Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150 • CIN: U66000MH2010PLC269656
Website Link: www.libertyinsurance.in

SECURE HEALTH CONNECT
Prospectus

INTRODUCTION

Policy offers a host of covers to take care of your hospitalization medical expenses during healthcare needs.
Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

ELIGIBILITY

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Maximum Entry Age : NO LIMIT
- Renewability: Lifelong
- Policy Tenure: 1/2/3 Years
- Relationships covered: Self, Spouse, Children, Parents, Parents-in-laws, Siblings, Son-in- law, Daughter-in-law, Grand- children, Grand- parents.
- Child/children below 25 years of age can be covered provided either of the parents is insured under the policy.
  The child/ children above 25 years of age can continue to be covered under the same policy if insured under Individual Sum Insured and continue under a separate Policy with all continuity benefits as per the Portability guidelines if insured under Family Floater.

KEY FEATURES

1. **Flexi Policy term**: Option to choose policy term of 1, 2 or 3 years
2. **Day Care Procedures:** 405 Day care Procedures are covered which requires less than 24 hours hospitalization.
3. **Ayush Treatment:** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
4. **Reload of Sum Insured:** Select this Optional Cover and rest assure with the extra coverage by reloading the Sum Insured automatically.
5. **Attractive renewal benefits:** We reward you with free health check- up after a block of every 2 claim free years for the Insured Person/s above18 years of age.
6. **Cumulative Bonus or Renewal Premium Discount option:** Avail auto increase in Sum Insured by 10% or 25% for every claim free year on the Sum Insured up to a maximum of 50% or 100% of the Sum Insured depending on the Plan chosen if the policy is renewed with us without any break or within the Grace period as defined under the Policy or Avail 2.25% Renewal Premium discount . The Cumulative Bonus can be further enhanced by selecting 'Optional Cover upto maximum 150% of the Sum Insured".

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7. **Stay Fit Perks:** Stay Healthy and enjoy additional benefits in case of Claim free renewals
8. **Pay premium on Installments:** Monthly, quarterly or half yearly
9. Available on **Individual as well as Family Floater basis**
10. **Claim Service Assurance:**
    Cashless Service: Company ensures to respond with the Cashless decision within 6 hours or else Company shall pay the penalty upto INR 1500/- per single hospitalization.
11. **Tax Benefit:** Avail tax benefits under section 80D of Income Tax Act 1961 on the premium you pay towards your Secure Health Connect Policy.

SCOPE OF COVER

The features and benefits available are as per the relevant plan opted by the Insured Person/s. Please refer the Benefit Schedule in the later part of the Prospectus.

1. **In-Patient Hospitalization Expenses**
   Covers hospitalization expenses due to any Illness or Injury towards Room, Boarding expenses, Intensive Care Unit, bed charges, Doctor's fees, Nursing Expenses, Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy, Prescribed Drugs and medicines consumed on the premises, Investigation Services such as Laboratory, X-Ray, Diagnostic tests, Dressing, Ordinary splints and plaster casts, Cost of Prosthetic & other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner
   The Room rent/ ICU charges and its associated medical expenses shall be payable as per the Plan selected and as specified under the Benefit Schedule.

2. **Pre-Hospitalisation –** Covers medical expenses incurred for the number of days immediately before the hospitalization as specified under the Benefit Schedule.

3. **Post-Hospitalisation –** Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital as specified under the Benefit Schedule.

4. **Day Care Procedure/Treatment -** Covers the Medical Expenses for 405 day care procedures as available in this document and Company's web-site which do not require 24 hours Hospitalisation due to technological advancement in medical science.

5. **Emergency Local Road Ambulance charges- :** Covers expenses incurred towards transfer of Insured Person to nearest Hospital having adequate emergency facilities for the provision of health services following Accidental Bodily Injury/ illness / disease occurring during the Policy Period upto the limits as specified in the Benefit Schedule.

6. **Hospital Daily Cash Allowance-** Pays a Hospital Daily Cash allowance to take care of non-medical expenses incurred for each continuous and completed period of 24 hours of hospitalization of the Insured Person for a maximum up to 10th day of continuous hospitalization. A deductible* of first 48 hours of hospitalization is however applicable.

7. **Cumulative Bonus:** If the policy is claim free and is renewed with us without any break or within the Grace period as defined, there will be an auto increase in Sum Insured by 10% or 25% for every claim free Policy year up to a maximum of 50% or 100% of the Sum Insured depending on the Plan chosen and as stated in the Benefit Schedule. In the event of a Claim

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occurring during any Policy Year, the accrued Cumulative Bonus will be reduced by 10% or 25% (depending on the Plan chosen) of the expiring Sum Insured at the commencement of next Policy Year, but in no case shall the Sum Insured be reduced.

8. Sub Limits on Medical Expenses

The Medical Expenses incurred during any Hospitalisation due to the listed Surgeries / Medical Procedures or any listed medical treatment pertaining to an Illness / Injury shall be limited to actual expenses or upto the Sub limits (whichever is less) as stated in the 'Annexure' attached to the Policy which is inclusive of its related Pre and Post Hospitalization expenses (if applicable).

9. Co-Payment

For all admissible claims in non-network hospitals, Insured shall bear 10% of the admissible claim and in respect of Insured above 60 years, 10% co-pay will be applied on all admissible claims irrespective of network/non-network hospital.

10. Health Check-up

The Insured Person/s above18 years of age is/are entitled to a free health check-up as below at a diagnostic center specified by the Company after a block of every 2 claim free years of continuous yearly Policy renewal with Us. This is available for the Insured Person/s who was insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

a. For a Family Floater policy, Health Check-up shall be available only if no claim has been made in respect of any Insured Person covered during the two expiring Policy Years. The Health Check-up which is accrued during the claim free Policy Years will only be available to those Insured Person/s who were insured in such claim free Policy Years and continue to be insured in the subsequent Policy Year.

b. If the Insured Person/s in the expiring Policy Years are covered on a Floater Basis during the first Policy Year and the Policy has been renewed for such Insured Person/s by splitting the floater Sum Insured into 2 or more individual covers in the second Policy Year, then the Health Check-up benefit shall be available only to those Insured Person/s who were insured in such 2 Policy Years and who had not made any claim during the two expiring Policy Years and continue to be insured in the subsequent Policy Year.

c. If the Insured Person/s in the expiring Policy Years are covered on an Individual basis during the first Policy Year and the Policy has been renewed with the Company on a floater basis in the second Policy Year, then the Health Check-up benefit shall be available only if no claim has been made in respect of any Insured Person covered during the two expiring Policy Years.

Sum Insured	List of Investigation
2- 5 lac	Complete blood Count, , Fasting Blood Sugar, S.Cholestrol, S. Creatinine, ECG
6- 15 lac	Complete blood Count, Routine Urine Analysis, Fasting Blood Sugar, Lipid profile, S. creatinine, ECG

11. Stay Fit Perks

Stay healthy stay happy, is what we believe in. Hence, the Policy provides for Stay Fit Perks associated with your 2nd claim free Policy renewal with Us without any extra charges as per

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the SI and the Plan opted. . This will be accumulated in your Policy automatically and may be utilized after 2nd claim free Policy renewal against any non-medical expenses, Co-Pay or Sub limits on medical expenses as applicable under the Policy

a. For a Family Floater policy, Stay Fit Perk shall be available only on floater basis and shall accrue only if no claim has been made in respect of any Insured Person during the two expiring Policy Years. The Stay Fit Perk which is accrued during two claim free Policy Year's with Us will only be available to those Insured Persons who were insured in such claim free Policy Year's and continue to be insured in the subsequent Policy Year renewal.

b. If the Insured Person/s in the expiring Policy are covered on a Floater Basis and the Policy renewal for such Insured Person/s is done by splitting the floater Sum Insured into 2 or more floater / individual covers, then the Stay Fit Perk of the expiring Policy shall be apportioned to such renewed Policy/ies in proportion to the Sum Insured under each of the renewed Policy/ies.

c. If the Insured Person/s in the expiring Policy are covered on an Individual basis and thereby enjoy separate Stay Fit Perk in the expiring Policy/ies, and such expiring Policy/ies is renewed with the Company on a Floater Basis, then the Stay Fit Perk carried forward under such renewed floater Policy would be the least of the Stay Fit Perk /s earned under the expiring Policy/ies.

12. AYUSH Treatment#

The Company will indemnify Reasonable and Customary charges up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred for the inpatient hospitalization treatment taken under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy provided that the hospitalization is for minimum 24 hours and is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:

i. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;
ii. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
iii. AYUSH Hospitals as defined hereinabove.

#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

Exclusions specific to AYUSH Treatment

The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses
4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment.

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The above exclusions are in additions to the General exclusions listed under the Policy.

#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

OPTIONAL COVER(S)

The Optional covers shall be available only if the same is specifically mentioned in the Policy Schedule and available on payment of additional premium as applicable.

Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the sum of the Sum Insured, Cumulative Bonus and Reload Sum Insured as available to the Insured and stated in the Policy Schedule.

1. **Reload of Sum Insured-** When the Sum Insured is exhausted due to claims made and paid during the Policy Year the Company agrees to automatically Reload the Sum Insured equivalent to the original Sum Insured specified in the Policy Schedule, for the particular Policy Year**.**

2. **Enhanced Cumulative Bonus -** The Cumulative Bonus as available under "Scope of Cover" can be enhanced as per the Plan maximum upto 150% of the Sum Insured.

3. **Waiver of the Medical Expenses Sub limits**
   By opting this Optional Cover, the sub limits applicable on the listed illnesses/injuries as mentioned in the Benefit Schedule are waived off subject to the Sum Insured being the Maximum Limit of Indemnity.

EXCLUSIONS

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI)

1. **Pre- Existing Diseases - *Code- Excl01***
   a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e.until the expiry 36 months or 24 months of continuous coverage after the date of inception of the first policy with Us.
   b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. 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 be extent of prior coverage.
   d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of application and accepted by the Insurer

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2. **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 below mentioned months 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.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. 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.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. 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.

f. List of specific diseases/procedures

Sr. No.	Two Year (24 months) Waiting Period	Four Year (36 months) Waiting Period
1.	Cataract	Surgical treatment of Obesity
2.	Benign Prostatic Hypertrophy	
3.	Hernia	
4.	Hydrocele	
5.	Fistula in anus	
6.	Piles	
7.	Sinusitis and related disorders	
8.	Fissure	
9.	Gastric and Duodenal ulcers	
10.	Gout and Rheumatism	
11.	Internal tumors, cysts, nodules, polyps, breast lumps (unless malignant)	
12.	Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus	
13.	Polycystic ovarian diseases	
14.	Skin tumors (unless malignant)	
15.	Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty	
16.	Dilatation and Curettage (D&C);	
17.	Congenital Internal Diseases	
18.	Calculus diseases of Gall bladder and Urogenital system	
19.	Joint Replacement due to Degenerative condition	
20.	Surgery for prolapsed inter vertebral disc unless arising from accident	
21.	Age related Osteoarthritis and Osteoporosis	

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22.	Spondylosis / Spondylitis	
23.	Surgery of varicose veins and varicose ulcers.	
24.	Diabetes & related complications: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks	
25.	Hypertension & related complications: Coronory Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal bleed/Haemorrhages.	
26.	Treatment for correction of eye sight (laser surgery) due to refractive error	
*The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.		

3. **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.

4. **Investigation & Evaluation – Code-Excl04**

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. **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.

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6. **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 Apnea
      iv. Uncontrolled Type 2 Diabetes

7. **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.

8. **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
9. **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.

10. **Breach of law: Code- Exc*l* 10**
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. **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.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. ***Code- Excl 12***

13. Treatments received in health hydros, 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 - Excl 13***

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14. 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-Excl 14***

15. Refractive error: ***Code – Excl15***

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. **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.

17. **Birth control, Sterility and Infertility: Code- Excl17**

Expenses related to Birth Control, sterility and infertility. This includes:

(i) Any type of contraception, sterilization
(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
(iii) Gestational Surrogacy
(iv) Reversal of sterilization

18. **Maternity:** ***Code Excl18***

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

ii. Specific Exclusions (Exclusions other than those mentioned under E(i) above)

1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.

3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

4. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.

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5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.

6. .External Congenital Anomaly.

7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident

8. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.

9. Treatment received outside India

10. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.

11. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.

12. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

13. Personal comfort and convenience items or services including but not limited to TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

14. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

15. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

16. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

17. 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.

18. Biological attack or weapons means the emission, discharge, dispersal, release or

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escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death

a. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

19. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products

20. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.

PREMIUM ON INSTALLMENT BASIS

If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly as mentioned in the certificate of insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy). This facility needs to be opted before inception of the policy and opting ECS/SI payment mode.

i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.
ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
iv In case of instalment premium due not received within the grace period, the policy will get cancelled.
v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.
Given below are the payment terms applicable on standard premiums in case of installments.

Installment Frequency	**% of Annual Premium**
Half Yearly	51%
Quarterly	26%
Monthly	8.75%

DISCOUNTS AND LOADINGS

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought:

Discounts:

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1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available to each member under the policy.
2. Employee Discount: 10% discount if you are an employee of the Company. The discount will be given to each member insured under the Policy.
3. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy through Our Website.
4. Multi-year Policy Discount: A discount of 7.5% and 10% will be given on selection of 2 year or 3 year tenure policies respectively.

Loadings:

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 persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% 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 of increase in Sum Insured (for the increased Sum Insured).

We will not apply any additional loading on your policy premium at renewal based on claim experience.

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 15 days of the issuance of such counter offer letter. In case You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days. Please note that We will issue Policy only after getting Your consent.

RENEWAL BENEFITS

1. **Lifelong** Policy Renewal without any exit Age
2. **Grace Period -** Grace Period of 30 days for renewing the Policy is provided under this Policy
3. **Maximum Age -** No maximum cover ceasing Age under this Policy.
4. **Waiting Period -** The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Policy.
5. **Sum Insured Enhancement -** Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy and approval by the Company
6. **Change in Plan/Optional Cover/ Installment Premium frequency**: Change in Plan or change in 'Optional Cover' or change in Installment of premium frequency or opting for this facility as specified can be done at Renewal subject to acceptance by the Company.
7. **Cumulative Bonus:** Auto increase in Sum Insured by 10% or 25% for every claim free year up to maximum of 50% or 100% depending on the Plan chosen if the Policy is renewed without any break..

   Increased Cumulative Bonus up to 150% under 'Optional Cover' as opted specifically under the Policy.

   Any revision or modification in a Policy which is approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.

CONTINUITY BENEFITS

Portability

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"Portability" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an lndian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

Dependent Child/children: covered with Us shall have the option to continue renewal by migrating to a suitable policy at the end of the specified age. Due credit for continuity in respect of the previous policy period will be allowed provided the earlier policies have been maintained without a break.

CANCELLATION/ TERMINATION

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall
a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
(ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
In the event of the death of the Insured Person/s during the currency of the Policy, due to any reason and subject to there being no claim reported under the Policy, the Policy would cease to operate and the Nominee/legal heir would be entitled to a refund in premium from the date of death to the expiry of Policy and such refund would be governed by the provisions relating to the Cancellation by Insured/ Insured Person/s as specified above. In case of a Family cover, upon the death of the Policy holder, this Policy shall continue till the end of the Policy Period. If the other Insured Person/s wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of an Insured.

WITHDRAWAL OF PRODUCT

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

PRE-POLICY HEALTH CHECK UP

The PPC tests required will be as per the PPC grid mentioned below. This product has four different PPC grids based on the Sum Insured and age band. This grid may be subject to change based on the company policy in future. The result of these tests will be valid for a period of 3

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months from the date of tests. The Pre-Policy Check Up will be carried out at our network list of diagnostic centres as available on our website.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.
If the proposal is accepted we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

Pre Policy Check Grid			
Age(Yrs)/Sum Insured	2 to 5Lakhs	6 to 15 Lakhs	Cost borne
18 – 35	Nil	Nil	Nil
36-45	Nil	Pack 1-ME, CBC, FBS, ECG, RUA, Sr. Cholesterol, Triglycerides	100% borne by Us for accepted cases.
46-60	Pack 2-ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglycerides	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	50% Borne by Us for accepted cases
>61	Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females)		50% Borne by Us for accepted cases

ME= Medical Examination (report), CBC=Complete Blood Count, ECG=Electro Cardio Gram, FBS=Fasting Blood Sugar, RUA=Routine Urine Analysis, Sr. Cholesterol= Serum Cholesterol, Sr. Creat=Serum Creatinine, HbA1c= Glycosated Haemoglobin, TMT=Tread Mill Test, PSA=Prostate Specific Antigen, USG=Ultra Sono Gram
Wherever any pre-existing disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of the member's age.

CLAIM PROCESS AND MANAGEMENT

a) Notification of Claim:

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured Person/s shall give immediate notice to the TPA named in the Policy/Health Card or the Company by calling toll-free number as specified in the Policy/Health Card or in writing to the address shown in the Schedule with Particulars below:

i. Policy Number / Health Card No
ii. Name of the Insured / Insured Person availing treatment
iii. Details of the disease/illness/injury
iv. Name and address of the Hospital
v. Any other relevant information

Intimation must be given at least 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization.

All claim related documents needs to be submitted within 7 days from the date of completion of treatment or - as mentioned in the policy schedule.

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The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within 30 working days of receipt of the last required documents.

b) Claim Procedure

1) **Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership number and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form.

The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.

i. The company may provide Cashless facility for Hospitalization expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorization letter to the health care service provider.
ii. For the purpose of considering Pre-Authorization and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorization to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorization.
iii. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.
iv. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.
v. In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer(if covered under any other Health Insurance Policy).

2) **Reimbursement:** Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization/ injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following:

i. Claim form duly completed in all respects
ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.

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iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
vii. Medical Case History / Summary.
viii. Original bills & receipts for claiming Ambulance Charges

Any additional documents or information, as relevant to the claim as may be deemed necessary by the Company or TPA to ascertain the admissibility of the claim.

The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Sum Insured opted.

No sum payable under this Policy shall carry interest except as required by section 9(6) of the Protection of Policy Holder's Interest, Regulation 2002 whereby payment of the claim amount due shall be made within 7 days from the date of acceptance of the offer of settlement by the Insured/ Insured Person. In case of any delay in payment, the Company shall be liable to pay 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.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

c) Claim Service Assurance:

Cashless Service Assurance: If the Insured / Insured person notifies a cashless facility request by sending the Pre- Authorization form duly filled in and signed through email, fax to the Company / TPA or its representative then within 6 Hours of the actual receipt of such a request the Company / TPA will respond with:

a) Approval, or
b) Rejection

If such request has been notified during office hours (9am to 6pm) on Monday to Friday and the Company/TPA fails to either approve or reject or seek further information after

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the expiry of 6 Hours from the actual receipt of such a request then the Company shall be liable to pay the Insured for the delay in the following manner:

i. For Delay beyond 6 hours Rs 1500/-
ii. The Maximum amount the Company shall be liable to pay for any delay, in respect of a single hospitalization, shall at no time exceed Rs 1500/-

The Company will not be liable to make any payments under the above clause in case of any natural event or manmade disturbance which impedes the Company's ability to make a decision or communicate such decision to the Insured/Insured Person.

Any amount paid under the Clause will not affect the Sum Insured as specified in the Schedule. That the Company's liability to make payments under the Clause shall at all times be restricted to the amounts specified including the maximum amount specified therein and the Insured shall not be entitled to any sum whatsoever, in excess of those amounts. That any Payment made under this clause by the Company will not account to any admission of liability for a claim notified by the Insured. Service Assurance is applicable only to the first response on a single claim and no subsequent correspondence.

d) INDICATIVE CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

In-patient Treatment/ Day Care Procedures

- ❑ Duly filled and signed Claim Form
- ❑ Photocopy of ID card / Photocopy of current year policy
- ❑ Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no. and break up of each Item, duly signed by the Insured
- ❑ Original payment Receipt of the hospital bill with receipt number
- ❑ First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test
- ❑ Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- ❑ Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- ❑ Original medicine bills and receipts with corresponding Prescriptions.
- ❑ Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.

Road Traffic Accident

In addition to the In-patient Treatment documents:

- ❑ Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate.

In Non Medico legal cases

- ❑ Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained)

In Accidental Death cases

- ❑ Copy of Post Mortem Report (if conducted) & Death Certificate

For Death Cases

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In addition to the In-patient Treatment documents:

- ❑ Original Death Summary from the hospital.
- ❑ Copy of the Death certificate from treating doctor or the hospital authority.
- ❑ Copy of the Legal heir certificate, (where nomination is not available) -

Pre and Post-hospitalisation expenses

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Medicine bills, original payment receipt with prescriptions.
- ❑ Original Investigations bills, original payment receipt with prescriptions and report.
- ❑ Original Consultation bills, original payment receipt with prescription.
- ❑ Copy of the Discharge Summary of the main claim.

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

- In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- The Insured Person must give Us at his expense, all the information We ask for about the claim.
- If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- The Policy - excludes the Standard List of excluded items as - attached in the Policy document.
- We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay 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 Us 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.
- No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

FREE LOOK CANCELLATION

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

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If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

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Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150 • CIN: U66000MH2010PLC269656
Website Link: www.libertyinsurance.in

SECURE HEALTH CONNECT: BENEFIT SCHEDULE

GENERAL DETAILS	
Age Group	Minimum Age at Entry (Adult) - 18 Years
	Maximum Age at Entry (Adult) - No limit
	Children between 91 days and 25 years can be insured provided either parent is getting insured under the Policy
Sum Insured	2 lakh – 15 lakh
Renewal	Life Long
Family discount	10% if two or more family members are covered on Individual Sum Insured basis
Tenure	1/ 2/ 3 years
Option	Individual Or Family Floater Sum Insured basis
Family members	**Individual Sum Insured**- Family members as stated in the Policy schedule can cover in a single Policy on Individual Sum Insured basis
	Family Floater Basis- Self + Spouse+ max up to 3 children can be covered under a single Sum Insured.

Policy Plans			Secure Basic	Secure Elite	Secure Supreme	Secure Complete
Sr. No	**Coverage's Description**		**Sum Insured 2,3,4,5 lakhs**	**Sum Insured 2,3,4,5,7.5,10 lakhs**	**Sum Insured 3,4,5,7.5,10 lakh**	**Sum Insured 2,3,4,5,7.5,10,15 lakh**
1	In-patient Hospitalization	Covers Hospitalization expenses for a period more than 24 hours as an In-patient. Room rent/ICU and associated charges available as per the Plan opted.	**Room Rent sub limit:** 1 % of Sum Insured or maximum up to INR 3000/day whichever is lower **ICU sub limit:** 2 % of Sum Insured or maximum up to INR 6000/ day whichever is lower	**Room Rent sub limit:** 1 % of Sum Insured or maximum up to INR 5000/day whichever is lower **ICU sub limit:** 2 % of Sum Insured or maximum up to INR 6000/day whichever is lower	**Room Rent sub limit:** 1 % of Sum Insured or maximum up to INR 5000/day whichever is lower **ICU sub limit:** 2 % of Sum Insured or maximum up to INR 7500 /day whichever is lower	**Room Rent sub limit:** 1 % of Sum Insured or maximum up to INR 2500/day whichever is lower **ICU sub limit:** 2 % of Sum Insured or maximum up to INR 5000/day whichever is lower

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2	Pre-Hospitalization	Medical expenses incurred prior to the covered Hospitalization	30 DAYS	30 DAYS	45 DAYS	30 DAYS
			Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.	Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.	Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 45 days.	No Sub limits applicable
3	Post-Hospitalization	Medical expenses incurred after the covered Hospitalization	45 DAYS	45 DAYS	60 DAYS	45 DAYS
			Medical Expenses up to 1 % of Sum Insured accrued up to maximum 45 days.	Medical Expenses up to 1 % of Sum Insured accrued up to maximum 45 days.	Medical Expenses up to 1.5 % of Sum Insured accrued up to maximum 60 days.	No Sub limits applicable
4	Day care Procedures	405 day care procedures undertaken in a hospital/day care Centre in less than 24 hours due to Technological advancement	✓	✓	✓	✓
5	Emergency Local Road Ambulance Charges	Emergency Ambulance charges for transferring to the nearest Hospital	1% of SI , subject to max INR 1,000 per Insured per year	1% of SI , subject to max INR 2,000 per Insured per year	1% of SI , subject to max INR 3,000 per Insured per year	×
6	Daily Cash Allowance	Daily cash allowance up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is applicable	×	×	×	INR 500 / per day

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7	Cumulative Bonus	Auto increase in Sum Insured for every claim free year	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 25% Max up to 100%
8	Sub limits on Medical Expenses	Disease wise sublimit as per Annexure attached	✓	✓	✓	✓
9	Co-pay	Non-network Hospital: 10 % Co-pay Insured above 60 years: 10% Co-Pay	✓	✓	Co-Pay Not Applicable	✓
10	Health Check up	Per Insured Person 18 yrs. and above limited to max 2 adult Insured/s, Health Check up at every 2 continuous claim free renewal.	✓	✓	✓	✓
11	Stay Fit Perks	Additional perks on every block of two claim free Policy renewals with Us as per the SI and Plan opted. This will be accumulated in your Policy automatically and may be utilized after the 2nd claim free Policy renewal against any deduction as applicable under the Policy	SI up to INR 5 Lakh: Lump sum amount of INR 3000	SI up to INR 5 Lakh: Lump sum amount of INR 4000	SI up to INR 5 Lakh: Lump sum amount of INR 5000	SI up to INR 5 Lakh: Lump sum amount of INR 4000
				SI above INR 5 Lakh: Lump sum amount of INR 5000	SI above INR 5 Lakh: Lump sum amount of INR 7000	SI above INR 5 Lakh: Lump sum amount of INR 5000
12	AYUSH Treatment#	"AYUSH treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and	Upto Basic SI	Upto Basic SI	Upto Basic SI	Upto Basic SI

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		Naturopathy, Unani, Siddha and Homeopathy systems. #Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.				
Optional Cover (S)						
1	Reload of Sum Insured	Sum Insured can be reloaded equivalent to the original Sum Insured opted.	✓	✓	✓	✓
2	Enhanced Cumulative Bonus	Total Cumulative Bonus (Cumulative Bonus + Optional Cover Cumulative Bonus) per year shall be enhanced by opting this option and as per the Plan opted.	Per Year: 20% Max upto 100%	Per Year: 25% Max upto 100%	Per Year: 30% Max upto 150%	×
3	Waiver of Medical Expenses Sub limits	Sub limits as specified in the Annexure are waived off by opting this Optional Cover	✓	✓	✓	✓
Waiting Period(s)						
1	30 days	30 days	✓	✓	✓	✓
2	2 Years	2 Years	✓	✓	✓	✓
3	Pre- existing Diseases (PED)	3 Years	✓	✓	✓	✓

POLICY DISCOUNTS

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought:

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1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis. The discount is available to each member under the policy
2. Multi-year Policy Discount: A discount of 7.5% and 10% will be given on selection of 2 year or 3 year tenure policies respectively.
3. Employee Discount/: 10% discount if the client is an employee of the Company. The discount will be given to each member insured under the Policy.
4. Direct Policy Purchase Discount- 10% discount will be given if you are purchasing this Policy through Our Website.

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SUB LIMITS ON MEDICAL EXPENSES: ANNEXURE

The Medical Expenses incurred during any Hospitalization due to the below listed treatments shall be limited to actual expenses or up to the Sub limits (whichever is less) as stated below. All values are in INR. Excluding taxes.

Procedure/Treatment	Policy Plans			
	Secure Basic	Secure Elite	Secure Supreme	Secure Complete
Cataract	20,000	30,000	40,000	40,000
Hysterectomy	35,000	45,000	55,000	55,000
Removal of gall bladder	35,000	45,000	55,000	55,000
Surgery for piles	20,000	30,000	40,000	40,000
Surgery for fissure, fistula and sinus	20,000	30,000	40,000	40,000
Surgery for nasal septum correction	20,000	30,000	40,000	40,000
Angiography invasive	15,000	20,000	30,000	30,000
PTCA	80,000	120,000	150,000	150,000
Appendectomy	30,000	40,000	50,000	50,000
D & C	10,000	15,000	20,000	20,000
Hernia	35,000	45,000	55,000	55,000
Deviated Nasal Septum	35,000	45,000	55,000	55,000
Surgery for renal stone	35,000	45,000	55,000	55,000
Prostate Surgery TURP	75,000	100,000	120,000	120,000
CABG	100,000	150,000	200,000	200,000
Total Knee replacement	80,000	120,000	150,000	150,000
Total Hip replacement	80,000	120,000	150,000	150,000

PREMIUM RATE CHART

As annexed.

LIST OF DAY CARE PROCEDURES/TREATMENTS

Day Care Procedures/Treatments include the following Day Care Surgeries & Day Care Treatments and can include other Day Care procedures or surgery or treatment undertaken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not in the Outpatient department of a Hospital:

ENT	1 Stapedotomy

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2 Myringoplasty(Type I Tympanoplasty)
3 Revision stapedectomy
4 Labyrinthectomy for severe Vertigo
5 Stapedectomy under GA
6 Ossiculoplasty
7 Myringotomy with Grommet Insertion
8 Tympanoplasty (Type III)
9 Stapedectomy under LA
10 Revision of the fenestration of the inner ear.
11 Tympanoplasty (Type IV)
12 Endolymphatic Sac Surgery for Meniere's Disease
13 Turbinectomy
14 Removal of Tympanic Drain under LA
15 Endoscopic Stapedectomy
16 Fenestration of the inner ear
17 Incision and drainage of perichondritis
18 Septoplasty
19 Vestibular Nerve section
20 Thyroplasty Type I
21 Pseudocyst of the Pinna - Excision
22 Incision and drainage - Haematoma Auricle
23 Tympanoplasty (Type II)
24 Keratosis removal under GA
25 Reduction of fracture of Nasal Bone
26 Excision and destruction of lingual tonsils
27 Conchoplasty
28 Thyroplasty Type II
29 Tracheostomy
30 Excision of Angioma Septum
31 Turbinoplasty
32 Incision & Drainage of Retro Pharyngeal Abscess
33 Uvulo Palato Pharyngo Plasty
34 Palatoplasty
35 Tonsillectomy without adenoidectomy
36 Adenoidectomy with Grommet insertion
37 Adenoidectomy without Grommet insertion
38 Vocal Cord lateralisation Procedure
39 Incision & Drainage of Para Pharyngeal Abscess
40 Transoral incision and drainage of a pharyngeal abscess
41 Tonsillectomy with adenoidectomy
42 Tracheoplasty

Ophthalmology
43 Incision of tear glands
44 Other operation on the tear ducts
45 Incision of diseased eyelids
46 Excision and destruction of the diseased tissue of the eyelid
47 Removal of foreign body from the lens of the eye.
48 Corrective surgery of the entropion and ectropion
49 Operations for pterygium
50 Corrective surgery of blepharoptosis
51 Removal of foreign body from conjunctiva
52 Biopsy of tear gland
53 Removal of Foreign body from cornea
54 Incision of the cornea
55 Other operations on the cornea
56 Operation on the canthus and epicanthus
57 Removal of foreign body from the orbit and the eye ball.
58 Surgery for cataract
59 Treatment of retinal lesion
60 Removal of foreign body from the posterior chamber of the eye

Oncology
61 IV Push Chemotherapy
62 HBI-Hemibody Radiotherapy
63 Infusional Targeted therapy
64 SRT-Stereotactic Arc Therapy
65 SC administration of Growth Factors
66 Continuous Infusional Chemotherapy
67 Infusional Chemotherapy
68 CCRT-Concurrent Chemo + RT
69 2D Radiotherapy
70 3D Conformal Radiotherapy
71 IGRT- Image Guided Radiotherapy
72 IMRT- Step & Shoot
73 Infusional Bisphosphonates
74 IMRT- DMLC
75 Rotational Arc Therapy
76 Tele gamma therapy
77 FSRT-Fractionated SRT
78 VMAT-Volumetric Modulated Arc Therapy

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79 SBRT-Stereotactic Body Radiotherapy
80 Helical Tomotherapy
81 SRS-Stereotactic Radiosurgery
82 X-Knife SRS
83 Gammaknife SRS
84 TBI- Total Body Radiotherapy
85 intraluminal Brachytherapy
86 Electron Therapy
87 TSET-Total Electron Skin Therapy
88 Extracorporeal Irradiation of Blood Products
89 Telecobalt Therapy
90 Telecesium Therapy
91 External mould Brachytherapy
92 Interstitial Brachytherapy
93 Intracavity Brachytherapy
94 3D Brachytherapy
95 Implant Brachytherapy
96 Intravesical Brachytherapy
97 Adjuvant Radiotherapy
98 Afterloading Catheter Brachytherapy
99 Conditioning Radiothearpy for BMT
100 Extracorporeal Irradiation to the Homologous Bone grafts
101 Radical chemotherapy
102 Neoadjuvant radiotherapy
103 LDR Brachytherapy
104 Palliative Radiotherapy
105 Radical Radiotherapy
106 Palliative chemotherapy
107 Template Brachytherapy
108 Neoadjuvant chemotherapy
109 Adjuvant chemotherapy
110 Induction chemotherapy
111 Consolidation chemotherapy
112 Maintenance chemotherapy
113 HDR Brachytherapy

Plastic Surgery
114 Construction skin pedicle flap
115 Gluteal pressure ulcer-Excision
116 Muscle-skin graft, leg
117 Removal of bone for graft
118 Muscle-skin graft duct fistula
119 Removal cartilage graft
120 Myocutaneous flap
121 Fibro myocutaneous flap
122 Breast reconstruction surgery after mastectomy
123 Sling operation for facial palsy
124 Split Skin Grafting under RA
125 Wolfe skin graft
126 Plastic surgery to the floor of the mouth under GA

Urology
127 AV fistula - wrist
128 URSL with stenting
129 URSL with lithotripsy
130 Cystoscopic Litholapaxy
131 ESWL
132 Haemodialysis
133 Bladder Neck Incision
134 Cystoscopy & Biopsy
135 Cystoscopy and removal of polyp
136 Suprapubic cystostomy
137 percutaneous nephrostomy
139 Cystoscopy and "SLING" procedure.
140 TUNA- prostate
141 Excision of urethral diverticulum
142 Removal of urethral Stone
143 Excision of urethral prolapse
144 Mega-ureter reconstruction
145 Kidney renoscopy and biopsy
146 Ureter endoscopy and treatment
147 Vesico ureteric reflux correction
148 Surgery for pelvi ureteric junction obstruction
149 Anderson hynes operation
150 Kidney endoscopy and biopsy
151 Paraphimosis surgery
152 injury prepuce- circumcision
153 Frenular tear repair
154 Meatotomy for meatal stenosis
155 surgery for fournier's gangrene scrotum
156 surgery filarial scrotum
157 surgery for watering can perineum
158 Repair of penile torsion
159 Drainage of prostate abscess
160 Orchiectomy
161 Cystoscopy and removal of FB

Neurology
162 Facial nerve physiotherapy

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163 Nerve biopsy
164 Muscle biopsy
165 Epidural steroid injection
166 Glycerol rhizotomy
167 Spinal cord stimulation
168 Motor cortex stimulation
169 Stereotactic Radiosurgery
170 Percutaneous Cordotomy
171 Intrathecal Baclofen therapy
172 Entrapment neuropathy Release
173 Diagnostic cerebral angiography
174 VP shunt
175 Ventriculoatrial shunt

Thoracic surgery
176 Thoracoscopy and Lung Biopsy
177 Excision of cervical sympathetic Chain Thoracoscopic
178 Laser Ablation of Barrett's oesophagus
179 Pleurodesis
180 Thoracoscopy and pleural biopsy
181 EBUS + Biopsy
182 Thoracoscopy ligation thoracic duct
183 Thoracoscopy assisted empyaema drainage

Gastroenterology
184 Pancreatic pseudocyst EUS & drainage
185 RF ablation for barrett's Oesophagus
186 ERCP and papillotomy
187 Esophagoscope and sclerosant injection
188 EUS + submucosal resection
189 Construction of gastrostomy tube
190 EUS + aspiration pancreatic cyst
191 Small bowel endoscopy (therapeutic)
192 Colonoscopy ,lesion removal
193 ERCP
194 Colonscopy stenting of stricture
195 Percutaneous Endoscopic Gastrostomy
196 EUS and pancreatic pseudo cyst drainage
197 ERCP and choledochoscopy
198 Proctosigmoidoscopy volvulus detorsion
199 ERCP and sphincterotomy
200 Esophageal stent placement
201 ERCP + placement of biliary stents
202 Sigmoidoscopy w / stent
203 EUS + coeliac node biopsy

General Surgery
204 infected keloid excision
205 Incision of a pilonidal sinus / abscess
206 Axillary lymphadenectomy
207 Wound debridement and Cover
208 Abscess-Decompression
209 Cervical lymphadenectomy
210 infected sebaceous cyst
211 Inguinal lymphadenectomy
212 Incision and drainage of Abscess
213 Suturing of lacerations
214 Scalp Suturing
215 infected lipoma excision
216 Maximal anal dilatation
217 Piles
A)Injection Sclerotherapy
B)Piles banding
218 liver Abscess- catheter drainage
219 Fissure in Ano- fissurectomy
220 Fibroadenoma breast excision
221 Oesophageal varices Sclerotherapy
222 ERCP - pancreatic duct stone removal
223 Perianal abscess I&D
225 Fissure in ano sphincterotomy
226 UGI scopy and Polypectomy oesophagus
227 Breast abscess I& D
228 Feeding Gastrostomy
229 Oesophagoscopy and biopsy of growth oesophagus
230 UGI scopy and injection of adrenaline, sclerosants
- bleeding ulcers
231 ERCP - Bile duct stone removal
232 Ileostomy closure
233 Colonoscopy
234 Polypectomy colon
235 Splenic abscesses Laparoscopic Drainage
236 UGI SCOPY and Polypectomy stomach
237 Rigid Oesophagoscopy for FB removal
238 Feeding Jejunostomy
239 Colostomy
240 Ileostomy
241 colostomy closure
242 Submandibular salivary duct stone removal
243 Pneumatic reduction of intussusception

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244 Varicose veins legs - Injection sclerotherapy
245 Rigid Oesophagoscopy for Plummer vinson syndrome
246 Pancreatic Pseudocysts Endoscopic Drainage
247 ZADEK's Nail bed excision
248 Subcutaneous mastectomy
249 Excision of Ranula under GA
250 Rigid Oesophagoscopy for dilation of benign Strictures
251 Eversion of Sac
a) Unilateral
b)Bilateral
252 Lord's plication
253 Jaboulay's Procedure
254 Scrotoplasty
255 Surgical treatment of varicocele
256 Epididymectomy
257 Circumcision for Trauma
258 Meatoplasty
259 Intersphincteric abscess incision and drainage
260 Psoas Abscess Incision and Drainage
261 Thyroid abscess Incision and Drainage
262 TIPS procedure for portal hypertension
263 Esophageal Growth stent
264 PAIR Procedure of Hydatid Cyst liver
265 Tru cut liver biopsy
266 Photodynamic therapy or esophageal tumour and Lung tumour
267 Excision of Cervical RIB
268 laparoscopic reduction of intussusception
269 Microdochectomy breast
270 Surgery for fracture Penis
271 Sentinel node biopsy
272 Parastomal hernia
273 Revision colostomy
274 Prolapsed colostomy- Correction
275 Testicular biopsy
276 laparoscopic cardiomyotomy(Hellers)
277 Sentinel node biopsy malignant melanoma
278 laparoscopic pyloromyotomy(Ramstedt)

Orthopedics

279 Arthroscopic Repair of ACL tear knee
280 Closed reduction of minor Fractures
281 Arthroscopic repair of PCL tear knee
282 Tendon shortening
283 Arthroscopic Meniscectomy - Knee
284 Treatment of clavicle dislocation
285 Arthroscopic meniscus repair
286 Haemarthrosis knee- lavage
287 Abscess knee joint drainage
288 Carpal tunnel release
289 Closed reduction of minor dislocation
290 Repair of knee cap tendon
291 ORIF with K wire fixation- small bones
292 Release of midfoot joint
293 ORIF with plating- Small long bones
294 Implant removal minor
295 K wire removal
296 POP application
297 Closed reduction and external fixation
298 Arthrotomy Hip joint
299 Syme's amputation
300 Arthroplasty
301 Partial removal of rib
302 Treatment of sesamoid bone fracture
303 Shoulder arthroscopy / surgery
304 Elbow arthroscopy
305 Amputation of metacarpal bone
306 Release of thumb contracture
307 Incision of foot fascia
308 calcaneum spur hydrocort injection
309 Ganglion wrist hyalase injection
310 Partial removal of metatarsal
311 Repair / graft of foot tendon
312 Revision/Removal of Knee cap
313 Amputation follow-up surgery
314 Exploration of ankle joint
315 Remove/graft leg bone lesion
316 Repair/graft achilles tendon
317 Remove of tissue expander
318 Biopsy elbow joint lining
319 Removal of wrist prosthesis
320 Biopsy finger joint lining
321 Tendon lengthening
322 Treatment of shoulder dislocation
323 Lengthening of hand tendon
324 Removal of elbow bursa
325 Fixation of knee joint
326 Treatment of foot dislocation

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327 Surgery of bunion
328 intra articular steroid injection
329 Tendon transfer procedure
330 Removal of knee cap bursa
331 Treatment of fracture of ulna
332 Treatment of scapula fracture
333 Removal of tumor of arm/ elbow under RA/GA
334 Repair of ruptured tendon
335 Decompress forearm space
336 Revision of neck muscle (Torticollis release)
337 Lengthening of thigh tendons
338 Treatment fracture of radius & ulna
339 Repair of knee joint

Paediatric surgery
340 Excision Juvenile polyps rectum
341 Vaginoplasty
342 Dilatation of accidental caustic stricture oesophageal
343 Presacral Teratomas Excision
344 Removal of vesical stone
345 Excision Sigmoid Polyp
346 Sternomastoid Tenotomy
347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
348 Excision of soft tissue rhabdomyosarcoma
349 Mediastinal lymph node biopsy
350 High Orchidectomy for testis tumours
351 Excision of cervical teratoma
352 Rectal-Myomectomy
353 Rectal prolapse (Delorme's procedure)
354 Orchidopexy for undescended testis
355 Detorsion of torsion Testis
356 lap.Abdominal exploration in cryptorchidism
357 EUA + biopsy multiple fistula in ano
358 Cystic hygroma - Injection treatment
359 Excision of fistula-in-ano

Gynaecology
360 Hysteroscopic removal of myoma
361 D&C
362 Hysteroscopic resection of septum
363 thermal Cauterisation of Cervix
364 MIRENA insertion
365 Hysteroscopic adhesiolysis
366 LEEP
367 Cryocauterisation of Cervix
368 Polypectomy Endometrium
369 Hysteroscopic resection of fibroid
370 LLETZ
371 Conization
372 polypectomy cervix
373 Hysteroscopic resection of endometrial polyp
374 Vulval wart excision
375 Laparoscopic paraovarian cyst excision
376 uterine artery embolization
377 Bartholin Cyst excision
378 Laparoscopic cystectomy
379 Hymenectomy(imperforate Hymen)
380 Endometrial ablation
381 vaginal wall cyst excision
382 Vulval cyst Excision
383 Laparoscopic paratubal cyst excision
384 Repair of vagina (vaginal atresia)
385 Hysteroscopy, removal of myoma
386 TURBT
387 Ureterocoele repair - congenital internal
388 Vaginal mesh For POP
389 Laparoscopic Myomectomy
390 Surgery for SUI
391 Repair recto- vagina fistula
392 Pelvic floor repair(excluding Fistula repair)
393 URS + LL
394 Laparoscopic oophorectomy

Critical care
395 Insert non- tunnel CV cath
396 Insert PICC cath (peripherally inserted central catheter)
397 Replace PICC cath (peripherally inserted central catheter)
398 Insertion catheter, intra anterior
399 Insertion of Portacath

Dental
400 Splinting of avulsed teeth
401 Suturing lacerated lip

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402 Suturing oral mucosa
403 Oral biopsy in case of abnormal tissue presentation
404 FNAC
405 Smear from oral cavity

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Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition

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Unit 1501&1502, 15th Floor, Tower 2, One International Center,
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STANDARD LIST OF EXCLUDED ITEMS

List I – Items for which coverage is not available in the policy

SI. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)

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46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC

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22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

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Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION⁄STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Disclaimer: Prohibition of Rebates as per Section 41-of the Insurance Act. 1938. (4 of 1938) 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 lives or property in 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 prospectus or tables of the insurer'. Violations of Section 41of the Insurance Act 1938, as amended, shall be – Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakhs.

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Grievance Redressal

We are concerned about you and are committed to extend the best possible services. In case you are not satisfied with our services or resolutions, please follow the below steps for redressal.

Step 1

Call us on Toll free number: **1800-266-5844**
(8:00 AM to 8.00 PM, 7 days of the week)
or
Email us at: care@libertyinsurance.in
or
Write to us at:
Customer Service
Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai - 400 013

Step 2

If our response or resolution does not meet your expectations, you can escalate at **Manager@libertyinsurance.in**

Step 3

If you are still not satisfied with the resolution provided, you can further escalate at **ServiceHead@libertyinsurance.in**

An acknowledgment will be sent on receipt of your concern, we would then Investigate the matter Internally and respond with a suitable resolution. Please share your contact details to enable us to get In touch with you.

In case you are not satisfied with the decision or resolution provided by the company you may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman Offices are given below:

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman Jeevan Prakash Building 6th floor Tilak Marg Relief Road Ahmedabad 380 001 Tel: 07 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat Dadra & Nagar Flaveli Daman and Diu
BENGALURU Office of the Insurance Ombudsman Jeevan Soudha Building PID No 57 27 N 1 Ground Floor 1 H 24th Main Road JPNagar 1st Phase Bengaluru 560 078 Tel : 080 26652048 / 2665204 Email: oio.bengaluru@cioins.co.in	Karnatake
BHOPAL Office of the Insurance Ombudsman Opp. Gayatri Mandir, Area Hills, Bhopal -462 011. Tel.: 0755 - 2769201 /2769202 /2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh and Chaitisgarh
BHUBNESHWAR Office of the Insurance Ombudsman 62 Forest park Bhubneshwar 751 00 Email: oio.bhubaneswar@cioins.co.in	
CHANDIGARH Office of the Insurance Ombudsman Sector -17 A, Chandigarh - 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab Haryana Himachal Pradesh Jammu & Kashmir Chandigarh
CHENNAI Office of the Insurance Ombudsman Fatima Akhtar Court 4th Floor 453 Anna Sialai Teynampet CHENNAI - 600 018. Email: oio.chennai@cioins.co.in	Tamil Nadu Pondicherry Town and Karaikal (which are part of Pondicherry)
Office of the Insurance Ombudsman 2/2 A Universal Insurance Building Asaf Ali Road New Delhi 110 002 Email: oio.delhi@cioins.co.in	
KOCHI Office of the Insurance Ombudsman 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 -2358759 Email: oio.ernakulam@cioins.co.in	Kerala Lakshadweep Mahe a part of Pondicherry
GUWAHATI Office of the Insurance Ombudsman Jeevan Nivesh 5th Floor Nr Panbazar over bridge S.S. Road, Guwahati - 871001 (ASSAM) Email: oio.guwahati@cioins.co.in	Assam Meghalaya Manipur Mizoram Arunachal Pradesh Nagaland and Tripura

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
HYDERABAD Office of the Insurance Ombudsman 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh Telangana Yanam and part of Territory of Pondicherry
JAIPUR Office of the Insurance Ombudsman Jeevan Nidhi, II Bldg, Gr Floor Bhawani Singh Marg, Jaipur - 302 005 Tel: 0141 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan
Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal Sikkim Andaman & Nicobar Islands
Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan Phase II Nawal Kishore Road, Hazratganj Lucknow - 226 001 Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur Jhansi Mahoba Hamirpur Banda Chitrakoot Allahabad Mirzapur Sonbhabdra Fatehpur Pratapgarh Jaunpur Varanasi Gazipur Jalaun Kanpur Lucknow Unnao Sitapur Lakhimpur Bahraich Barabanki Raebareli Sravasti Gonda Faizabad Amethi Kaushambi Balrampur Basti Ambedkamagar Sultanpur Maharajgang Santkabimagar Azamgarh Kushinagar Gorkhpur Deoria Mau Ghazipur Chandauli Ballia Sidharathnagar
Office of the Insurance Ombudsman 3rd Floor Jeevan Seva Annexe S V Road Santacruz (W) Mumbai Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	Goa Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman Bhagwan Sahai Palace 4th Floor Main Road Naya Bans Sector 15 Distt: Gautam Buddh Nagar U P 201301 Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra Aligarh Bagpat Bareilly Bijnor Budaun Bulandshehar Etah Kanooj Mainpuri Mathura Meerut Moradabad Muzaffarnagar Oraiyya Pilibhit Etawah Farrukhabad Firozbad Gautambodhanagar Ghaziabad Hardoi Shahjahanpur Hapur Shamli Rampur Kashganj Sambhal Amroha Hathras Kanshiramnagar Saharanpur

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Office of the Ombudsman and Contact Details	Areas of Jurisdiction
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar Jharkhand
PUNE Office of the Insurance Ombudsman Jeevan Darshan Bldg 3rd Floor CTS Nos 1 5to 1 8 NC KelkarRoad Narayan Peth Pune 411030 Tel.: 020-24471175 Email: oio.pune@cioins.co.in	Maharashtra Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg,Thane (West) - 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Maharashtra

GOVERNING BODY OF INSURANCE COUNCIL,
Shrl P.N.Gandhi, Secretary General
Smt Moushuml Mukherjl, Secretary
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 26106889 / 671 / 980
Fax:022-26106949
Email: inscoun@cioins.co.in

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