Liberty General Insurance Limited
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Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

LIBERTY HOSPI-CASH CONNECT POLICY PROSPECTUS

(Annexure II)

INTRODUCTION

Liberty **HOSPI-CASH CONNECT** Policy guards you and your family against the trauma that you face because of increased financial burden during Hospitalization, Threshold applicable or unpaid expenses in your regular Hospitalization Policy.

This Policy pays FIXED daily hospital cash along with a host of covers with the freedom to choose and pick covers as per your 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 and conditions

ELIGIBILITY CRITERIA

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Maximum Entry Age : 65 Years for Adults
- Renewability: Lifelong
- Policy Tenure: 1/2/3 Years
- Relationships covered: Self, Spouse, Children, Parents, and Parents-in-law can be covered under a single Policy.
- Premium frequency: At inception for the selected Policy tenure.
- Child/children below 18 years of age can be covered provided either of the parents is insured under the policy. The child/ children above 18 years of age can continue to be covered under the policy.

KEY FEATURES

- **Two Plans – Hospi Cash Connect and Hospi Cash Connect Flexi available** as per your needs. There are 5 sub-plans under Hospi Cash Connect (Hospi Sure, Hospi Sure Optima, Hospi Sure Ultima, Hospi Sure Supreme, Hospi Sure Excel)
- **Special care on Minor/Major Surgical Procedures**
- **Option of selecting Individual or Family cover** with special discounts on premium
- **Double Accident benefit**
- **Double ICU benefit**
- **Double Critical Illness benefit**
- **Only Renewal benefits and No claims loading** on Renewal of the Policy
- **Long term upto 3 Years**
- **Get Policy tenure of 3 Years and cover your Pre- existing disease from first Renewal**

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- **Policy issuance without pre policy health check-up** for proposals with nil previous/ present adverse medical history.
- **Tax Benefit** – Avail tax benefits under section 80D of Income Tax Act 1961 on the premium you pay towards this Policy.

SCOPE OF COVER

Claims made in respect of any of the benefits below will be subject to the Sum Insured and is effective only if noted as such in the Schedule. This Policy offers selection of either of the cover from below specified.

1. **Daily Hospital Cash (DHC)**: In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment due to any Illness or accidental bodily Injury sustained or contracted within the Policy period, for a continuous period of more than 24 hours, a daily hospital cash benefit as mentioned in the Schedule to this Policy will be payable for every completed 24 hours of hospitalization, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay) and payable upto balance Sum Insured for that Policy Year.

2. **Daily Hospital Cash (DHC)-Accident:** In case of Hospitalization of the Insured/Insured Person/s due to accidental bodily Injury and/or any illness/sickness arising due to consequences of accidental bodily injury sustained or contracted during the Policy Period, for a continuous period of more than 24 hours, a Daily Hospital cash benefit –Accident as mentioned in the Schedule to the Policy shall be payable, for every completed 24 hours of Hospitalization subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay) and upto balance Sum Insured for that Policy Year.

The Policy would also offer Flexi covers as listed below which are available under different plans of Hospi Cash Connect or as optional covers under Hospi Cash Connect Flexi and specified so in the Schedule to this Policy.

1. **Double Accident Benefit (DAB)**:In case of Hospitalization of the Insured/Insured Person/s due to accidental bodily Injury and/or any illness/sickness arising due to consequences of accidental bodily injury sustained or contracted during the Policy Period, for more than 3 consecutive completed days, then the Daily Hospital Cash benefit as mentioned in the Schedule to the Policy shall be doubled and the Insured would be entitled to a Double Accident Benefit payable for every completed 24 hours of Hospitalization, subject to per event/Hospitalisation limited to 30 days(inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.

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If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident as applicable under the Policy.

2. **Double ICU Benefit (DIB)-Sickness:** In case the Insured/Insured Person/s is required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to any Illness not traceable to accidental bodily injury, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
   If this cover is admissible, We will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident as applicable under the Policy.

3. **Double ICU Benefit(DIB)-Accident:** In case the Insured/Insured Person/s is required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to accidental bodily Injury and includes any illness/sickness arising from such accidental bodily injury sustained or contracted within the Policy period, for a continuous period of more than 24 hours, a Daily Hospital Cash Benefit or Daily Hospital Cash –Accident, as per the selected Sum Insured under the chosen Plan will be doubled and payable for every completed 24 hours in an ICU, subject to per event/Hospitalisation limited to 30 days (inclusive of both ICU & Non-ICU stay), payable upto balance Sum Insured for that Policy Year.
   If this cover is admissible, then We will not pay Daily Hospital Cash benefit or Daily Hospital Cash benefit-Accidents as applicable under the Policy.

4. **Recovery Benefit:** In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment due to any Illness or accidental bodily Injury sustained or contracted within the Policy Period, for more than 15 consecutive days of Hospitalization then a onetime lump sum payment as mentioned in the Schedule to the Policy will be payable towards Recovery in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.
   For a long term Policy year this benefit shall be available separately for each Policy Year.

5. **Convalescence benefit:** If in case 2 or more Family members covered under Our "Hospi-Cash Connect" Policy are hospitalized due to the same Accident sustained or contracted within the Policy Period, for more than 24 consecutive hours, and the hospitalization of the members is within a weeks' time from the first date of accident of an Insured member, then a onetime lump sum payment, as mentioned in the Schedule to the Policy will be payable towards convalescence individually and separately, in addition to the Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

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6. **Special Care on Listed Minor Surgeries**: In case the Insured/Insured Person/s is/are hospitalized and has incurred expenses more than the threshold limit of Rs 50,000 for a Medically Necessary treatment due to any Illness or accidental Injury involving minor Surgical Procedure as listed below, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

List of Minor Surgeries	
Sr.No	**Minor Surgeries**
1	Removal of Appendix
2	Removal of Renal Calculi
3	Haemorrhoidectomy
4	Removal of Gall Stone/Gall Bladder
5	All types of Hernia repair
6	Benign Prostatic Hypertrophy (TURP)

7. **Special Care on Listed Major Surgeries:** While this Policy is in force, in case the Insured/Insured Person/s is/are hospitalized and has incurred expenses more than the threshold limit of Rs 2,00,000, for a Medically Necessary treatment due to any Illness or accidental Injury involving a Major Surgical Procedure as listed below, then a onetime lump sum payment as specified under Schedule of the Policy shall be payable, in addition to Daily Hospital Cash Benefit and/or any other lump sum benefits applicable subject to the maximum of balance Sum Insured for that Policy Year.

List of Major Surgeries	
Sr.No	**Major Surgeries**
1	CABG- Coronary Artery Bypass Grafting
2	Angioplasty – PTCA
3	Brain Surgery including Craniotomy, tumor removal and intracranial drainage
4	Major organ transplant (Heart, Lung, Liver, Pancreas, kidney)
5	Bone marrow transplant Surgery
6	Post traumatic Surgeries including Skull fracture, amputation of upper and / or lower limb, pelvis fracture / hip fracture, compound communicated fracture of any part where ORIF is required.
7	Knee replacement (traumatic / septic arthritis, severe irreparable knee Injury)
8	Knee ligament Surgery -trauma related

9	Hip replacement (traumatic hip Injury- both partial and total)
10	Spinal surgeries
11	Heart valve replacement
12	Surgery of Aorta
13	Thyroidectomy

8. **Restore Benefit:** The Policy provides, a Restore Sum Insured equivalent to the opted Sum Insured as per the Plan selected, if the Sum Insured is exhausted due to claims made and paid during the Policy year or made during the Policy Year and accepted as payable, for the particular policy year, provided that:

   a. The Restored Sum Insured will be utilized only after the selected Sum Insured have been completely exhausted in that Policy year; and
   b. The Restored Sum Insured will be available during the Policy year till it is exhausted completely.
   c. Any unutilized restored amount cannot be carried forward to any subsequent Policy year.
   d. The total amount of restored Sum Insured shall not exceed the selected Sum Insured for that Policy year and shall be available for all the covers specified under the Policy Schedule.
   e. In case of Portability, the credit for Sum Insured would be given only to the extent of Sum Insured selected at first policy inception date and would not include any amount available by way of Restore Benefit.

9. **Double Critical Illness Benefit (DCI)-**: In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment for any of the below listed Critical Illness/s herein below contracted within the Policy Period, for a continuous period of more than 24 hours, a daily hospital cash benefit applicable as per the Sum Insured as mentioned in the Schedule to the Policy will be doubled and payable for every completed 24 hours of Hospitalization, subject to the maximum of balance Sum Insured for that Policy Year.

   If this cover is admissible, then We will not pay Daily Hospital Cash benefit or Daily Hospital Cash benefit-Accidents as applicable under the Policy.

Covered Critical Illness:

C1	Cancer of specified severity
C2	Kidney Failure requiring regular Dialysis
C3	Multiple Sclerosis with persisting symptoms
C4	Major Organ/Bone marrow Transplant
C5	Open Heart Valve Replacement/Repair of Heart Valves
C6	Open Chest Coronary Artery Bypass Graft
C7	Stroke resulting in permanent symptoms
C8	Permanent Paralysis of Limbs

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C9	First Heart Attack of specified Severity
C10	Benign Brain Tumor
C11	Parkinson's Disease
C12	Alzheimer's Disease
C13	End Stage Liver Disease
C14	Surgery of Aorta
C15	Major Burns
C16	Loss of Speech
C17	Deafness
C18	Coma of specified severity

10. **Day Care Procedure cash (DCP)-**: In case of Hospitalization of the Insured/Insured Person/s for a Medically Necessary treatment as an inpatient for less than 24 hours in a Hospital or standalone Day Care Centre for any of the below listed Procedures, then We will pay Day care Procedure Cash as mentioned in the Schedule to this Policy, for each procedure undertaken subject to the maximum of Yearly Sum Insured for that Policy Year.

Covered Day Care Procedures:

1.	Cataract
2.	Dilatation and Curettage
3.	Lithotripsy
4.	Manipulation for Dislocation under General Anesthesia
5.	Cystoscopy

11. **Wellness Program-**

The below services will be available when the Insured/Insured member/s is/are more than 150 kilometers within Indian territory from their residential address as provided in the Proposal Form. The services would be provided by Us /through our appointed Service provider, with prior intimation and acceptance by the Company.

i. **Medical Consultation, Evaluation and Referral**- In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.

ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.

iii. **Emergency Medical Evacuation-** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service

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Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care.

iv. **Compassionate Visit:** When an Insured Peron/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation

1. AYUSH Treatment-

The Company will indemnify Reasonable and customary charges up to the limit specified in the Policy Schedule, for the Medical Expenses incurred for Inpatient hospitalization treatment taken under Ayurveda, Unani, Sidha and Homeopathy provided that the hospitalization 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

1. **Exclusions specific to AYUSH Treatment**

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. OPD/ Daycare treatment
ii. Wellness and non-therapeutic is excluded.
iii. Any Pre-Hospitalization and Post-Hospitalization Expenses excluded.
iv. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
v. Non- Prescribed medicines by treating physician, Non-disclosed formulations & Non-standardized preparations or Health Supplementary products will be excluded.
vi. Integrated therapy - Allopathy treatment taken and followed by Ayurvedic as a pre-post hospitalization.

Rest general exclusions will be applicable as per product.

12. Special Care –

You can opt for this cover and get a fully recharged Policy without any Duration limits as specified under Schedule of Benefits attached to this document. This option is available only if You are below 65 years of age

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13. Special Limits-

You can opt for this cover and select lower Daily Hospital Cash (DHC) Benefit than eligible as per the Schedule of Benefits attached to this document.. The minimum DHC limit can be 0.5% of Sum Insured.

POLICY EXCLUSIONS

A. Waiting Period:

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

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 of 48 months, 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.

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	First Year (12 months) Waiting Period	Two Year (24 months) Waiting Period
1.	Cataract	Calculus diseases of Gall bladder and Urogenital

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		system
2.	Benign Prostatic Hypertrophy	Joint Replacement due to Degenerative condition,
3.	Hernia	Surgery for prolapsed inter vertebral disc unless arising from accident
4.	Hydrocele	Age related Osteoarthritis and Osteoporosis
5.	Fistula in anus	Spondylosis / Spondylitis
6.	Piles	Surgery of varicose veins and varicose ulcers.
7.	Sinusitis and related disorders	Diabetes & related complications: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks
8.	Fissure	Hypertension & related complications: Coronory Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal bleed/Haemorrhages.
9.	Gastric and Duodenal ulcers	Treatment for correction of eye sight (laser surgery) due to refractive error
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	

3. 30-day waiting period- ***Code- Excl03***

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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.

B. EXCLUSIONS

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:

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.

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

7. Change-of-Gender treatments: *Code- Excl07*

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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- Excl 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

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.

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

19. 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.

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

21. 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.

22. 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.

23. 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.

24. External Congenital Anomaly.

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

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

27. Treatment received outside India

28. 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.

29. 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.

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

31. 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.

32. 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:

a. 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.
b. 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.
c. Biological attack or weapons means the emission, discharge, dispersal, release or 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

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.

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

MORATORIUM PERIOD

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After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

DISCOUNTS/ LOADINGS

The following discounts/ loadings are applicable on the Premium as provided in the Annexure-Premium Rate Chart:

1. Other Discounts/Loadings-

<table>
<tr><th>Sr. No.</th><th>Discount</th><th>Fresh Policy</th><th>Renewal Policy</th></tr>
<tr><td>1.</td><td>Family Discount: Family cover on Individual Sum Insured basis –Avail a maximum discount of upto 10% discount on applicable premium, by covering family members under a single policy. This discount is available on fresh as well as on renewal of the Policy subject to family member being covered on Individual Sum Insured basis.
<table>
<tr><th>No. of members covered under a Policy</th><th>Family Discount (expressed as a % of total payable premium for all lives covered in a Policy)</th></tr>
<tr><td>2</td><td>5%</td></tr>
<tr><td>3</td><td>7.5%</td></tr>
<tr><td>4 and above</td><td>10%</td></tr>
</table></td><td>✓</td><td>✓</td></tr>
<tr><td>2.</td><td>Employee Discount: 10% discount on the applicable premium for employees on the roll of the Company as on the date of commencement of Policy/ renewal of Policy.</td><td>✓</td><td>✓</td></tr>
<tr><td>3.</td><td>Loyalty Discount- You are eligible for 5% discount on the applicable premium if you have Our any other retail health insurance policy as on the date of commencement of this Policy/ renewal of this Policy.</td><td>✓</td><td>✓</td></tr>
<tr><td>4.</td><td>Long Term Policy Discount- Applicable when the Policy term is beyond one year
<table>
<tr><th>Policy Term</th><th>Discount %</th></tr>
<tr><td>2 years</td><td>7.5%</td></tr>
</table></td><td>✓</td><td>✓</td></tr>
</table>

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	3 years | 10%		
5.	**Direct Policy Purchase Discount-** 10% discount will be given if you are purchasing this Policy through Our website / direct channels.	✓	✓
Sr. no.	**Loadings**	**Fresh Policy**	**Renewal Policy**
1.	Proposals where the Health status of the Insured is adverse, as revealed in the proposal form or as evidenced in the pre policy check-up, may be accepted at the sole discretion of the Company with an increased risk rating which shall not exceed 100% of normal slab premium per diagnosis/ medical condition and not over 200% of normal slab premium per person. Applicable for all subsequent Renewal(s) involving Age slab changes and increase inSum Insured. In all such cases, we would send a communication letter to the Proposer and obtain his/her consent before acceptance of the Proposal. The following major factors are illustrative of the methodology to be followed by Our medical underwriters for sub-standard risks where premium rating will be done based on the medical condition and the health status of the applicant:	✓	✓

Sr.No	PED	<40 yrs	>41 yrs and <55 yrs	>56 yrs
1.	Hypertension without its complications	10% on the Normal slab premium.	15% on the Normal slab premium.	Decline
2.	Diabetes without its complications	20% on the Normal slab premium.	20% on the Normal slab premium	Decline
3.	Asthma/ Chronic Obstructive respiratory Disease	10% on the Normal slab premium	15% on the Normal slab premium	20% on the Normal slab premium

RENEWAL BENEFITS

1. Lifelong Renewal without any exit Age

2. Enhancement of Sum Insured: Change in Sum Insured or enhancement in Sum Insured can be done subject to Our approval.

CONTINUITY BENEFITS

a. **Portability:** 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link www.libertyinsurance.in

b. **Migration:**
The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link www.libertyinsurance.in

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.

FREE LOOK CANCELLATION

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.
The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.
lf the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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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;

HEALTH CHECK-UP

Proposals where the Health status is adverse, as revealed in the proposal form or as evidenced shall be followed by health check- up. It shall be carried out at our network list of diagnostic centers, as available on our website. The result of these tests will be valid for a period of 3 months from the date of medical tests. If the proposal is accepted we shall refund 50% of the health check-up cost.

CANCELLATION/TERMINATION

The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Cancellation period	1 Year Policy	2 Year Policy	3 Year Policy
Up to 1 Month	75%	87.50%	92.00%
Up to 3 Months	50%	75.00%	83.00%
Up to 6 Months	25%	62.50%	75.00%
Up to 9 Months	NIL	50.00%	67.00%
Up to 12 Months	NIL	42.00%	55.00%
Up to 15 Months	NIL	25.00%	50.00%
Up to 18 Months	NIL	12.50%	42.00%
Up to 24 Months	NIL	NIL	30.00%
Up to 30 Months	NIL	NIL	8.00%
Up to 36 Months	NIL	NIL	NIL

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

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

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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.

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

CLAIMS PROCEDURE

A) Notification and Submission of Claim-

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, a 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 or not later than 7 days from the date of hospitalization/Injury/death.

Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from Hospital.

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 thirty working days of receipt of the last required documents.

B) Documentation-

a. You shall deliver to Us, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.
b. We may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons Your beyond the control.

C) Payment of Claim-

a. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy
b. This Policy only covers medical treatment taken in India, and payments under this Policy shall only be made in Indian Rupees within India
c. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner

For further details/checklist for claims documents, please read the Policy or Claims Manual.

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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.
- ❑ Attested copy of Detailed Discharge Summary / Day care summary from the hospital.
- ❑ Attested copy of consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
- ❑ Attested copy of payment Receipt of the hospital bill with receipt number.
- ❑ First Consultation letter and subsequent Prescriptions.
- ❑ Attested copy of 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
- ❑ Attested copy of medicine bills and receipts with corresponding Prescriptions.
- ❑ Attested copy of 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

In addition to the In-patient Treatment documents:

- ❑ Attested copy of Death Summary from the hospital.
- ❑ Attested copy of of the Death certificate from treating doctor or the hospital authority.
- ❑ Attested copy of of the Legal heir certificate, if the claim is for the death of the principle insured.

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.

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- 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 - attached in the Policy document.
- No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy
- Claim settlement (provision for Penal Provision)
    i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

    ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

    iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

    iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

    ("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

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BENEFIT SCHEDULE

Hospi-Cash Connect : The Sum insured options and covers provided below are fixed and may be selected as per the Plans given below.

Plan	SI p.a. (Rs)	Daily Hospital Cash Benefit (DHC) (Rs/day) OR Daily Hospital Cash- Only Accident Benefit (Rs/day)	Double Accident Benefit- in case of Hospitalization more than 3 days (Rs/day)	Double ICU Benefit-Sickness (Rs/day)	Double ICU Benefit-Accident (Rs/day)	Recovery Benefit	Sp. care on Minor Surgeries Threshold Limit of Rs. 50000	Sp. care on Major Surgeries Threshold Limit of Rs. 200000	Restore Benefit
Hospi Sure	2 L	2000	4000	4000	4000				
	3 L	3000	6000	6000	6000				
	4 L	4000	8000	8000	8000				
	5 L	5000	10000	10000	10000				
	7.5 L	7500	15000	15000	15000				
	10 L	10000	20000	20000	20000				
Hospi Sure Optima	2 L	2000	4000	4000	4000	5 times of DHC			
	3 L	3000	6000	6000	6000				
	4 L	4000	8000	8000	8000				
	5 L	5000	10000	10000	10000				
	7.5 L	7500	15000	15000	15000				
	10 L	10000	20000	20000	20000				
Hospi Sure Ultima	2 L	2000	4000	4000	4000	5 times of DHC	3 times of DHC		
	3 L	3000	6000	6000	6000				
	4 L	4000	8000	8000	8000				
	5 L	5000	10000	10000	10000				
	7.5 L	7500	15000	15000	15000				
	10 L	10000	20000	20000	20000				
Hospi Sure Supreme	2 L	2000	4000	4000	4000	5 times of DHC	3 times of DHC	5 times of DHC	
	3 L	3000	6000	6000	6000				
	4 L	4000	8000	8000	8000				
	5 L	5000	10000	10000	10000				

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	7.5 L	7500	15000	15000	15000				
	10 L	10000	20000	20000	20000				
Hospi Sure Excel	**2 L**	2000	4000	4000	4000	5 times of DHC	3 times of DHC	5 times of DHC	Equivalent to SI
	3 L	3000	6000	6000	6000				
	4 L	4000	8000	8000	8000				
	5 L	5000	10000	10000	10000				
	7.5 L	7500	15000	15000	15000				
	10 L	10000	20000	20000	20000				
Duration Limits (applicable for all plans)		Per event/ Hospitalization limit- Upto 30 days	Per event/ Hospitalization limit- Upto 30 days	Per event/ Hospitalization limit- Upto 30 days	Per event/ Hospitalization limit- Upto 30 days				Restore SI once per Policy Year
Wellness Program Available on optional basis and serviced by Us/ through Our Service Provider									

Hospi Cash Connect Flexi			
	Sum Insured per Annum (Rs.)	**Range for selection: Rs 10,000 to Rs 15,00,000 (in multiples of '00)**	**Duration Limits**
A.	**Basic Cover-:Mandatory cover**		
	Daily Hospital Cash (DHC) Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
OR	Daily Hospital Cash (DHC)- Only Accidents Benefit(Rs./day)	1% of SI	Per event/Hospitalization limit- Upto 30 days
B.	**Flexi -Choose and Pick covers - Optional covers**		
1	Double Accident Benefit (DAB)- in case of Hospitalization more than 3 days	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
2	Double ICU Benefit (DIB) – Sickness	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
3	Double ICU Benefit (DIB) – Accident	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
4	Double Critical Illness Benefit (DCI)-Listed Critical Illnesses	Double the DHC limit	Per event/Hospitalization limit- Upto 30 days
5	Day care Procedure Cash- Listed Procedures	50% of DHC Limit	Max upto 5 Day Care Procedures
6	Recovery Benefit	Up to 15 times of DHC limit	
7	Convalescence Benefit	Up to 15 times of DHC limit	
8	Special care on Minor Surgeries	Up to 15 times of DHC limit	

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	Threshold Limit Applicable of Rs. 50000		
9	Special care on Major Surgeries	Up to 15 times of DHC limit	
	Threshold Limit Applicable of Rs. 200000		
10	Restore Benefit	Equivalent to the Sum Insured	
11	AYUSH Treatment	AYUSH Inpatient hospitalization treatment taken in Ayush hospital is payable up to Basic SI #Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.	Upto Basic SI
12	Wellness Program	Available and serviced by Us/Through Our Service Provider	
13	**Special Limit**	Option to select lower DHC limit	
14	**Special Care**	Policy without any Duration limits (Available for the member upto 65 years of age)	

PREMIUM RATE CHART

Premium will depend on the Sum insured/daily cash benefit, policy tenure, age. The same is as per enclosed rate chart.

Claim payment illustration

Details of Plan Opted	Hospi Cash Connect-Hospi Sure	Details/Limits
Policy Tenure		1 Year (1 April 2013- 31 March 2014)
No. of members		4 Member (Self+ Spouse + 2 C)
Sum Insured Opted (in Rs) per member		Rs 200,000
Basic Cover		
Daily Hospital Cash Benefit (DHC)	✓	Rs 2,000 per day
Daily Hospital Cash - Accident	×	NA
Choose and Pick covers		
Double Accident Benefit (DAB)	✓	Rs 4,000 per day
Double ICU Benefit- Sickness	✓	Rs 4,000 per day
Double ICU Benefit- Accident	✓	Rs 4,000 per day
Wellness Program	×	NA

Individual Sum Insured (in Rs) (A)	200,000	200,000
Daily Hospital Cash Benefit (DHC) (in Rs per day)	2,000	2,000

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Claim 1 : May 20, 2013			
If the Insured and his Son (both covered under policy) met with an Accident and are Hospitalized for 35 days, with initial 5 days in ICU. Due to incurred injuries, the insured had to be operated for "Spinal Surgeries". The treatment cost for Spinal surgery was Rs 3,00,000. The claim paid shall be as below	**For Insured**	**For his Son**	**Reasons**
Daily Hospital Cash Benefit (DHC) (Rs 2,000 for 30 days)	-	-	Triggered and paid under DAB and DIC hence separate payment under DHC will not be paid.
Double Accident Benefit (for 25 days)	100,000	100,000	Not considered 5 days since per event/hospitalization is restricted to 30 days.
Double ICU Benefit- Accident (for 5 days in ICU)	20,000	20,000	
Total Claim 1 Amount (in Rs) (B)	120,000	120,000	

Claim 2 : September 15, 2013	
If the Insured is hospitalized for 10 days against treatment for "Gall Stones" and the Cost of treatment is Rs 2,50,000.	**For Insured**
Daily Hospital Cash Benefit (DHC) (for 10 days)	20,000
Total Claim 2 Amount (in Rs) (C)	20,000
Policy Balance Sum Insured (in Rs) after claim 1 (D=A-B)	80,000
Claim 2 Amount (in Rs)	20,000
New Balance Sum Insured (in Rs) after claim 2 (E=D-C)	**60,000**