

5.15 MATERNITY EXPENSES BENEFIT EXTENSION: (Wherever applicable)

This is an optional cover, which can be obtained on payment of 10% of total basic premium for all the Insured Persons under the Policy.

Option for Maternity Benefits has to be exercised at the inception of the Policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

- 5.16 The hospitalisation expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50,000/- or the sum insured opted by the group whichever is lower.

Special conditions applicable to Maternity expenses Benefit Extension:

1. These Benefits are admissible only if the expenses are incurred in Hospital / Nursing Home as in-patients in India
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
3. Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
5. Pre-natal and postnatal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.

Note: When group policy is extended to include Maternity Expenses Benefit, the exclusion No.4.12 of the policy stands deleted.

6 REASONABLE AND NECESSARY EXPENSES

1. For a networked hospital, it shall mean the rate pre-agreed between Networked Hospital and the TPA for surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which the insured person was hospitalised
2. For any other hospital, it shall mean the cost of surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which insured person was hospitalised to the extent relatable to such condition.