

Issuing Office

National Home Care Treatment Add-on

1 PREAMBLE

National Home Care Treatment Add-on shall attach to a Health Insurance Policy issued by the Company to the Insured (hereinafter called the Base Policy) and provide Home Care Treatment cover to the Insured Persons in accordance with the terms set out below, provided the add-on cover is opted by the Insured along with the Base Policy and the requisite premium paid.

2 DEFINITION

Home Care Treatment means medical treatment for any Illness /Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- i. The Medical Practitioner advises the Insured Person to undergo treatment at home and also certifies the commencement date of Home Care Treatment.
- ii. There is a continuous active line of treatment with monitoring of the health status by a Medical Practitioner for each day through the duration of the Home Care Treatment.
- iii. Daily monitoring chart including records of treatment administered duly signed by the treating Medical Practitioner is maintained.

3 COVERAGE

The Company shall indemnify the following **Home Care Treatment** expenses incurred, if prescribed by the treating Medical Practitioner, for a maximum 14 days for Any One Illness:

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the Medical Practitioner
- d. Nursing charges by Qualified Nurse
- e. Medical procedures limited to parenteral administration of medicines

Provided the same treatment taken as an In-patient would have been admissible under the Base Policy.

4 EXCLUSIONS

Home Care Treatment shall not cover the following, in addition to the Exclusions applicable to the Base Policy:

- i. Home Care Treatment of less than 3 days, however if treatment continues beyond 3 days entire duration of treatment shall be admissible subject to maximum 14 days.
- ii. Any Medical Expenses incurred immediately preceding and after completion of the period of Home Care Treatment.
- iii. Expenses falling under Post Hospitalisation of the Base Policy.
- iv. Expenses incurred for AYUSH Treatment
- v. Expenses incurred for maternity or infertility
- vi. Cost of purchase of any external/ durable medical/ non-medical equipment/ instruments of any kind used for diagnosis/ treatment including CPAP, CAPD, infusion pump, ambulatory devices such as walker, crutches, belts, collars, caps, splints, slings, braces, stockings, diabetic footwear, glucometer, thermometer and similar related items and any medical equipment which could be used at home subsequently.
- vii. Any Surgical Procedure including Day Care Treatments
- viii. Home Care Expenses incurred for any of the following Illnesses;
 - a. Asthma
 - b. Bronchitis
 - c. Chronic nephritis and nephritic syndrome
 - d. Diarrhoea and all type of dysenteries including gastroenteritis
 - e. Epilepsy
 - f. Influenza, cough and cold
 - g. Psychological counselling, cognitive/ family/ group/ behaviour/ palliative therapy or other kinds of psychotherapy
 - h. Pyrexia of unknown origin for less than ten days
 - i. Tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis.
 - j. Arthritis, gout and rheumatism

5 CONDITIONS

i. Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) within 24 hours from the date of Home Care Treatment in writing by letter, e-mail, fax providing all relevant information relating to claim and details of Base Policy.

ii. Procedure for submission of claims:

For Home Care Treatment claims the Insured Person may submit the necessary documents to TPA (if applicable)/Company within fifteen (15) days from completion of Home Care Treatment

iii. Documentation required

Following documents shall mandatorily be submitted in support of each claim:

- i. Completed claim form, with Daily monitoring chart (as per Claim Form), duly signed by the treating Medical Practitioner
- ii. Medical Practitioner's prescription advising Hospitalization, Certificate from Medical Practitioner advising treatment at home and consent from the insured person on availing Home Care Treatment.
- iii. Certificate from Medical Practitioner specifying date of start and completion of Home Care Treatment.
- iv. Original bills with itemized break-up
- v. Payment receipt, investigation test reports and associated plates/CDs in original, supported by the prescription from attending Medical Practitioner
- vi. KYC (Identity proof with Address) of the Insured Person
- vii. Any other relevant document required by Company/TPA for assessment of the claim.

Note:

1. The Company shall only accept bills/invoices/medical treatment related documents in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.
4. In case of Hospitalisation following Home Care Treatment, the medical expenses incurred shall also be eligible as per the terms of Pre Hospitalisation coverage of the Base Policy, and can be claimed under either Base Policy or Add-on.

iv. Renewal

Renewal of Add-on shall follow Renewal Clause of the Base Policy

v. Cancellation

Cancellation of Add-on shall follow Cancellation Clause of the Base Policy

Subject otherwise to Definitions, Benefits, Exclusions and Conditions of the Base Policy.