CHIEF MINISTER ADVOCATES WELFARE SCHEME (CMAWS),

SUMMARY

- **Policy Name:** Deputy Secretary of Law Group Mediclaim Insurance Policy for Advocates under CMAWS.
- **Policy Number:** 93000064260400000024, **Insurance Company:** The New India Assurance Co. Ltd.
- **Sum Insured:** ₹5,00,000 (Family Floater), **Policy Period:** 16 May 2026 to 15 May 2027.

Pre-existing Diseases Covered: Any illness or medical condition that existed before joining the policy is covered from the beginning. There is no exclusion for such diseases.

30-Day Waiting Period Waived,
1st & 2nd Year Disease Exclusions Waived.

Eligible Beneficiaries (Family Definition):
Self (Less than 85 age), Spouse, and Two dependent children (below 25 yrs).

Non-Eligible Beneficiaries: Parents Or Parents in Law or Siblings are not covered, in case of Married or Not Married.

Cashless Hospitalization (Available): Treatment can be taken at empanelled/network hospitals, subject to approval by the insurer/TPA.

Top-Up / Corporate Buffer Facility: Not Available

Room Rent Limits: Up to **₹7,500 per day** for a normal hospital room and Up to **₹15,000 per day** for an ICU room (If a more expensive room is chosen, the insured may have to bear the additional cost, depending on policy terms).

No Co-payment: The insured is not required to pay a fixed percentage of the admissible hospital bill. The insurer pays the eligible expenses according to the policy.

Maternity Benefit: ₹40,000 for a normal delivery and **₹50,000** for a Caesarean section, **9 months waiting** period waived off for Maternity Coverage.
Maternity Pre and Post Natal Expenses are not covered (Exclusion).

Newborn Baby Cover: A newborn baby is covered from the **date of birth** for up to **3 months**, provided the child is added to the policy within the prescribed period.

Cataract Surgery: Cataract surgery expenses are covered up to **₹35,000** per eye, including pre & post expenses.

AYUSH Treatment: Covered up to **₹25,000** per family.
Exclusions: Certain therapies such as massage, spa treatment, steam baths, acupuncture, acupressure, and magnet therapy are excluded.

3.11 SPECIFIC COVERAGES

as per NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
CLAUSE 3.11 (SNO 3.11 (a) to 3.11 (g), Page : 8 to 9)

CLAUSE	DESCRIPTION	SUB-LIMIT
3.11 (a)	Impairment of Intellectual Faculties	Up to 5% of Sum Insured or ₹25,000
3.11 (b)	Artificial Life Maintanance	Up to 10% of Sum Insured
3.11 (c)	Puberty and Menopause Disorders	Up to 25% of Sum Insured
3.11 (d)	Age Related Macular Degeneration (ARMD)	Up to 10% of Sum Insured for Intravitreal Injections
3.11 (e)	Behavioural and Neuro Developmental Disorders	Up to 25% of Sum Insured
3.11 (f)	Genetic Diseases or Disorders	Up to 25% of Sum Insured
3.11 (g)	Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders	Up to 25% of Sum Insured

3.12 MODERN TREATMENTS COVERAGE OR PROCEDURES

as per NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
CLAUSE 3.12 (Sno: 3.12.1 to 3.12.12 , PAGE: 9 of 27)

3.12.1	Uterine Artery Embolization (UAE) & High-Intensity Focused Ultrasound (HIFU)	Up to 20% of Sum Insured, Max ₹2 lakh
3.12.2	Balloon Sinuplasty	Up to 20% of Sum Insured, Max ₹2 lakh
3.12.3	Deep Brain Stimulation	Up to 50% of Sum Insured, Max ₹5 lakh
3.12.4	Oral Chemotherapy	Up to 10% of Sum Insured, Max ₹1 lakh
3.12.5	Immunotherapy (Monoclonal Antibody Injection)	Up to 25% of Sum Insured, Max ₹2 lakh
3.12.6	Intravitreal Injections	Up to 10% of Sum Insured, Max ₹75,000
3.12.7	Robotic Surgeries	Up to 50% of Sum Insured, Max ₹5 lakh
3.12.8	Stereotactic Radiosurgeries	Up to 50% of Sum Insured, Max ₹3 lakh
3.12.9	Bronchial Thermoplasty	Up to 50% of Sum Insured, Max ₹2.5 lakh
3.12.10	Vaporisation of the Prostate (Green Laser Treatment/Holmium Laser Treatment)	Up to 50% of Sum Insured, Max ₹2.5 lakh
3.12.11	Intra Operative Neuro Monitoring (IONM)	Up to 10% of Sum Insured, Max ₹50,000
3.12.12	Stem Cell Therapy (Hematopoietic Stem Cell Transplant for Hematological Conditions)	Up to 50% of Sum Insured, Max ₹2.5 lakh

GIPSA / PPN agreed rates applicable in network hospitals. Where no GIPSA rates are available, the claim is to be paid on actual basis. Non network hospital treatment covered on the GIPSA limit.

Pre-Hospitalization Expenses (30 Days): Medical expenses incurred during the 30 days before admission, such as consultations, tests, and medicines related to the illness, are covered.

Post-Hospitalization Expenses (60 Days): Expenses incurred within 60 days after discharge, including follow-up consultations, medicines, and diagnostic tests, are covered.

Domiciliary Hospitalization (Only For Covid treatments applicable): If the patient's condition requires treatment at home because hospitalization is not possible or a hospital bed is unavailable, the policy covers such treatment up to 15% of the Sum Insured, including eligible COVID-19 treatment.

Ambulance Charges: Emergency ambulance expenses incurred for transporting the patient to the hospital are covered as per the policy. subject to maximum of Rs. 2,500/-.

Hospitalization Expenses: The policy covers admissible costs such as: Room charges, ICU charges, Doctor's consultation fees, Surgeon and anesthetist fees, Nursing charges, Medicines and consumables (subject to policy terms), Diagnostic tests, Operation theatre charges.

Non-Network Hospital Claims: If treatment is taken at a hospital that is not part of the insurer's network, the insured must first pay the expenses and later submit a reimbursement claim. Reimbursement is subject to applicable package rates and policy conditions.

Network Hospital Claims: Treatment at network hospitals is generally cashless after obtaining authorization from the TPA/insurer.

Cosmetic Surgery-Not Allowed.

Monthly Updations : As per Date of coverage for dependent addition shall be from the date of receipt of the letter from Law ministry for addition of dependents only. Kindly take care of the same important matter.

For more details, please refer to the complete policy document.

Prepared by Mr. Bahl

AGREEMENT BETWEEN GNCT OF DELHI
AND
[NEW INDIA ASSURANCE COMPANY LTD]
UNDERCHIEF MINISTER ADVOCATE WELFARE SCHEME

This Agreement is made at New Delhi on15.05.2026

BETWEEN

DEPARTMENT OF LAW, JUSTICE & LEGISLATIVE AFFAIRS, GOVERNMENT OF NCT OF DELHI having its office at **8th Level, C Wing, Delhi Secretariat, Delhi-110002**(here in after referred to as the **"Department"** which expression shall, unless repugnant to the context or meaning there of, be deemed to mean and include it successors and permitted assignees).

AND

THE NEW INDIA ASSURANCE COMPANY LTD(NIACL), an insurance company having its Corporate Office at CBO, 301, 3rd Floor, RG City Centre, LSC, Block-B, Lawarence Road, New Delhi-110035, (hereinafter referred to as the **"Insurer"** which expression, shall unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and permitted assigns).

Whereas:

1. The Insurer has agreed that it shall provide the Group Medi-claim Insurance services to the beneficiaries covered under Chief Minister Advocate Welfare Scheme on the terms and conditions of the policy and more particularly described in this Agreement.

2. The commencement of Chief Minister Advocate Welfare Scheme through the Insurer under this agreement shall be effective from **16-05-2026 to 15-05-2027**[for one year].

3. The Insurer has been registered under Section 3 of the Insurance Act, 1938, (Act 4 of 1938) and is inter alia engaged in the business of providing general insurance in India, governed by IRDAI.

Now, therefore IT IS AGREED as follows:

1. Definitions & Interpretation

The following terms and expressions shall have the following meanings for purposes of this Agreement:

I. **"Agreement"** shall mean this agreement and all Schedules, supplements, appendices, appendages and modifications there of made in accordance with the terms of this agreement.

II. **"Benefit(s)"** shall mean the health services that the approved identified beneficiaries are entitled to receive based on the contract between the Government and the Insurer under **Chief Minister Advocate Welfare Scheme** subject to the terms, conditions, limitations and exclusions of the Policy.

III. **"Beneficiary (ies)"** shall mean advocates, his/her spouse & two dependent children upto the age of 25 years, who are enrolled underChief Minister Advocate Welfare Scheme.

IV. **"Business Day"** shall mean days on which commercial banks are open for business in India; however, for the purpose of call centre, it would be24x7.

V. **"Claim Payment"** shall mean the Payment of claim to the beneficiary under the scheme based on the e-card/Smart Card transaction received by the insurer/TPA.

VI. **"TPA"** shall mean the Third Party Administrator, which is assigned by the NIACL to look after the work of Group Medi-claim Insurance Policy issued by NIACL under Chief Minister Advocate Welfare Scheme.

VII. **"Empanelled Provider"** shall mean the Hospital, Nursing Home, Day Care Center, or such other medical aid provider, as has been empanelled by the Insurer to provide health care services under Chief Minister Advocate Welfare Scheme.

VIII. **"Department"** shall mean DEPARTMENT OF LAW, JUSTICE & LEGISLATIVE AFFAIRS entrusted with the implementation of the Chief Minister Advocate Welfare Scheme.

IX. **"IRDAI"** shall mean the Insurance Regulatory and Development Authority of India established under the Insurance Regulatory and Development AuthorityAct,1999.

X. **"Party"** shall mean either the Insurer or the Government and **"Parties"** shall mean both the Insurer and the Government.

XI. **"Policy"** shall mean the Group Medi-claim Insurance Policy of the Insurer provided to the Government covering approved and identified beneficiaries under Chief Minister Advocate Welfare Scheme.

XII. **"Master Policy Holder"** shall mean the Government which has paid premium on behalf of the beneficiaries to Insurer for availing the Group Medi-claim Insurance policy under Chief Minister Advocate Welfare Scheme.

XIII. **"Premium"** shall mean an amount agreed by both Parties charged per family on an annual basis as consideration for providing Group Medi-claim Insurance policy under this Agreement.

XIV. **"Package Charges"**shall mean the fixed maximum charges per ailment/procedure for benefits covered by this Agreement as fixed by the Government.

XV. **"Scheme"** shall mean theChief Minister Advocate Welfare Scheme as operational in the aforementioned districts and as otherwise outlined in this Agreement.

XVI. **"SmartCard/e-Card"**shallmeanIdentificationCardforbeneficiariesissued under Chief Minister Advocate Welfare Scheme issued by the Insurer/TPA as per specifications given by the Government.

Others

i. Any **grammatical** form of a defined term here in shall have the same meaning as that of such term.

ii. Any **reference** to an agreement, contract, instrument or other document (including a reference to this Agreement) herein shall be to such agreement, instrument or other document as amended, supplemented or pursuant to the terms thereof.

iii. **Terms and expressions** denoting the singular shall include the plural and vice versa.

iv. The **term** "including" shall always mean "including, without limitation", for purposes of this Agreement.

v. The **term** "herein", "hereof", "hereinafter", "hereto", "here under" and

words of similar import refer to this Agreement as a whole.

vi. **Headings** are used for convenience only and shall not affect the interpretation of this Agreement.

2. Beneficiaries

The Parties agree that the beneficiaries under this Agreement will be enrolled families under the Chief Minister Advocate Welfare Scheme. In addition to the beneficiaries already enrolled, Government may add more beneficiaries to the Scheme. The same terms and conditions as included herein shall be applicable to such additional beneficiary families.

3. Enrolment unit and its definition

Unit of Enrolment

The unit of enrolment for Group Medi-Claim Insurance Policy under Chief Minister Advocate Welfare Scheme is family.

Definition of Family

a. Amongst the family members of the eligible member advocate, his/her spouse and two dependent children upto the age of 25 years (in case of son, the coverage will be till he starts earning or till he attains the age of 25 years, whichever is earlier. In case of daughter, the coverage will be till she starts earning or gets married or till she attains the age of 25 years, whichever is earlier.)

b. The e-card/Smart Card will be issued after renewal of Group Medi-Claim Insurance Policy for each family member, within 15 days of renewal of policy. The e-Card/Smart Card will be delivered to the registered email ID of the beneficiary member advocates covered under the Scheme.

c. If the spouse of the eligible member advocate is also found eligible, then in such case only single e-card will be issued for each family member of eligible member (not twice).

4. No. of beneficiaries:

A Total of 40131 advocate are eligible under the Scheme for availing the benefits of Group Medi-Claim Insurance under the Chief Minister Advocate Welfare Scheme. On receipt of communication from the Government, the insurer shall be bound to add/delete any member as per provisions made under the Scheme/SOP.

The number of beneficiaries under this scheme may vary subject to the following conditions:

a. In case, any claim request for any member is received at any time prior to the receipt of verification report as above, from BCD or from Election Commission of India, then the claim shall be admissible only after necessary verification from the aforesaid authorities is received by the Department and the member is found eligible under the scheme.

b. On receipt of verification report from the authorities, if any member is found not eligible for the scheme and such member has also not availed any benefit under the Scheme, then the whole premium amount shall be refunded by the insurer.

5. COVERAGE & BENEFIT DETAILS:

Coverage of Pre-existing diseases	Covered
Cashless facility	Applicable
30 Days waiting period	Waived
1st year and 2nd years exclusions	Waived
30 days Pre and 60 days Post hospitalization	Covered - limit up to sum insured.
Co-payment	Not applicable
Domiciliary Hospitalization (including COVID-19 cases)	Covered - Capping of Domiciliary Hospitalization is fixed up to 15% of sum insured
Room rent capping	Normal Room rent Rs. 7500/- per day (max), ICU-Rs.15000/- per day (max)
Maternity benefit	Normal delivery- up to Rs. 40,000/- Caesarian- up to Rs.50,000/- waiver of 9 months waiting
Newborn Baby Cover	From Day 1, without waiting for directions of the Government to add the new member into the existing Group Medi-Claim Insurance Policy. (Note: valid for 03 months from the day of birth of new baby and before expiry of the said 03 months period the member advocate has to make request to add the new born baby to the Government.)
Cataract	Capping Rs. 35,000/- per eye.
Coverage of AYUSH treatment/medicine	Up to maximum of Rs. 25000/- per family. However, massage, spa, steam bath, acupuncture, acupressure, magneto therapy and similar

	treatment excluded.
Ambulance Charges	In case of emergency, full Ambulance charges are covered

OTHER CONDITIONS:

- GIPSA/PPN agreed rates applicable in network hospitals. Where no GIPSA rates are available, the claim is to be paid on actual basis. Non network hospital treatment covered on the GIPSA limits.

- Death cases: No expenses are to be deducted of any consumables of any kind from the processing of the claim including ambulance services.

- New entrants (Advocates) to the scheme shall be included in the policy only upon receipt of communication from the Government of NCT of Delhi. The premium will be charged on pro-rata basis, which would be reckoned from 01st day of next month, from the date of entry into the scheme.

- **Refund of over payment:** On Receipt of communication from the Government of NCT of Delhi, in case any member already enrolled under the scheme is found not eligible at any stage during the policy period, refund qua such member(s) shall be paid on pro-rata basis by the insurer.

- Monthly declaration shall be given for additions/deletions, if any. Pro rata premium to be charged in case of additions/deletions.

- Any service Charges on Medical Bills should not be deducted from the individual claim.

- Terms & conditions, which are already incorporated in the tender document dated 23.04.2025 in respect of Group Medi-Claim Insurance under Chief Minister Advocate Welfare Scheme, shall also form part of the policy for the year 2026-27 (w.e.f. 16.05.2026 to 15.05.2027).

6. Health care Providers

Both public and private healthcare providers which provide hospitalization and/or day care services would be eligible for empanelment under Chief Minister Advocate Welfare Scheme, subject to such requirements for empanelment as outlined in this agreement. The insurer will provide the list of all empaneled hospitals to the Government.

7. Third Party Administrator (TPA) Services:

The assigned TPA by NIACL (here Health India TPA Services Ltd.) shall ensure the following:

- Cashless facilities should be provided in all the empanelled hospital of the insurer. All transactions with such hospitals shall be completely cashless.
- The TPA will display the list of all empanelled hospitals, toll-free number (TPA), procedure of getting treatment of beneficiaries, claim procedure, etc. on their official website.
- The response time by the TPA at the time of admission and discharge should be maximum six hours.
- Admission and discharge support to any from the hospital should be provided, preferably on a 24X7 basis.

8. Management information systems (MIS) service

TheInsurer/TPAwillproviderealtimeaccesstotheEnrolmentandHospitalization data, as received by it, to this department.

In addition to this, the Insurer/TPA shall provide Management Information System reports whereby reports regarding enrolment, health-service usage patterns, claims data, customer grievances and such other information regarding the delivery of benefits as required by the Government. The reports will be submitted by the Insurer to the Government on a regular basis as agreed between the Parties.

9. Call Centre Services

The Insurer/TPA shall provide toll free telephone services for the guidance and benefit of the beneficiaries whereby they shall receive help on various issues by dialing a toll free number. This service provided by the Insurer is referred to as the "Call Centre Service".

a. Call Centre Information

The Insurer/TPA shall operate a call centre for the benefit of all Insured Persons. The Call Centre shall function on all days i.e. 24 hours a day, 7 days a week and round the year. Detailed call log with response shall be shared in digital format to the department on the last date of each month.

The cost of operating of the Toll-free number shall be borne solely by the Insurer/TPA. As apart of the Call Centre Service, the Insurer/TPA shall

provide all the necessary information about "Chief Minister Advocate Welfare Scheme" or any matter mutually agreed upon, to any person who calls for this purpose.

b. Language

The Insurer undertakes to provide services to the beneficiaries in English and Hindi languages.

c. Insurer to inform beneficiaries

The Insurer will intimate the toll free number to all beneficiaries along with the address and telephone numbers of the Insurer's Corporate Office.

On behalf of NIACL

Sh. Pradeep Kumar Yadav,
(Authorised Signaroty)
Relationship Manager (NIACL)
NIACL, CBO, 301, 3rd Floor, RG City Centre, LSC, Block-B, Lawarence Road, New Delhi-110035

Pardeep Kumar Yadav
Relationship Manager
The New India Assurance Co. Ltd.
Corporate & Broker Office : 930000
Floor, L.S.C., R G City Centre, Block-B
Lawrence Road, Delhi-110035

On behalf of GNCT of Delhi

Sh. Ravindra Singh,
Deputy Secretary (Lit.)
Department of Law, Justice & L.A., 8th Level, C-Wing,
Delhi Secretariat,
New Delhi-110002.

Deputy Secretary (Lit.)
Law, Justice & LA Deptt.
Govt. of NCT of Delhi
I. P. Estate, New Delhi

SUMMARY

- **Policy Name:** Deputy Secretary of Law Group Mediclaim Insurance Policy for Advocates under CMAWS.
- **Policy Number:** 93000064260400000024, **Insurance Company:** The New India Assurance Co. Ltd.
- **Sum Insured:** ₹5,00,000 (Family Floater)**, Policy Period:** 16 May 2026 to 15 May 2027.
- **Pre-existing Diseases Covered:** Any illness or medical condition that existed before joining the policy is covered from the beginning. There is no exclusion for such diseases.
- **30-Day Waiting Period Waived, 1st & 2nd Year Disease Exclusions Waived.**
- **Eligible Beneficiaries** (Family Definition) Self (Less than 85 age), Spouse, and Two dependent children (below 25 yrs).
- **Non-Eligible Beneficiaries:** Parents Or Parents in Law or Siblings are not covered, in case of Married or Not Married.
- **Cashless Hospitalization (Available):** Treatment can be taken at empanelled/network hospitals, subject to approval by the insurer/TPA.
- **Top-Up /Corporate Buffer Facility**: Not Available
- **Room Rent Limits**: Up to **₹7,500 per day** for a normal hospital room and Up to **₹15,000 per day** for an ICU room (If a more expensive room is chosen, the insured may have to bear the additional cost, depending on policy terms).
- **No Co-payment:** The insured is not required to pay a fixed percentage of the admissible hospital bill. The insurer pays the eligible expenses according to the policy.
- **Maternity Benefit: ₹40,000** for a normal delivery and **₹50,000** for a Caesarean section,9 months waiting period waived off for Maternity Coverage.
- **Maternity Pre and Post Natal Expenses are not covered (Exclusion).**
- **Newborn Baby Cover:** A newborn baby is covered from the date of birth for up to **3 months**, provided the child is added to the policy within the prescribed period.
- **Cataract Surgery:** Cataract surgery expenses are covered up to **₹35,000 per eye**, including pre & post expenses.
- **AYUSH Treatment:** Covered up to **₹25,000 per family**. **Exclusions**: Certain therapies such as massage, spa treatment, steam baths, acupuncture, acupressure, and magnet therapy are excluded.
- **3.11 SPECIFIC COVERAGES**: **as per NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY CLAUSE 3.11 (SNO 3.11 (a) to 3.11 (g),Page : 8 to 9)**
- **Clause 3.11 (a)** Impairment of Intellectual Faculties: Sub-limit: Up to 5% of Sum Insured or Rs. 25,000.
- **Clause 3.11 (b)** Artificial Life Maintenance: Sub-limit Up to 10% of Sum Insured.
- **Clause 3.11 (c)** Puberty and Menopause Disorders: Sub-limit Up to 25% of Sum Insured.
- **Clause 3.11 (d)** Age Related Macular Degeneration (ARMD) : Sub-limit Up to 10% of Sum Insured for Intravitreal Injections.
- **Clause 3.11 (e)** Behavioural and Neuro Developmental Disorders: Sub-limit Up to 25% of Sum Insured.
- **Clause 3.11 (f)** Genetic Diseases or Disorders: Sub-limit Up to 25% of Sum Insured.
- **Clause 3.11 (g)** Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders : These ailments are covered sub-limit up to 25% of the Sum Insured.
- **3.12 MODERN TREATMENTS COVERAGE OR PROCEDURES as per NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY CLAUSE 3.12 (Sno: 3.12.1 to 3.12.12 , PAGE: 9 of 27)**
- **Clause 3.12.1** – Uterine Artery Embolization (UAE) & High-Intensity Focused Ultrasound (HIFU): Covered up to **20% of the Sum Insured**, subject to a maximum of **₹2 lakh**.
- **Clause 3.12.2** – Balloon Sinuplasty: Covered up to **20% of the Sum Insured**, subject to a maximum of **₹2 lakh**.
- **Clause 3.12.3** – Deep Brain Stimulation : Covered up to **50% of the Sum Insured**, subject to a maximum of **₹5 lakh**.
- **Clause 3.12.4** – Oral Chemotherapy: Covered up to **10% of the Sum Insured**, subject to a maximum of **₹1 lakh**.
- **Clause 3.12.5** – Immunotherapy (Monoclonal Antibody Injection): Covered up to **25% of the Sum Insured**, subject to a maximum of **₹2 lakh**.
- **Clause 3.12.6** – Intravitreal Injections: Covered up to **10% of the Sum Insured**, subject to a maximum of **₹75,000**.
- **Clause 3.12.7** – Robotic Surgeries: Covered up to **50% of the Sum Insured**, subject to a maximum of **₹5 lakh**.

- **Clause 3.12.8** – Stereotactic Radiosurgeries: Covered up to **50% of the Sum Insured**, subject to a maximum of **₹3 lakh**.
- **Clause 3.12.9** – Bronchial Thermoplasty: Covered up to **50% of the Sum Insured**, subject to a maximum of **₹2.5 lakh**.
- **Clause 3.12.10** – Vaporisation of the Prostate (Green Laser Treatment/Holmium Laser Treatment): Covered up to **50% of the Sum Insured**, subject to a maximum of **₹2.5 lakh**.
- **Clause 3.12.11** – Intra Operative Neuro Monitoring (IONM): Covered up to **10% of the Sum Insured**, subject to a maximum of **₹50,000**.
- **Clause 3.12.12** – Stem Cell Therapy (Hematopoietic Stem Cell Transplant for Hematological Conditions): Covered up to **50% of the Sum Insured**, subject to a maximum of **₹2.5 lakh**.
- **GIPSA / PPN agreed rates applicable** in network hospitals. Where no GIPSA rates are available, the claim is to be paid on actual basis. non network hospital treatment covered on the GIPSA limit
- **Pre-Hospitalization Expenses (30 Days)** Medical expenses incurred during the 30 days before admission, such as consultations, tests, and medicines related to the illness, are covered.
- **Post-Hospitalization Expenses (60 Days):** Expenses incurred within 60 days after discharge, including follow-up consultations, medicines, and diagnostic tests, are covered.
- **Domiciliary Hospitalization (Only For Covid treatments applicable) :**If the patient's condition requires treatment at home because hospitalization is not possible or a hospital bed is unavailable, the policy covers such treatment up to **15% of the Sum Insured**, including eligible COVID-19 treatment.
- **Ambulance Charges: Emergency** ambulance expenses incurred for transporting the patient to the hospital are covered as per the policy. subject to maximum of Rs. 2,500/- .
- **Hospitalization Expenses:** The policy covers admissible costs such as: Room charges, ICU charges, Doctor's consultation fees, Surgeon and anesthetist fees, Nursing charges, Medicines and consumables (subject to policy terms), Diagnostic tests, Operation theatre charges.
- **Non-Network Hospital Claims:** If treatment is taken at a hospital that is not part of the insurer's network, the insured must first pay the expenses and later submit a reimbursement claim. Reimbursement is subject to applicable package rates and policy conditions.
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- **Cosmetic Surgery-**Not Allowed.
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