AROGYA PLUS POLICY



Serious Illness or accident along with routine health problem may disturb the financial planning of an individual. Outpatient Department (OPD) Health Insurance or Arogya Plus Policy provides financial protection against medical costs due to hospitalization along with routine OPD medical
expenses. Permanent Residents of India.
 Family (Self, Spouse, Dependent Children, Dependent Parents, Parents in Law^) Minimum Entry Age: Adult 18 yrs. and Child 3 months Maximum Entry Age: 65 yrs. No exit ages Cover type:
 Individual - Single Member Family Non- Floater* - More than one member with S.I maintained at member level Family Floater* - More than one member with S.I maintained at the policy level
 Expenses for OPD consultation & expenses – including tele-consultation Hospitalization which includes Room rent, boarding, Medical practitioners fees, ITU, Nursing, Anesthesia, Blood, Oxygen, OT expenses, Physiotherapy, Medicines
 Pre- and post-hospitalization of 60 and 90 days – both for in-patient and domiciliary hospitalization
 Actual ambulance expenses or Rs.1500/- whichever is lower for a valid hospitalization
 Maternity Expenses covered only under OPD section up to the OPD limit as specified in the Policy Schedule.
 Domiciliary hospitalization** and Alternative treatment is covered.
 12 modern treatment methods / procedures covered – for up to 50% of sum insured
 141 number of specified day care procedures covered. Medical test is applicable if age of the member proposed to be insured is above 55 years
 Policy tenure is 1 yr./2yr/3yr. Long term discount is 5% for 2 yr. and 7.5% for 3 yr. term Policy should be renewed within 30 days of expiry from the original policy period or else it shall be considered as fresh proposal & shall warrant fresh underwriting without any continuity benefits Portability*** options available Income tax benefit under Sec 80D
Option of SI - 1 Lac/2 Lac/3 Lacs
Premium is based on age, S.I, OPD limit opted, policy tenure & no. of members covered.
 First 30 days, unless accidental hospitalization. 1 yr. exclusion for the named ailments. Pre-existing Disease exclusion for first 4 years Permanent Exclusions Treatment outside India Epidemics recognised by WHO/ Indian government Congenital External illness Cosmetic/ Aesthetic treatment
 "Coverage for Covid-19 related claims is available" * Must be hospitalized as per definition Should be COVID positive * subject to terms and conditions of the policy



DEFINITIONS

^Family Cover:

- a) <u>**"Family floater cover"**</u> means the cover under the Policy which is available in aggregate not separately for all members of family who are specified as Insureds in policy schedule and which can be used by all or any of them.
- b) <u>**"Family non- floater cover"**</u> means the cover under the Policy which is available separately for all members of family who are specified as Insureds in policy schedule.

****Domiciliary Hospitalization:** Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the

normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- b) the patient takes treatment at home on account of non-availability of room in a hospital.

*****Portability:** Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

