

HEARTBEAT FAMILY FIRST HEALTH INSURANCE



HIGHLIGHTS

The singular Heartbeat Family First Plan offers coverage for up to 19 relationships with an individual sum insured for everyone, and a floating sum insured that is accessible to any family member.

PLAN VARIANTS: SILVER | GOLD | PLATINUM

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BENEFITS

SILVER

Prepare for future medical expenses with comprehensive cover options.

IN-PATIENT CARE (HOSPITALISATION)

We cover cost of medical treatment while you or your insured family members are hospitalized for treatment.

PRE & POST HOSPITALIZATION MEDICAL EXPENSES

We reimburse medical expenses incurred due to illness up to 60 days immediately before you get admitted to a hospital and 90 days immediately after you get discharged from a Hospital, if we have accepted an Inpatient Care hospitalisation claim.

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MATERNITY BENEFITS

This benefit is available to an adult female covered in the plan. This benefit is available after continuous two year coverage under the policy.

NEWBORN BABY

The new born baby will be covered as an insured person from birth without additional premium, till the next policy year, if the maternity claim is admissible under the policy. We also cover vaccination expenses of the new born baby for the first year if you add the baby in the policy for the next policy year.

ALL DAY CARE TREATMENT COVERED

We cover all day care Treatments, not a select few. However, such a procedure should not be in the outpatient department and **Diagnostic Services** of a hospital.

LOYALTY ADDITIONS

If the Policy is renewed with us without any break, you will get Sum Insured enhancement (10% of individual base Sum Insured per annum maximum upto 50% of individual base Sum Insured)

HOSPITAL CASH

You can opt for Hospital Cash benefit, under which we will pay the Hospital Cash up to a maximum of 30 days of Hospitalization for each continuous period of 24 hours of Hospitalization, provided Insured person has been admitted in a **Hospital** for a minimum period of 48 hours continuously.

HEALTH CHECK-UP ONCE EVERY 2 YEARS

If the Policy is renewed with us without any break, health check-up (only for Diagnostic Tests), may be availed by you through our empanelled service providers.

ORGAN TRANSPLANT

Medical Expenses for an organ donor's treatment for the harvesting of the organ donated is also covered. These expenses are paid once we have accepted an In-patient claim.

DOMICILIARY HOSPITALIZATION

In case a bed in the hospital is unavailable or on advice of the attending medical practitioner, treatment is administered at home; we pay for medical treatment taken at home, which would otherwise have required hospitalization, provided Domiciliary Hospitalization continues for at least 3 consecutive days.

EMERGENCY AMBULANCE

We also cover the ambulance expenses to transfer the policyholder following an emergency to a hospital. These expenses are paid once we have accepted an In-patient claim.

ELIGIBILITY

Any age enrolment we cover the insured members across every stage of life.

EXCLUSIONS

All Pre-existing Diseases shall not be covered until 24 months of continuous coverage have elapsed since the inception of the First Policy with Us for Insured Persons to whom the Gold and Platinum Plans are

applicable and until 48 months of continuous coverage have elapsed since the inception of the First Policy with Us for Insured Persons to whom the Silver Plan is applicable. No benefits shall be paid for any Pre-existing Disease unless such Pre-existing Disease is stated in the Proposal and specifically accepted by Us and endorsed thereon.

7.2 INITIAL WAITING PERIOD (30 DAYS):

All the benefits under the Policy and any treatment taken unless the treatment needed is the result of an Accident that occurs during the Policy Period will be subject to a Waiting Period of 30 days since the inception of the First Policy with Us.

SPECIFIC WAITING PERIODS:

For all Insured Persons who are above 45 years of Age as on the date of inception of the First Policy with Us, the medical conditions and/or surgical treatment listed below will be subject to a Waiting Period of 24 months unless the condition is directly caused by cancer (as defined in Section 12.76.a) or an Accident and will be covered in the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break:

- Pancreatitis and Stones in Biliary and Urinary System,
- Cataract, Glaucoma and other disorders of lens, disorders of Retina,
- Hyperplasia of Prostate, Hydrocele and spermatocele,
- Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, PCOD, or any condition requiring dilation and curettage or Hysterectomy,
- Hemorrhoids, Fissure or Fistula or Abscess of anal and rectal region,
- Hernia of all sites,
- Osteoarthritis, Systemic Connective Tissue disorders, Dorsopathies Spondylopathies, inflammatory Polyarthropathies, Arthrosis such as RA, Gout, Intervertebral Disc disorders,
- Chronic kidney disease and failure,
- Diabetes and its related complications,
- Varicose veins of lower extremities,
- Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane,

- All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump,
- Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract,
- Tonsils and Adenoids, Nasal Septum and Nasal Sinuses,
- Internal Congenital Anomaly. If the Insured Person is suffering from the above

Note: For all Renewing Insured Persons for whom the First Policy document states that this Specific Waiting Period applies only above 60 years of Age, the terms of the Specific Waiting Period as set out in the First Policy document (including the list of relevant medical conditions and surgical conditions as set out below) shall continue to apply until any Waiting Period has expired. The medical conditions and/or surgical treatments applicable to First Policies issued earlier are as follows:

- Pancreatitis and Stones in Biliary and Urinary System,
- Cataract, Glaucoma and other disorders of lens, disorders of Retina,
- Hyperplasia of Prostate, Hydrocele and spermatocele,
- Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, PCOD, or any condition requiring dilation and curettage or Hysterectomy,
- Hemorrhoids, Fissure or Fistula or Abscess of anal and rectal region,
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- Chronic kidney disease and failure,
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- Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract,
- Tonsils and Adenoids, Nasal Septum and Nasal Sinuses,
- Internal Congenital Anomaly. If the Insured Person is suffering from the above