal with all the accrued continuity benefits such as waiver of waiting periods provided that the Policy has been maintained without a break as per Portability guidelines. We will not apply any additional loading on your policy premium at renewal based on claim experience.

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**Sum Insured Change** – The Sum Insured can be changed by either enhance or decrease only at the time of Renewal, enhancement will be subject to the underwriting norms and acceptability criteria of the Policy. If you increase the Sum Insured, the case may be subject to health check-up. In case of increase in the Sum Insured, the waiting periods will apply afresh in relation to the amount by which Sum Insured has been enhanced. The quantum of increase shall be at Our discretion and subject to Our underwriting guidelines. Additional premium if any, shall be charged as per terms and conditions of the Policy.

We shall be entitled to call for information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

## **L. Claims Notification and payment**

Processing of claims for Cashless Facility and/or for reimbursement and providing access to the Network Provider will be through Our TPA. Details of the TPA will be available on the health card issued by Us to the Insured Persons and on Our website.

A TPA will be used for accessing Network Providers and for facilitating claim processing.

The updated applicable list of Network Providers will also be available on the TPA's website. Details of applicable Network Providers may also be obtained from the TPA's call centre. In advance of availing Cashless Facility from a Network Provider, the updated list may be checked to ensure that the Network Provider can provide Cashless Facility in respect of the Treatment required by the Insured Person.

We, in our sole discretion, reserve the right to modify, add or restrict any Network Provider for providing Cashless facilities under the Policy. Before availing a Cashless facility, the Policyholder / Insured Person is required to check the applicable/latest list of Network Providers on the TPA's or Our website or by calling the TPA's or Our call centre.

- **Pre-requisite for admissibility of a Claim:** Any claim being made by you or your attendant during Hospitalization on your behalf, should mandatorily comply with the following conditions and in case of non-compliance of any kind, we shall not be bound to accept the Claim:
  - a. The Condition Precedent Clause has to be fulfilled.
  - b. The health damage caused, medical expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by us as an Insured Person except for a Nominee.
  - c. The holding Insurance Policy should be in force at the event of the Claim. All the Policy Conditions wait periods and exclusions are to be fulfilled including the realization of Premium Clause by their respective due dates.
  - d. The Claimant should not be a minor or of unsound mind or on drug administration or influenced by any means of coercion and to exploit us while making the Claim.
  - e. All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.
- **Cashless Facility:** We extend Cashless Facility as a mode to indemnify the medical expenses incurred by you at a Network Provider. For this purpose, you will be issued a "Health card" at the time of first Policy purchase, which has to be preserved and produced at any of Network Provider in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:
  - a. **Submission of Pre-authorization Form:** A Pre-authorization form as prescribed by IRDAI, which is available on our Website or with the Network Provider, has to be duly filled and signed by you and the treating Medical Practitioner, as applicable, which has to be submitted electronically by

the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.

- b. **Identification Documents:** The “Health card” provided by us 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 us for authentication purposes.
  - c. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PANCard, Aadhar Card or any other identification proof as stated by us.
  - d. **Our Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for your Hospitalization.
  - e. **Our Authorization:**
    - I. If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of you 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 us for availing Cashless Facility.
    - II. An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to you, if any, as applicable.
    - III. In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
  - f. **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of your Hospitalization and all other information and documentation specified under Clauses 7.4 and 7.5 of policy wording shall be submitted by the Network Provider immediately and in any event before your discharge from Hospital.
  - g. **Our Rejection:** If we do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by you to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to your 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. You can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
  - h. **Network Provider related:** We 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, you may refer to the list of Network Providers available on our website or at the call centre.
  - i. **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.
  - j. **Claims incurred outside India:** Our Assistance Service Provider should be intimated for availing Cashless Facility outside India under Benefit “Worldwide In-patient Hospitalization”.
- **Re-impbursement Facility**
    - a. It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically state that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clauses 6.4 and 6.5, shall be submitted to us at Your own expense, immediately and in any event within 15 days of your discharge from Hospital.
    - b. We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.

- c. 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 are received from the Network Provider, the case will be processed.
  - d. For Claim settlement under reimbursement, we will pay the Policyholder. In the event of death of the Policyholder, we will pay the nominee 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 our liability under the Policy.
- **Policyholder's / Insured Person's Duty at the time of Claim:** On occurrence of an event which may lead to a claim under this Policy, the Insured Person shall:
    - a. Forthwith intimate, file and submit the claim form and documents as prescribed in accordance with the procedure set out under Section 7.3, 7.4 and 7.5 of policy wording.
    - b. If so, requested by Us, the Insured Person must submit himself / herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
    - c. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
    - d. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.
  - **Claim Intimation:** Upon the discovery or occurrence of an Illness /Injury or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee as the case may be must notify Us / Our TPA either at the call center or in writing and shall undertake the following.
    - a. In the case of Planned Hospitalization - The Insured Person will intimate such admission at least 3 days prior to the planned Date of Admission.
    - b. In the case of Emergency Hospitalization - The Insured Person will intimate such admission within 48 hours of such admission but not later than discharge from the Hospital.

Following details are to be provided to TPA/Us at the time of intimation of claim:

- a. Policy Number
  - b. Name of the Policyholder
  - c. Name of the Insured Person in whose relation the claim is being lodged
  - d. Nature of Illness / Injury / Critical Illness
  - e. Name and address of the attending Medical Practitioner and Hospital
  - f. Date of Admission
  - g. Any other information that may be reasonably requested by Us
- **Claim Assessment:** We will pay the fixed or indemnity amount as specified in the applicable Benefit or Benefit Option in accordance with the terms of this Policy.

We will assess all admissible claims under the Policy in the following progressive order –

- a. If any Sub-Limit on Medical Expenses are applicable as specified in the Schedule, our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.

- b. Opted Deductible (Per claim / Aggregate), if any, shall be applicable on the amount payable by Us after applying the above.
- c. Co-Payments if any, shall be applicable on the amount payable by Us after applying the above.

The claim amount assessed under the Policy will be deducted from the following amounts in the following progressive order (after applying Sub Limit, where applicable)

- **Claim Assessment for fixed benefits:** We will pay fixed benefit amounts as specified in the Schedule in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not specified in the Policy.
- **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. We shall have no liability to make payment of a Claim under the Policy in respect of you during the Policy Period, once your Total Sum Insured is exhausted.
  - c. We 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 us. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you, we shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, we shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
  - d. If you suffer 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 of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
  - e. If any Claim is made which extends in to two Policy Periods, then such Claim shall be paid taking into consideration the available Sum Insured in these Policy Periods including the deductible for each Policy Period. Such eligible Claim amount will be paid to you after deducting the extent of premium to be received for the renewal/due date of premium of the policy, if not received earlier.

The Premium for the policy will remain the same for the policy period mentioned in the Policy certificate.

## M. General Conditions

- **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 full premium paid by You. You can cancel your Policy only if no claim have been made 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.

- **Cancellation / Termination:**

- We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by You or any one acting on Your behalf, We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio and no refund of premium shall be effected by Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.
- You may also give 15 days' notice in writing, to us, for the cancellation of this Policy, in which case we shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy. Refund % to be applied on premium received

CANCELLATION PERIOD	% OF PREMIUM
Within 25% of the Coverage Period	60%
25%-50% of the Coverage Period	40%
50%-75% of the Coverage Period	20%
Exceeding 75% of the Coverage Period	0%

- In case of demise of the Policyholder,
  - 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 for the unexpired period of this Policy at the short period scales.
  - 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, we will renew the Policy subject to the appointment of a policyholder provided that:
    - Written notice in this regard is given to us before the Policy Period End Date; and
    - A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.
- **Portability:** All health insurance policies are portable. Any insured person has the option to migrate to similar indemnity health insurance policy available with us or any non-life insurer, at the time of renewal subjected to underwriting with all the accrued continuity benefits such as waiver of waiting period provided the policy has been maintained without break as per portability guidelines.

Based on the previous policy parameters, continuity benefits will be passed to the accepted customers post underwriting assessment process.

- **Tax Benefit:** The Premium amount paid under this policy qualifies for deduction as per the provisions of section 80D of the Income tax Act, 1961 and any amendments made thereto, from time to time.
- **Non-Disclosure or Misrepresentation:** This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by you in respect of the Insured Persons in the Proposal form and any other any other details submitted in relation to the proposal form. If at the time of issuance of policy or during continuation of the Policy, any material fact in the information provided to Us in the Proposal Form or otherwise, by You or the Insured Person, or anyone acting on behalf of you or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
  - i. Cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at Our sole discretion, Upon 30 days' notice by sending an endorsement to your address shown in the Schedule without refund of premium; and
  - ii. Any claim made under such policy, shall be rejected/repudiated forthwith.
- **Dishonest or Fraudulent Claims:** If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any insured person or anyone acting on behalf of you or an insured person, then this policy will be void and all benefits otherwise payable under it will be forfeited.
- **Other Insurance:** If any time when any claim is made under this policy, the insured person has two or more policies from one or more insurers to indemnify treatment cost, then you shall have the right to require a settlement of the claim in terms of any of the policies. The insurer so chosen by You shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Claim under other policy/ policies may be made after exhaustion of sum insured in the earlier chosen policy / policies, Provided that, if the amount to be claimed under the policy chosen by You, exceeds the sum insured under a single policy after considering the deductibles or co-payment (If applicable), You shall have the right to choose the insurers by whom the balance claim amount is to be settled. Where You have policies from more than one insurer to cover the same risk on indemnity basis., You shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.
- **Endorsements:** This Policy constitutes the complete contracts of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change we make will be evidenced by a written endorsement signed and stamped by Us.
- **Subrogation:** We shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by us for the purpose of enforcing and/or securing any rights and remedies or obtaining relief or indemnity from any other party to which we are or would become entitled upon us paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide us with whatever assistance or cooperation is required to enforce such rights. Any recovery we make pursuant to this clause shall first be applied to the amounts paid or payable by us under this Policy and any costs and expenses incurred by us of affecting a recovery, where after we shall pay any balance remaining to you. This clause shall not apply to any Benefit offered on a fixed benefit basis.
- **Notices:** Any notice, direction or instruction under this policy will be in writing and if it is to:
  - Any insured person, then it will be sent to You at your address specified in the schedule and You will act for all insured persons for these purposes.

- Us, it will be delivered to Our address specified in the Schedule.
- No insurance agents, insurance intermediaries or other person or entity is authorized to receive any notice, direction or instruction on Our behalf.
- **Governing Law & Dispute Resolution Clause:** Any and all disputes or differences under or in relation to this Policy will be determined by the India Courts and subject to Indian law.

If any administrative or judicial body imposes any condition on this Policy for any reason, we are bound to follow the same which may include suspension of all Benefits and obligations under this policy.

If Our performance or any of Our obligations are in any way prevented or hindered as a consequence of any act of God or state, strike, lock out, legislation or restriction by any government or nay other authority or any other circumstance beyond Our anticipation or control, the performance of this policy shall wholly or partially suspended during the continuance of such force majeure conditions cease to exist even for the period during which the force majeure conditions existed.

- **Prohibition on Rebate:** Section 41 of the Insurance Act 1938 stipulates as follows:

“(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to live or property on India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.”

- **Contact Us:** You can reach Us through any of the following methods

- Website : [www.acko.com](http://www.acko.com)
- Email : [hello@acko.com](mailto:hello@acko.com)
- Helpline. :1860 266 2256
- Courier : Acko General Insurance Limited,  
#36/5, Hustlehub One East, Somasandrapalya,  
27th Main Rd, Sector 2, HSR Layout,  
Bengaluru, Karnataka - 560102

If You have a grievance that You wish Us to redress, You may contact Us with details of Your grievance through:

- Our website: [www.acko.com](http://www.acko.com)
- Email: [grievance@acko.com](mailto:grievance@acko.com)
- Toll Free: 1860 266 2256

Courier: Any of Our Branch office or corporate office during business hours.

You/Insured Person may also approach the grievance cell at any of Our branches with the details of the grievance during Our working hours from Monday to Friday.

If You/Insured Person are not satisfied with Our redressal of Your grievance through one of the above methods, You/Insured Person may contact the Grievance Officer at the following address:

Grievance Redressal Officer  
Acko General Insurance Limited  
#36/5, Hustlehub One East, Somasandrapalya,  
27th Main Rd, Sector 2, HSR Layout,

Bengaluru, Karnataka - 560102  
[grievance@acko.com](mailto:grievance@acko.com)

In the event of unsatisfactory response from the Grievance Officer, he/she may, register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.

## N. Schedule of Benefits

Sum Insured mentioned below for

- In case of **Individual basis**, our maximum, total, and cumulative liability for any and all claims made with respect to the Insured Person will be up to the Sum Insured specified for the Benefit.
- In case of **Floater basis**, our maximum, total, and cumulative liability for any and all claims made with respect to all the Insured Persons under the Policy, will be up to the Sum Insured specified for the Benefit.

Sum Insured (in Rs.)	3 Lakh	5 Lakh	10 Lakh	15 Lakh	25 Lakh	50 Lakh	1 Cr	1.5 Cr	2.5 Cr	5 Cr	10 Cr
<b>Section 3: Basic Benefits</b>											
Inpatient Hospitalization	Covered up to Sum Insured										
Room rent Category	Room Rent: 0.003% to 5% of Base Sum Insured or Rs 3,000 to Rs 15,000 Room Category: General Ward / Shared Room / Single AC Room / Suite Room										
Day Care Treatment	Covered up to Sum Insured										
Pre-Hospitalization	30 Days/ 60 Days										
Post Hospitalization	60 Days/ 90 Days/ 120 days										
Road Ambulance	1,000/ 2,000/ 3,000/ 4,000/ 5,000/ 6,000/ 7,000/ 8,000/ 9,000/ 10,000/ Upto sum insured										
Domestic Emergency Evacuation	1lac / 2lacs / 3 lacs / 4 lacs / 5 lacs / 6 lacs / 7 lacs / 8 lacs / 9 lacs / 10 lacs / Upto Sum Insured										
Domiciliary Treatment Cover	Covered up to Sum Insured										
Organ Donor Expenses	Covered up to Sum Insured										
Second Opinion	Covered up to Sum Insured										
New-born Baby	Covered up to Sum Insured										
Annual Preventive Health Check-up	The following tests will be conducted under preventive health check-up MER, CBC, ESR, FBS, ECG, Sr. Creatinine, GGT, Total Cholesterol, S. Triglyceride (Available for all the Insured Persons above 18 years of age in each Policy Year)										
Inflation Protect Sum Insured %	10% / 15% / 20%/25%/50% of Base Sum Insured in a subsequent Policy Year, if the Policy is active or is Renewed with Us.										
Restore Sum Insured	100% of base sum insured										
<b>Section 4: Basic Benefit Options</b>											
Worldwide In-patient Hospitalization	Yes / No										
Unlimited Restore	Yes / No										
No Claim Bonus Sum Insured	0% / 25% / 50% of Base Sum Insured in a subsequent Policy Year, if the Policy is active or is Renewed with Us.										
First Notification of Claim	If You fail to notify Us about any claim under "In-patient Hospitalization" or "Day Care Treatment" within 48 hours of Hospitalization or before discharge of the Insured Person from the Hospital, whichever is earlier, a compulsory Co-payment of 10% / 15% / 20% will be applicable.										

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Preferred Providers Network	If You fail to use the services of Hospitals in Our Preferred Provider Network, a compulsory Co-payment of 10% / 15% / 20% will be applicable.
Co-pay	A compulsory Co-pay of 5%/ 10%/ 15%/ 20%/ 25%/ 30% will be applicable on all the claims.
Super Top-up	Annual Aggregate Deductible amount: 1 Lakh / 2 Lakh / 3 Lakh / 4 Lakh / 5 Lakh / 10 Lakh
Waiver of Non-payable Medical Expenses	Yes / No
All Medically Necessary Hospitalization	Yes / No
Reduction in Specific Disease/Procedure Waiting Period	Yes / No
<b>Section: 5 Add-On Benefits</b>	
Doctor on Call	<b>No. of consultations allowed: 1/2/3/4/5/6/7/8/9/10/ Unlimited</b>
Family Physician	<b>No. of consultations allowed: 1/2/3/4/5/6/7/8/9/10/ Unlimited</b>
Outpatient Medical Services	<ol style="list-style-type: none"> <li>1. Consultations: 1/ 2/3/4/5/6/7/8/9/10/ Unlimited Per consultation limit: Rs 250 / 500 / 750 / 1000 / 1500</li> <li>2. Prescribed Diagnostic Tests: 1/ 2/3/4/5/ Unlimited Per diagnostic test limit: Per pharmacy limit: Rs 500 / 750 / 1000 / 1500 / 2500</li> <li>3. Prescribed Pharmacy: 1/3/4/6/7/9/10/12/13/15/ Unlimited Per pharmacy limit: Rs 500 / 750 / 1000 / 1500 / 2000 / 2500 / 3000</li> <li>4. OPD Treatment: No. of Treatment covered: 1/ 2/3/4/5/6/7/8/9/10/ Unlimited Limit: 5k/10k/15k/20k/25k/30k/40k/50k/75k/100k</li> </ol>
Access to Our Out-Patient Medical Services	Avail a discount of 10% / 20% / 30% / 40% / 50% on retail rates of physical consultation or prescribed diagnostics.
Monthly No Claim Bonus OPD Sum Insured	Rs 100 / 150 / 200 / 250 / 300 / 350 / 400 / 450 / 500 per month will be solely available for OPD Medical Services mentioned above
Daily Hospital Cash	Rs 500 / 1000 / 1500 / 2000 / 2500 / 3000 / 4000 / 5000/ 7000 / 8000 / 9000 / 10000 per day for each continuous and completed period of 24 hours of Hospitalisation
Critical Illness Benefit	Option to choose for coverage of 22/37/57 critical illnesses, with sum insureds on per person basis for Adults - 3 Lakh/ 5 Lakh/ 10 Lakh/ 15 Lakh/ 20 Lakh/ 25 Lakh/ 50 Lakh/ 1 Crore/3 Crore
Accidental Death or Disability Cover	3 Lakh/ 5 Lakh/ 10 Lakh/ 15 Lakh/ 20 Lakh/ 25 Lakh/ 50 Lakh 1 Crore/ 3 Crore
Permanent Total Disability Cover	3 Lakh/ 5 Lakh/ 10 Lakh/ 15 Lakh/ 20 Lakh/ 25 Lakh/ 50 Lakh 1 Crore/3 Crore
Value Added Services	<ol style="list-style-type: none"> <li>1. e-Consultation</li> <li>2. Wellness Coach</li> <li>3. Lab Services (Home Collection)</li> <li>4. Pharmacy (Home Delivery)</li> <li>5. Vital/Physical Activity Monitoring Services</li> <li>6. Reminder Notifications</li> <li>7. Medical Wallet</li> <li>8. Report Aggregation</li> <li>9. Home Care Services</li> <li>10. Ambulance Arrangement Services</li> <li>11. Pick-up and Drop Services for Consultation</li> <li>12. Prioritizing Appointments</li> </ol>

**Annexure I: List of excluded expenses (non-medical)**

List of excluded expenses (non-medical)	
BABY FOOD	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
BABY UTILITIES CHARGES	SPACER
BEAUTY SERVICES	SPIROMETRE
BELTS/ BRACES	NEBULIZER KIT
BUDS	STEAM INHALER
COLD PACK/HOT PACK	ARMSLING
CARRY BAGS	THERMOMETER
EMAIL / INTERNET CHARGES	CERVICAL COLLAR
FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	SPLINT
LEGGINGS	DIABETIC FOOT WEAR
LAUNDRY CHARGES	KNEE BRACES (LONG/ SHORT/ HINGED)
MINERAL WATER	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
SANITARY PAD	LUMBO SACRAL BELT
TELEPHONE CHARGES	NIMBUS BED OR WATER OR AIR BED CHARGES
GUEST SERVICES	AMBULANCE COLLAR
CREPE BANDAGE	AMBULANCE EQUIPMENT
DIAPER OF ANY TYPE	ABDOMINAL BINDER
EYELET COLLAR	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
SLINGS	SUGAR FREE TABLETS
BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	ECG ELECTRODES
TELEVISION CHARGES	GLOVES
SURCHARGES	NEBULISATION KIT
ATTENDANT CHARGES	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	KIDNEY TRAY
BIRTH CERTIFICATE	MASK
CERTIFICATE CHARGES	OUNCE GLASS
COURIER CHARGES	OXYGEN MASK
CONVEYANCE CHARGES	PELVIC TRACTION BELT
MEDICAL CERTIFICATE	PAN CAN
MEDICAL RECORDS	TROLLY COVER
PHOTOCOPIES CHARGES	UROMETER, URINE JUG
MORTUARY CHARGES	AMBULANCE
WALKING AIDS CHARGES	VASOFIX SAFETY

**Annexure II: Benefit Illustration**

**Illustration 1:**

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
16 – 20	3,901	3,00,000	3,901	0	3,901	3,00,000	65,567	14,125	51,443	3,00,000
21 - 25	3,901	3,00,000	3,901	0	3,901	3,00,000				
31 - 35	4,568	3,00,000	4,568	0	4,568	3,00,000				
36 – 40	4,568	3,00,000	4,568	0	4,568	3,00,000				
51 – 55	8,853	3,00,000	8,853	0	8,853	3,00,000				
56 – 60	11,288	3,00,000	11,288	0	11,288	3,00,000				
61 – 65	13,730	3,00,000	13,730	0	13,730	3,00,000				
66 – 70	14,759	3,00,000	14,759	0	14,759	3,00,000				
Total Premium for all members of the family is ₹ 65,567 when each member is covered separately.			Total Premium for all members of the family is ₹ 65,567 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 51,443.			
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family			

**Coverage assumptions:**

1. The family of the proposer comprises spouse, one daughter and one son.
2. Parents and parent-in-laws are covered additionally
3. Age band of family members:

Relationship	Age Band
Self	36 – 40
Spouse	31 – 35
Father	56 – 60
Father-in-Law	66 – 70
Mother	51 - 55
Mother-in-Law	61 – 65
Son	16 – 20
Daughter	21 – 25

4. Coverage is standard for Zone 2.

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**Illustration 2:**

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
16 – 20	3,901	3,00,000	3,901	0	3,901	3,00,000	61,536	11,231	50,306	3,00,000
21 – 25	3,901	3,00,000	3,901	0	3,901	3,00,000				
41 - 45	5,175	3,00,000	5,175	0	5,175	3,00,000				
46 – 50	7,842	3,00,000	7,842	0	7,842	3,00,000				
71- 75	20,359	3,00,000	20,359	0	20,359	3,00,000				
76 +	20,359	3,00,000	20,359	0	20,359	3,00,000				
Total Premium for all members of the family is ₹ 61,536 when each member is covered separately.  Sum Insured available for each member separately is ₹ 3,00,000			Total Premium for all members of the family is ₹ 61,536 when they are covered under a single policy.  Sum Insured available for each family member is ₹ 3,00,000				Total Premium when policy is opted on a floater basis is ₹ 50,306.  Sum Insured ₹ 3,00,000 is available for the entire family			

**Coverage assumptions:**

- The family of the proposer comprises spouse, one daughter and one son.
- Parents are covered additionally
- Age band of family members:

Relationship	Age Band
Self	46 – 50
Spouse	41 – 45
Son	16 – 20
Daughter	21 – 25
Mother	71 – 75
Father	76 +

- Coverage is standard for Zone 2.

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