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IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

Introduction

A Group Health Insurance Policy is available to any Body Corporate / Association / Institution / Group as defined by Insurance Regulatory Development Authority of India (IRDAI) from time to time through Circulars and Regulations as applicable . Group Health Insurance Policies shall only be one year renewable contracts.

Features

a) Policy entry age is from 18 years to 100 years. Available by way of Family Floater for a child from 3 months onwards (Child can be covered from Day1 by an Endorsement).

b) The Policy shall ordinarily be renewable except on the grounds of established fraud or non-disclosure or misrepresentation by the insured person.

c) The Policy will be issued for a period of 1 year

d) The family includes spouse, dependent children and dependent parents/parent-in-laws and siblings as mentioned in the Schedule to this Policy.

e) The Policy offers coverage on Individual as well as family floater basis as opted by the Insured.

Scope of cover:

The Company undertakes to indemnify the Insured Person against disease or any one Illness or any Injury due to accident during the Policy period and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified physician/Medical Practitioner to incur medical expenses for medical/surgical treatment at any Hospital / nursing home in India as an inpatient, subject to the terms, conditions, exclusions and definitions contained herein or endorsed. The Company will indemnify Reasonable and Customary charges incurred during the period of insurance and not exceeding the Sum Insured as mentioned in the schedule towards:

1. <u>Hospitalisation Expenses</u>

a. In Patient Treatment (Including AYUSH)

a) Room, Boarding expenses (On Actuals)
b) ICU (Intensive Care Unit) charges (On Actuals)
c) Doctor's fees
d) Nursing Expenses
e) Surgical Fees, Diagnostic tests, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
f) Drugs and medicines consumed on the premises
g) Investigation Services such as Laboratory, X-Ray, Diagnostic tests
h) Dressing, Ordinary splints and plaster casts
i) Cost of Prosthetic and other devices or equipment if implanted during a surgical procedure

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.

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.

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.

2. **Pre- Hospitalization:** We will compensate you for the Pre-Hospitalization expenses for consultations, investigations and medicines incurred by you for a period of 30 days immediately prior to your hospitalization/day care procedure/domiciliary treatment. The claim is payable if We have admitted a claim under In-patient Treatment/Day Care Procedures/Domiciliary treatment.

   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 Maximum Limit of Indemnity as stated in the Policy Schedule.

3. **Post-Hospitalization:** We will compensate you for the Pre-Hospitalization expenses for consultations, investigations and medicines incurred by you for a period of 60 days immediately post hospitalization/day care procedure/domiciliary treatment.

The claim is payable if We have admitted a claim under In-patient Treatment/Day Care Procedures/Domiciliary treatment. 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 Maximum Limit of Indemnity as stated in the Policy Schedule.

4. **Day care Procedure**: The medical treatment costs necessary and reasonable in scope for a Day Care Procedure as mentioned in the list of Day Care Procedures in the Policy, where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital.
   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 Maximum Limit of Indemnity as stated in the Policy Schedule.

5. **Emergency Ambulance Charges**: Reimbursement of the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following Accidental Injury/ illness / disease occurring during the Policy period., provided that:

   i) Our maximum liability shall be restricted per hospitalization as mentioned in the Policy Schedule and
   ii) We have accepted an inpatient Hospitalisation claim
   iii) The coverage includes the cost of the transportation of the Insured Person to a hospital in case of an emergency or from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is medically necessary.

6. **Domiciliary hospitalization Treatment** :The Medical Expenses incurred by an Insured Person for medical treatment taken at his home in India which would otherwise have required hospitalization because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that the condition for which the medical treatment is required continues for at least 3 days, in which case We will reimburse the reasonable charge of necessary medical treatment upto the limit as mentioned in the Policy Schedule.
   Subject however that domiciliary hospitalization benefits shall not cover:-

   a. Expenses incurred for treatment for any of the following diseases:
      i. Asthma
      ii. Bronchitis
      iii. Chronic Nephritis and Nephritic Syndrome

iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
v. Diabetes Mellitus and Insipidus
vi. Epilepsy
vii. Hypertension
viii. Influenza, Cough and Cold
ix. Pyrexia of unknown Origin for less than 10 days
x. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
xi. Arthritis, Gout and Rheumatism

7. Coverage for Modern Treatment / Technological Advancements & Treatments

The total expenses payable during the entire policy period for treatment of the following diseases / conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below:

Total treatment expenses limit per person , per policy period for each disease / procedure						
Sum Insured (Rs)		**Uterine artery Embolization and HIFU**	**Balloon Sinuplasty**	**Deep Brain Stimulation**	**Oral Chemotherapy (Sub-limits including pre & Post Hospitalization)**	**Immuno-therapy Monoclonal Antibody to be given as injection**
From	To					
25,000	1,00,000	12,500	5,000	25,000	12,500	25,000
1,00,001	2,00,000	25,000	10,000	50,000	25,000	50,000
2,00,001	3,00,000	37,500	15,000	75,000	37,500	75,000
3,00,001	5,00,000	1,00,000	40,000	2,00,000	1,00,000	2,00,000
5,00,001	7,50,000	1,25,000	50,000	2,50,000	1,25,000	2,50,000
7,50,001	10,00,000	1,50,000	75,000	3,00,000	2,00,000	3,00,000
10,00,001	15,00,000	2,00,000	1,00,000	4,00,000	2,50,000	4,00,000
15,00,001	20,00,000	2,00,000	1,50,000	4,50,000	3,00,000	5,00,000
20,00,001	25,00,000	2,50,000	2,00,000	5,00,000	3,50,000	5,50,000
25,00,001	30,00,000	2,50,000	2,00,000	6,00,000	40,000	6,00,000

Total treatment expenses limit per person , per policy period for each disease / procedure						
Sum Insured (Rs)		**Intra Vitreal injections**	**Robotic surgeries**	**Stereotactic radio surgeries**	**Bronchical Thermoplasty, Vaporisation of the prostate(Green laser treatment or holmium laser treatment),IONM-(Intra Operative Neuro Monitoring)**	**Stem cell theraphy: Hematopoietic stem cells for bone marrow transplant for**
From	To					

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

						haematological conditions
25,000	1,00,000	5,000	25,000	25,000	upto 50% of SI subject to maximum 10,00,000	25,000
1,00,001	2,00,000	10,000	50,000	50,000		50,000
2,00,001	3,00,000	15,000	75,000	75,000		75,000
3,00,001	5,00,000	40,000	1,50,000	1,50,000		1,50,000
5,00,001	7,50,000	50,000	2,00,000	2,00,000		2,00,000
7,50,001	10,00,000	75,000	3,00,000	2,50,000		3,00,000
10,00,001	15,00,000	1,00,000	4,00,000	2,50,000		4,00,000
15,00,001	20,00,000	1,25,000	4,50,000	3,00,000		5,00,000
20,00,001	25,00,000	1,50,000	5,00,000	3,00,000		6,00,000
25,00,001	30,00,000	2,00,000	6,00,000	3,50,000		7,00,000

8. Group Super Top up

The Group Super Top up Policy would be limited to cover Hospitalization expenses incurred beyond a certain amount which is treated as a deductible by the Insured Person/s for whom the Insured has proposed coverage to the extent as stated in the Policy Schedule.

The coverage is triggered only when the threshold limit of deductible is exhausted on aggregate basis for admissible claim/s during the policy period and will be paid up to the selected Sum Insured.

Example: Insured has opted for Super Top up only policy of Rs.300,000 with a deductible of Rs 200,000
There is a heart ailment claim during the policy period and admissible claim amount is Rs 100,000.
In this case Rs 100,000 will be paid by insured from his own expenses/other sources.
After 3 months, the same insured person met with an accident and the admissible hospitalization expenses are Rs.200,000.
Now the total aggregate admissible claim amount for the insured person during the policy period is Rs 300,000 which has crossed the deductible limit of Rs 200,000. The amount over and above the deductible amount i.e. Rs 100,000 will be paid through Super Top Up Only policy as the aggregate admissible claim amount was more than deductible amount (i.e.Rs. 200,000) subject to terms and coverages offered under Super Top Up only policy.

Insured can opt for Coverage under In Patient Hospital Service or Group Super Top up or both.

The Policy would also offer endorsements listed below as required by the proposer on payment of additional premium and would be in terms of the limits applicable for each of these extensions:

1. **Enhanced Pre & Post Hospitalization expenses- This endorsement provides for** reimbursement of Pre and Post Hospitalization expenses upto the limit as specified in the Schedule of this Policy.

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

2. **Reimbursement of Organ donor expenses- This endorsement provides for** reimbursement of hospitalization surgical expenses towards donor for harvesting the organ in case of major organ transplant.

3. **Maternity Expenses from day one of Policy period- This endorsement provides for** reimbursement of Maternity Medical Expenses /treatment for a delivery(including complicated deliveries and caesarian sections) incurred during Hospitalization; the lawful medical termination of pregnancy during the Policy period limited to delivery for only first 2 children during the lifetime of the Insured Person. We will also pay pre-natal and post-natal expenses as specified in the Schedule of this Policy.

4. **Maternity Expenses with waiting period of nine months- This endorsement provides for r**eimbursement of Maternity Medical Expenses /treatment for a delivery(including complicated deliveries and caesarian sections) incurred during Hospitalization; the lawful medical termination of pregnancy during the Policy period limited to delivery for only first 2 children during the lifetime of the Insured Person. We will also pay pre-natal and post-natal expenses as specified in the Schedule of this Policy after a waiting period of nine (9) months. We will also pay pre-natal and post-natal expenses as specified in the Schedule of this Policy.

5. **Pre-existing Conditions coverage** - **This endorsement provides for** Coverage of Pre-existing Conditions without any waiting period.

6. **30 days waiting period waiver** - **This endorsement provides for** waiver of the exclusions relating to the first 30 days of the Policy period.

7. **First Year waiting period waiver: This endorsement provides for** waiver of the exclusions applicable in the 1st year of Policy.

8. **Baby Day one cover** – This **endorsement** provides for the new born child being included for cover from date of birth on payment of the requisite premium.

9. **Corporate Buffer - This endorsement provides for** a Corporate Buffer limit to take care of any defined emergencies which exceed the individual/ Family limit of the Sum Insured specified under the Policy. This additional limit is available basis Per person/ family limit subject to the overall corporate buffer limit specified in the Policy Schedule selected for the full policy period. The Corporate Buffer will not be available for diseases /procedures / treatments where specific sub-limit/s is /are applicable in the Policy.

   Defined Emergencies –as listed below

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

1. Cancer of Specific Severity
2. Kidney Failure requiring regular Dialysis
3. Multiple Sclerosis with Persisting Symptoms
4. Major Organ / Bone Marrow Transplant
5. Open Heart Replacement or Repair of Heart Valves
6. Open Chest CABG
7. Stroke resulting in permanent symptoms
8. Permanent Paralysis of Limbs
9. Myocardial Infarction (First Heart Attack of specified Severity)
10. Benign Brain Tumor
11. Parkinson's Disease
12. Alzheimer's Disease
13. End Stage Liver Failure
14. Surgery to Aorta / Aorta Graft Surgery
15. Third-Degree Burns (Major Burns)
16. Loss of Speech
17. Deafness
18. Coma of Specified Severity
19. Major Accidents
20. Life threatening medical emergencies where Individual / family Sum Insured exhausted

10. Listed Critical Illness cover (Lump sum / Reimbursement basis)-As chosen by the Insured, covers selected Critical illnesses on lump sum or on reimbursement basis.

Covered Critical Illness:

A "Critical Illness" shall mean any one of the following critical illness and it is subject to fulfillment of all conditions as defined above of this benefit and as applicable particularly to each Critical Illness as defined below-

C1	Cancer of Specific Severity
C2	Kidney Failure requiring regular Dialysis
C3	Multiple Sclerosis with Persisting Symptoms
C4	Major Organ / Bone Marrow Transplant
C5	Open Heart Replacement or Repair of Heart Valves
C6	Open Chest CABG
C7	Stroke resulting in permanent symptoms
C8	Permanent Paralysis of Limbs
C9	Myocardial Infarction (First Heart Attack of specified Severity)
C10	Benign Brain Tumor
C11	Parkinson's Disease
C12	Alzheimer's Disease

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

C13	End Stage Liver Failure
C14	Surgery to Aorta / Aorta Graft Surgery
C15	Third-Degree Burns
C16	Loss of Speech
C17	Deafness
C18	Coma of Specified Severity

11. **Evacuation & Repatriation Expenses – This endorsement** reimburses expenses related to medical evacuation to a hospital following Accidental Bodily Injury/ illness / disease occurring during the Policy period or reimburses the Cost of repatriating the Insured Person's remains from the place of death to his place of residence within India, or for the burial or cremation of the Insured Person at the place where the death occurred as a result of Accidental bodily Injury and/or Illness and/or disease occurring during the Policy period as the case may be.

12. **Top up cover-** The Policy is extended to cover Hospitalization expenses incurred beyond the basic Hospitalization Sum Insured (which is treated as a deductible for this cover) by way of choosing **Top Up cover as an optional cover**. This cover is triggered only when the Deductible limit of basic Hospitalization Sum Insured is exhausted on a single admissible claim and will be paid up to the selected Top up cover.

Top up cover and Top Up only cannot be opted by same insured simultaneously.

Example:
Insured has group health insurance policy with a coverage of Sum Insured Rs 200,000 and also he has opted for Top up cover of 300,000 with a deductible of Rs 200,000 (since his base SI is 200,000).
There is an accidental claim during the policy period and admissible claim amount is Rs 250,000. In this case Rs 200,000 will be paid from base policy and balance 50,000 will be paid through Top Up Cover as the single admissible claim amount was more than deductible amount (i.e. 200,000).

If there is any Corporate buffer opted in the Group Policy, it will be triggered first upto the buffer limit per family defined and then balance amount, if any will trigger for Top up cover.
The Top up cover is offered as an extension to base policy.

13. **Top up Only-** The Top up only Policy would be limited to only cover Hospitalization expenses incurred beyond a certain amount which is treated as a deductible by the Insured Person/s for whom the Insured has proposed coverage to the extent as stated in the Policy Schedule.

The coverage is triggered only when the threshold limit of deductible is exhausted on a single admissible claim and will be paid up to the selected Sum Insured.

Top up cover and Top Up only cannot be opted by same insured simultaneously.

Example: Insured has opted for Top up cover of 300,000 with a deductible of Rs 200,000
There is a heart ailment claim during the policy period and admissible claim amount is Rs 300,000. In this case Rs 200,000 will be paid by insured from his own expenses/other sources and balance 100,000 will be paid through Top Up Only policy as the single admissible claim amount was more than deductible amount (i.e. 200,000) subject to terms and coverages offered under Top Up only policy.

14. **Out Patient/OPD Treatment-** The Policy is extended to include consultations, pharmacy, diagnostics, vaccination, medical and surgical procedures taken on an Out-Patient basis upto the amount as stated in the Policy.

15. **Medical aids extension**-The Policy is extended to cover charges incurred in connection with hearing aids, durable medical/non-medical equipment.

16. **Out patient/OPD Treatment - Dental -**The Policy is extended to cover X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the treatment taken on Out Patient basis up to the limits as specified in the Policy.

17. **Personal Accident cover -**
    a. **Accidental Death (AD) -** Covers death due to Accident caused by accidental, external, and visible means.
    b. **Permanent Total Disability (PTD) -** bodily Injury caused by Accidental, external, and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period and which falls into one of the categories listed in the Table of Benefits.
    c. **Permanent Partial Disability (PPD) -** bodily Injury caused by Accidental, external, and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured Person and which falls into one of the categories listed in the Table of Benefits.
    d. **Temporary Total Disability (TTD) -** Covers inability of the Insured Person to engage in the occupation or employment temporarily.

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

Extensions:

a. **Child Education Support**: The Policy is extended to make payment towards the child education support of the Insured Person(s)' dependent children up to the amount stated in the Policy provided a valid claim has been admitted under Accidental Death or Permanent Total Disability.
b. **Cost of Transportation of Mortal Remains**: The Policy is extended to cover expenses incurred for transportation of mortal remains from the place of death to the insured's city of residence provided the distance between the two is not less than 100 kms in the event of us making a claim payment for Accidental Death.
c. **Cost of Performance of Funeral Ceremony:** The Policy is extended to cover expenses incurred for preparation for burial or cremation service of mortal remains up to a stated amount in the event of us making a claim payment for Accidental Death.
d. **Modification of Vehicle/Residence:** The Policy is extended to reimburse reasonable expenses towards modification of Insured's vehicle or alteration to his/her house as required by a claim under Permanent Total Disability.
e. **Double Indemnity:** The Policy will pay an **additional amount equivalent** to the Capital Sum Insured if Death or Permanent Total Disability occurs following an accident while the Insured is traveling as a valid passenger in any of the listed public carriers like bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft under this benefit.
   "Public Carrier" means shared passenger transportation service which is available for use by the general public and which operates in a scheduled timetable.
   "Valid Passenger" means fare paying passenger as well as a Passenger with valid proof of concession for traveling in Public carrier issued by the respective authority.

Risk Categories:

Risk Group I: Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers, Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, business owners wherein the business is not dealing in hazardous goods or not involving manual labor, Persons engaged in clerical functions & administrative functions and such other persons as engaged in occupations of similar hazard listed above.

Risk Group II: Professional Athletics & Sportsmen, Wood working Machinists, Workers, Mechanics, Drivers, Manual laborers (except those falling under Group III) & such other persons as engaged in occupation of similar hazard listed above.

Risk Group III: Persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply, demolition workers, Jockeys, Circus personnel, Persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports,

skiing, ice hockey, ballooning, hand gliding, river rafting, polo, persons working as Air Crew and Ship Crew, and such other persons as engaged in occupation of similar hazard listed above.

Where a group of heterogeneous persons are covered, the risk group consideration will be based on the occupation of individual members, where detailed occupational information is available or on the occupation of majority of group members where more than 50% of the group can be classified as belonging to any of the risk groups above.

Referral List:

1. Professional sports teams
2. Crew of aircraft and ships
3. Group insurances in respect of underground mining and for contractors specializing in tunneling
4. Group insurances for naval, military or air force personnel.

Floater Extension - Family Floater means a Policy described as such in the Schedule where the Insured person(s) named in the Schedule are insured under this Policy under a single Sum Insured as at the commencement date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by the Insured person(s) covered under this Family Floater during the Policy period.
Primary Insured Person means the first Insured Person with other members insured under the Policy being treated as secondary members to this Policy.
The secondary member/s shall mean his/her lawful spouse &/or two dependent child/children or dependent parents / parent in-laws.
Benefits under the extension covers are optional and available only to the Primary Insured Person either individually or in combination on payment of additional premium and subject to any limitations specified in the Schedule to this Policy.

Discount available if the client requires **'On-Duty Only Cover' & 'India Only Cover'**

i. On - Duty only cover (coverage only during the duty hours of the insured) : 25% discount
ii. India Only (by default coverage is worldwide, if opt for this benefit coverage is limited to any accidental claim as per opted coverage/s within India) : 10% discount

18. Health Checkup

The Policy is extended to arrange for Health Checkup for named Primary Insured Person/s through our Network Providers basis the option chosen by Insured.

The Health check up will be arranged by Us at our Network Providers on Cashless basis. This is however subject to selection of the cover. The facility will be arranged through appointed

Network provider at one or multiple locations basis the Insured/Insured persons location and suitability.

19. Wellness Assistance Services

The Company will provide following Wellness Assistance Services :

a. Pharmaceutical discounts includes discounts of Pharmacies (upto 10%), Doctor's consultations (upto 25%) & Lab investigations (upto 25%) available at our Network providers.
b. First Medical Opinion – First Medical opinion is first level medical enquiry in which Opinion is provided by an experienced Medical professional empaneled with us/Service provider, through Online platform. The login in credentials of online module will be provided to the Insured/Insured persons at enrollment stage. The Insured/Insured person can avail this facility without any no. of times restriction.
c. Live Health Talk
d. Electronic Medical Record Management (EMRM)
e. Fortnightly Newsletters

20. Disease-wise Capping- The Policy is extended to pay Medical Expenses incurred towards claim for a specified Treatment of an Illness/Disease/Procedure upto the amount of Sub-Limit applicable per claim during the Policy Period as specified in the Policy and the Sub-limit would be applicable per claim during the Policy Period.

21. Room Rent Capping- By this endorsement, the Room Rent charges will be limited up to the selected percentage of Sum Insured, as specified in the Policy Schedule, subject to a claim being admissible under Part II of the Policy.
If the Insured Person is admitted in a room where the Room Rent incurred is higher than that which is specified in the Policy Schedule, then the Insured Person shall bear the rateable proportion of the total associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and the room rent limit or the Room Rent of the entitled room category to the room rent actually incurred.

22. Voluntary Co-Payment- By this endorsement, for each and every admissible claim, the Insured Person will pay the percentage specified in the Policy as Voluntary Co-payment and We will pay the remaining part of the amount that We assess as payable for the admissible claim amount.

23. External Congenital Disease Cover - The Policy is extended to provide coverage for surgical treatment on in-patient basis for External congenital disease/s in life threatening situation upto the limit specified in the Policy Schedule towards this benefit.

24. Hospital Cash Allowance- The Policy is extended to provide an amount as allowance for each completed day of hospitalization.

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

25. **LASIK Surgery cover for refractive error -** This extension covers charges incurred towards correction of refractive errors by using lasik surgery in case of compound myopic astigmatism in both eyes to the level of (-) 5D upto (-) 7.5D.

26. **Infertility Treatment -** This extensions covers charges incurred towards Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, embryo transport, donor ovum and semen and related costs, including collection and preparation and any related prescription medication treatment related to infertility.

27. **Air Ambulance**

Notwithstanding anything to the contrary contained in the Policy and in consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, it is agreed and declared that

a. If the Insured / Insured member/s becomes ill or injured in an area within India where appropriate care is not available and which causes emergency life threatening conditions and it is necessary to immediately transfer such person to the nearest Hospital / Day care centre / Nursing Home, We will pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation as per limit mentioned in the Policy Schedule

Specific Conditions

a. Expenses for air ambulance transportation are restricted within India.
b. Return transportation to the Insured Person's home by ambulance is excluded.
c. Insured needs to take an intimation before availing the benefit under Air Ambulance Cover

28. **Restoration/Reinstatement of the Sum Insured-**This extension provides for restoration of the Sum Insured to the extent of the basic Sum Insured. Restoration of Sum Insured is triggered only after the Basic Sum Insured is exhausted. In case of Family Floater, the Reinstated Sum Insured will only be available in respect of claims made by those Persons who were Insured under the Policy before the Sum Insured was exhausted and for whom we have not incurred or paid any claim during the relevant Policy period.

29. Coverage Limit for Modern Treatments:

Notwithstanding anything to the contrary contained in the Policy, the total expenses payable during the entire policy period for treatment of diseases / conditions, listed under Section 6: Modern Treatment of Policy Wordings, either as a day care or as an in-patient exceeding 24hrs of admission in the hospital, shall be limited to the amount as opted from the following options and as mentioned in the policy schedule or Certificate of Insurance

1. ***Option A:*** 25% of the Basic Sum Insured
2. ***Option B:*** 50% of the Basic Sum Insured
3. ***Option C:*** 75% of the Basic Sum Insured

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Family Floater

Family Floater means a Policy described as such in the Schedule where the Insured person(s) named in the Schedule are insured under this Policy under a single Sum Insured as at the commencement date. The Sum Insured for a Family Floater means the sum in the Schedule under Part II of the Policy which represents Our maximum liability for any and all claims made by the Insured person(s) covered under this Family Floater during the Policy period.

Primary Insured Person means the first Insured Person with other members insured under the Policy being treated as secondary members to this Policy.

This family floater benefit is available on the Hospitalization benefits covered under Part II of the Policy and any endorsements which are limited to the Hospitalization Sum Insured as more specifically mentioned in the relevant endorsement/s.
All other terms and conditions of the Policy remain unchanged.

Dependent child/children covered under Family Floater shall have the option to continue renewal by migrating to a suitable Policy at the end of the specified exit age. Due credit for Continuity in respect of the previous Policy years will be allowed provided the earlier policies have been maintained without a break.

The Policy also has the following provisions:

- Inclusion of Family members on a Family Floater basis.
- Addition/deletion of members
- Premium payment on Installment basis

In case of family floater coverage, the discount percentage will be applicable on the hospitalization premium calculated for the members covered.

Exclusions:

The Company shall not be liable to make any payment directly or resultantly arising out of the following events unless expressly stated elsewhere in the policy:

1. **Pre-Existing Diseases [Excl 01]**
   a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
   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 the extent of prior coverage.
d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period [Excl 02]

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of twelve (12) 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/treatments is as under :
Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); Congenital Internal Diseases, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from accident, Age related osteoarthritis and Osteoporosis, Surgery of varicose veins and varicose ulcers, Calculus diseases of Gall bladder and Urogenital system.

3. 30-day waiting period [Excl 03]

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.

a. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
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 [Excl 04]

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 [Excl 05]

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 [Excl 06]

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor
b. The surgery/Procedure conducted should be supported by clinical protocols
c. The member has to be 18 years of age or older and
d. Body Mass Index (BMI);
   i. greater than or equal to 40 or
   ii. 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 Type2 Diabetes

7. Change-of-Gender treatments [Excl 07]

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 [Excl 08]

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 [Excl 09]

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.

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

10. **Breach of law [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 [Excl 11]**
    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 or 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 [Excl 12]**

13. **Treatments received in heath 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 [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. [Excl14]**

15. **Refractive Error [Excl 15]**
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. **Unproven Treatments [Excl 16]**
    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. **Sterility and Infertility [Excl 17]**
    Expenses related to 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 [Excl 18]**
    Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

i. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

19. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical/non-medical equipment including but not limited to Wheel chair, Walker, Crutches, Belts, Collars, Caps, Splints, Slings , Braces, Stocking, Diabetic foot wear, Glucometer/Thermometer and the like, namely that equipment used externally from the human body which can withstand repeated usage eg: CPAP,CAPD, Infusion pump etc.; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in absence of an Illness or Injury and is usable outside of a Hospital

20. Any dental treatment Surgery which is corrective, cosmetic or of aesthetic procedure, unless it requires Hospitalization and is carried out under general anesthesia and is necessitated by Illness or Accidental Injury.

21. Personal comfort and convenience items or services including but not limited to television/ telephone (wherever specifically charged for), barber or beauty service guest service body care products and bath additive, internet, foodstuffs, hygiene articles and similar incidental services and supplies.

22. Suicide, attempted suicide or willfully self-inflicted injury or illness

23. Injury or disease directly or resultantly caused by or arising from or attributable to 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) including Chemical & Biological. civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind

a. "Chemical" shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

b. "Biological" shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. Injury or Disease directly or resultantly caused by or contributed to by nuclear weapons/materials

24. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.

25. Any treatment/loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other

than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport.

26. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

1. **Conditions to be fulfilled by the Insured/ Insured Person.** The Insured / Insured Person is required to ensure there is no misrepresentation, misdescription or nondisclosure of any material fact.
2. The Insured / Insured Person shall ensure due observance and fulfillment of the terms, conditions and endorsements on the Policy.
3. Every notice and communication to the Company shall be in writing addressed to the nearest office of the Company.
4. Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, the Insured / Insured Person shall -

a. give intimation to the nearest office of the Company immediately on Hospitalization;
b. file the claim within 15 days from the date of discharge from hospital;
c. furnish all original bills, receipts and other documents upon which the claim is based and shall give such other information and assistance as may be required for claim settlement;
d. submit, if so required, to examination by a medical practitioner authorised by the Company.

Free look period

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.

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;

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

Cancellation

(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.

Renewal

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

(i) The Company shall give notice for renewal at least 30 days prior to expiry of the policy.

(ii) Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

(iii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

(iv) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

Sum Insured Enhancement

The provision for increase in Capital Sum Insured is available at the time of renewal of the Policy and subject to specific approval & acceptance by the Company.

Withdrawal of Policy

i. 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.

ii. 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.

Claim Procedure:

Notification of Claim-.

a. Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalization:	Need to be informed immediately and in any event at least 48 hours prior to the Insured Person's admission to the Hospital.
2	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalization in an Emergency:	Need to be informed within 24 hours of the Insured Person's admission to the Hospital.

The appointed TPA details will be shared alongwith Policy Schedule and also Insured can contact us on

E-mail : care@libertyinsurance.in

Toll Free No. : 1800 266 5844

b. The Insured shall deliver to the Company, within 15 days from the date of completion of treatment 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.
c. 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.
d. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

• ***For opting 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 no 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 24 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.
• ***Reimbursement Claims*** - 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.
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.

No sum payable under this Policy shall carry interest except as required under relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.
No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

- ***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***

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, if the claim is for the death of the principle insured.

- ***Pre and Post-hospitalization 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.

- ***Ambulance Benefit***
  - ❑ Duly filled and signed Claim Form.
  - ❑ Photocopy of ID card / Photocopy of current year policy.
  - ❑ Original Bill with Original Payment Receipt.
  - ❑ Treating Doctor's consultation prescription indicating Emergency Hospitalization.

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

➢ ***Inclusion of Reimbursement of Organ Donor Expenses***

In addition to the documents of general hospitalization

- ❑ Organ Function test / blood test proving organ failure.
- ❑ Treatment Certificate issued by the Transplant Surgeon of the hospital concerned.

➢ ***Inclusion of Maternity Expenses***

- ❑ 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.
- ❑ Delivery / Surgical notes if applicable
- ❑ Original consolidated hospital bill with breakup of each Item, duly signed by the insured.
- ❑ Original payment Receipt of the hospital bill.
- ❑ First Consultation letter and subsequent Prescriptions including Ante natal follow ups and Ultro Sonography Reports.
- ❑ Original bills, original payment receipts and Reports for investigation.
- ❑ Original medicine bills and receipts with corresponding Prescriptions.

➢ ***Inclusion of Pre- existing Conditions coverage***

Same as In-patient Hospitalisation treatment

➢ ***Inclusion of Thirty (30) days waiting period waiver***

Same as In-patient Hospitalisation treatment

➢ ***Inclusion of First year waiting period waiver***

Same as In-patient Hospitalisation treatment

➢ ***Baby day one cover***

- ❑ 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/ Birth Certificate.
- ❑ Original consolidated hospital bill with break up of each Item, duly signed by the insured.
- ❑ Original payment Receipt of the hospital bill.
- ❑ First Consultation letter and subsequent
- ❑ Original bills, original payment receipts and Reports for investigation.
- ❑ Original medicine bills and receipts with corresponding Prescriptions.

➢ ***Corporate Buffer***

Same as In-patient Hospitalisation treatment

➢ ***Inclusion of Listed Critical Illnesses (Lump sum/ Reimbursement basis)***

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

In addition to the In Patient treatment documents if applicable

- ❑ Original Investigation reports, Histological report or Scan./ X Ray Plates, etc as applicable confirming diagnosis of the indicated Critical Illness
- ❑ All Documents prior and after, related to the diagnosis of indicated critical illness
- ❑ Medical certificate from the certified Physician confirming the diagnosis of Indicated critical illness

➢ ***Inclusion of Evacuation & Repatriation Expenses***

Evacuation:
In addition to the In-patient Treatment documents:

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Bill with Original Payment Receipt.
- ❑ Treating Doctor's consultation prescription indicating Emergency evacuation
- ❑ Approval letter of the Company

Repatriation:
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, if the claim is for the death of the principle insured.
- ❑ Duly filled and signed Claim Form
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Bill with Original Payment Receipt.
- ❑ Approval letter of the Company
- ❑ Embombing certificate

➢ ***Top up cover***

Same as In-patient Hospitalisation treatment

➢ ***Top up Only***

Same as In-patient Hospitalisation treatment

➢ ***Group SuperTop up***

Same as In-patient Hospitalisation treatment

➢ ***Inclusion of OPD Treatment***

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Medicine bills, original payment receipt.
- ❑ Original Investigations bills, original payment receipt with report.

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

- ❑ Original Consultation bills, original payment receipt with prescription.
- ❑ Details of any Outpatient Procedures, If any
- ❑ In case of Dental treatment- X-ray film with Report

➢ ***Inclusion of Medical aids Extension***

Same as In-patient Hospitalisation treatment

➢ ***Inclusion of OPD Teatment - Dental***

- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Medicine bills, original payment receipt.
- ❑ Original Investigations bills, original payment receipt with report.
- ❑ Original Consultation bills, original payment receipt with prescription.
- ❑ Details of any Outpatient Procedures, If any
- ❑ In case of Dental treatment- X-ray film with Report

➢ ***Personal Accident cover***

a. **Personal Accident Death:**

- ❑ FIR from police authorities wherever necessary (in case of accidents outside residence)
- ❑ Death Certificate from the Municipal Authorities
- ❑ Death Summary from the Hospital Authorities if death is confirmed by the Hospital
- ❑ Post Mortem Report, if conducted
- ❑ Documentary proof of accidental death
- ❑ Duly filled and signed claim form
- ❑ Policy Copy and Annexure
- ❑ Inquest / Panchnama Report
- ❑ Photographs of the insured
- ❑ Coroner's Report
- ❑ Letter from HR stating the attendance closure to the incident
- ❑ Copy of the Legal heir certificate, if the claim is for the death of the principle insured.

b. **Personal Accident Permanent Partial and Total Disability claims**

- ❑ FIR from police authorities wherever necessary (in case of accidents outside residence)
- ❑ Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- ❑ Duly filled and signed claim form
- ❑ Policy Copy and Annexure
- ❑ Hospital / Nursing Home Medical Records
- ❑ Leave certificate from HR (for salaried people)
- ❑ Salary certificate / income proof

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

- ❑ Photographs of the insured showing affected area

c. **Personal Accident Temporary Total Disability claims**
- ❑ FIR from police authorities wherever necessary (in case of accidents outside residence)
- ❑ Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- ❑ Medical fitness certificate from the Treating consultant indicating duration of rest medically advised
- ❑ Duly filled and signed claim form
- ❑ Policy Copy and Annexure
- ❑ Hospital / Nursing Home Medical Records
- ❑ Leave certificate from HR (for salaried people)
- ❑ Salary certificate / income proof
- ❑ Photographs of the insured showing affected area

d. **Child Education Support**:
- ❑ Proof of number of dependent children viz. Ration card
- ❑ Age proof of the dependent children

e. **Cost of Transportation of Mortal remains**:
- ❑ Bills and receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground.

f. **Cost of Performance of Funeral Ceremony:**
- ❑ Bills and receipt towards expenses relevant to funeral ceremony.

g. **Modification of Vehicle / Residence**
- ❑ Bills and receipts towards vehicle or residence modifications

h. **Double Indemnity**
- ❑ Proof of travel through public transport and subsequent accident

➢ ***Health Checkup***
- ❑ Duly filled and signed Claim Form.
- ❑ Photocopy of ID card / Photocopy of current year policy.
- ❑ Original Medicine bills, original payment receipt.
- ❑ Original Investigations bills, original payment receipt with report.
- ❑ Original Consultation bills, original payment receipt with prescription.

➢ ***Inclusion of Disease-wise Capping***

Same as In-patient Hospitalisation treatment

➢ ***Inclusion of Room rent Capping***

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

Same as In-patient Hospitalisation treatment

- ***Voluntary Co-Pay***
  Same as In-patient Hospitalisation treatment

- ***External Congenital Disease Cover***

- ***Hospital Cash Allowance***
  Same as In-patient Hospitalisation treatment

- ***Inclusion of Lasik Surgery cover for refractive error***
  Same as In-patient Hospitalisation treatment

- ***Inclusion of Infertility Treatment***
  Same as In-patient Hospitalisation treatment

- ***Restoration/Reinstatement of the Sum Insured***

Same as In-patient Hospitalisation treatment

- ***Air Ambulance***

In addition to the In-patient Treatment documents:

- Duly filled and signed Claim Form
- Original Bill with Original Payment Receipt for air ambulance transportation.

The Company may call for such additional documents/ information as may be 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, the Company shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

Premium Payable:
Premium for this Policy depends on the Age, Sum Insured, group size, past experience & other factors particular to the group for which a Proposal has been sought.

Such Group Policies would be experience rated where sufficient statistically credible scheme experience is available.
If statistically credible information is not available then the risk premium rates would be based on an internal tariff rates, suitably adjusted for partially credible scheme experience.

Proposals from the following risk group would constitute the Referral List which would only be considered based on specific experience & market exposure.

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

1. Hospitals
2. Sports club
3. Law firm
4. Media
5. Offshore Employees

1. 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.

2. 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 30 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.

Discount Parameters

The following discount is applicable on the final pure premium to be charged applicable for fresh coverage sought:

1. **Group Discount**

The Group Discount is permissible as per the following scale depending upon the total number of Insured persons covered under the Group Policy at the inception. Increase / Decrease in the sizes of the group during the currency of the Policy is permissible only on monthly basis.

No. of Persons Insured under the Group Policy	Group Discounts %
Upto 100 persons	0%
101 Persons - 250 Persons	2.5%
251 Persons - 500 Persons	5%
501 Persons – 1000 Persons	7.5%
1001 Persons - 2000 Persons	10%
2001 Persons - 5000 Persons	12.5%

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

5001 Persons – 10000 Persons	15%
10001 Persons - 15000 Persons	20%
15001 Persons - 25000 Persons	22%
25001 Persons - 50000 Persons	25%
Above 50001 Persons	30%

Payment of premium on Installment basis

Notwithstanding any terms contrary elsewhere in the Policy, the Company as a matter of facility to the Insured, agrees to accept payment of premium by installments. If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, or flexible frequencies of 3, 5 and 6 as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply :

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 payment terms applicable in case of installment facility opted by Insured and agreed by Us before commencement of risk and which would form part of the Policy Schedule / Certificate of Insurance.

Flexible Instalment Frequency	Inception Premium (1st)	2nd	3rd	4th	5th	6th
6	20%	20%	20%	20%	10%	10%
5	30%	20%	20%	20%	10%	
3	40%	30%	30%			

Liberty General Insurance Ltd.
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IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Liberty Group Health Policy
Prospectus
(UIN – LIBHLGP22010V032122)

NOTE : IT IS NOT OBLIGATORY ON THE PART OF THE INSURERS TO GIVE ANY NOTICE TO THE INSURED FOR PAYMENT OF PREMIUM INSTALMENT.

Disclaimer:

For all terms and conditions, the Proposer may contact any of our branches or get in touch with our agent / intermediary.