

Pravasi Bhartiya Bima Yojana

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We issue this insurance policy to You based on the information provided by You in the proposal form and premium paid by You. This insurance is subject to the following terms and conditions. The method of coverage and the Sum Insured that has been opted is indicated in the Policy Certificate. The term **You/ Your / Insured Person /Insured/ Policyholder/ Proposer** in this document refers to **You** covered under this policy. The term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

1. SCHEDULE OF BENEFITS

Benefits	Option 1 (INR)	Option 2 (INR)	Deductible (INR)
Personal Accident Expenses	5,00,000	10,00,000	-
Family Cover Expenses	25,000	50,000	-
Repatriation (Medically unfit condition / Remains)	Single, one way economy class air fare	Single, one way economy class air fare	-
Airfare for the attendant	Single, return economy class air fare	Single, return economy class air fare	-
Employment Contingency Expenses	Single, return economy class air fare	Single, return economy class air fare	-
Medical Hospitalisation Expenses	50,000	75,000	-
Maternity Benefit	20,000	25,000	-
Legal Expenses	25,000	30,000	-

2. SCOPE OF COVER

This insurance is available to all Indian Citizens between the age group of 18 to 65 years whilst stay abroad having valid visa for the purpose of employment only, for the period of cover as stated in the policy schedule.

Upon the happening of the event under any of the covers 2.1 to 2.8 below during the Policy Period, the Insurer will indemnify the Proposer up to the Limit of Indemnity as detailed below and as per the General Conditions:

2.1. Personal Accident Expenses

If at any time during currency of this policy, as stated in the schedule hereto, and whilst stay abroad, the insured person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then in the event of the death or permanent disability of the Insured leading to loss of employment while abroad, the Company shall pay to the insured, insured's nominee or insured's legal representative(s), as the case may be, the sum or sums hereinafter set forth, that is to say :

- a) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the insured, the Sum Insured as mentioned in the policy schedule.
- b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
 - i. Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Sum Insured as mentioned in the policy schedule.
 - ii. Use of two hands or two feet, or of one hand or one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Sum insured as mentioned in the policy schedule.
 - iii. If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to 100% of the Sum Insured.

NOTE : For the purpose of Cause (b) above, physical separation of a hand means separation at or above the wrist and of the foot at or above the ankle.

Exclusions

The Company shall not be liable under this Section of the Policy for:

- a) Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period would exceed the sum insured under the Policy.
- b) Payment of compensation in respect of death or disablement of the insured person
 - i. from intentional self-injury, suicide or attempted suicide,
 - ii. whilst under the influence of intoxicating liquor or drugs,

- iii. whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
- iv. directly or indirectly caused by venereal diseases, Aids or insanity,
- v. arising or resulting from the insured person committing any breach of law with criminal intent.

Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engines.

- c) Payment of compensation in respect of Death, Injury or Disablement of the insured person due to or arising out of or traceable to : War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), threat of war or civil strife in the country of employment and/ or in the neighbouring country / region, Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments by kings, princes and people of whatever nation, condition or nature.
- d) Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the insured person:
 - i. directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - ii. directly or indirectly caused by or contributed to by or arising from nuclear weapon material.
 - iii. The total and irrecoverable loss of:
 - A. The sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot.
 - B. Total and irrecoverable loss of use of a hand or a foot without physical separation.

PROVIDED also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements thereon are to be read as part of this Policy) shall so far as they relate to any thing to be done or not to be done by the insured be a condition precedent to any liability of the company under this Policy.

- e) Pregnancy Exclusion Clause : The insurance under this Policy shall not extend or cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

2.2. SECTION IB - FAMILY COVER EXPENSES

The family of the insured in India consisting of spouse and two dependent children upto 21 years of age shall be entitled to hospitalization benefit cover for an amount as mentioned in the policy schedule not exceeding in all, in the event of death or permanent disability of the insured. Maternity benefit shall however not be available under this Family cover benefit to the insured's spouse.

Exclusions:

The Company shall not be liable to make any payment under this Section of the policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-

- a) During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable.
- b) Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
- c) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, Vaccination or inoculation or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- d) Cost of spectacles and contact lenses, hearing aids.

- e) External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep apnea syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial asthmatic condition.
- f) Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.
- g) Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.
- h) All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS.
- i) Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- j) Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- k) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.
- l) Voluntary medical termination of pregnancy.
- m) Naturopathy Treatment.

2.3. SECTION – IIA : REPATRIATION EXPENSES (Medically Unfit Body Condition Or Mortal Remains)

In the event of accidental death of the insured person or a medically unfit body condition or state, whilst abroad, actual expenses incurred for repatriation of the dead body of the Insured to India shall be reimbursed to the nominee of the Insured.

Exclusions

The Company shall not be liable for any expenses under this Section of the policy for any exclusions mentioned under the General Exclusions.

2.4. SECTION – IIB : AIRFARE FOR THE ATTENDANT

In the event of the death of the Insured, the cost towards single one way economy class airfare, from and to India, of one attendant, shall be reimbursed. The claim for reimbursement of the attendant fare shall be filed within 90 days of completion of journey.

Exclusions

The Company shall not be liable for any expenses under this Section of the policy for any exclusion mentioned under the General Exclusions.

2.5. SECTION III : EMPLOYMENT CONTINGENCY EXPENSES

The Company shall reimburse the expenses towards single, one way economy class airfare for the Insured in the event of any of the following contingencies:

- a) On arrival of the Insured at his work place or destination abroad, if he/she is not received by the employer and the Insured has to return back to India due to non availability of the employment / job, and the Insured has to return back to India within 1 month of the date of departure from India, provided that the grounds for repatriation are certified by the concerned Indian Mission / Post and air tickets are submitted in original OR
- b) If there is any substantive change in the job/Employment Contract/agreement to the disadvantage of the Insured thereby causing the Insured to return to India within 1 month immediately thereafter provided that the grounds for repatriation are certified by the concerned Indian Mission / Post and air tickets are submitted in original OR
- c) If the Insured's employment is prematurely, terminated within the period of employment, for no fault of the Insured, and the Insured has to return back to India within 1 month immediately thereafter, provided that the grounds for repatriation are certified by the concerned Indian Mission / Post and air tickets are submitted in original OR
- d) If the Insured falls ill / is declared medically unfit to commence or continue or resume work and as a result of which the Insured's work contract is terminated by the foreign employer within the first 12 months of taking the insurance, provided that the grounds for repatriation are certified by the concerned Indian Mission / Post and air tickets are submitted in original.

Exclusions

The Company shall not be liable to make any payment under this Section of the Policy if the repatriation of the insured person is on account of –

- a) violation of any law, fraud, or any breach of employment conditions.
- b) such repatriation becomes necessary due to any amendment or change in the existing laws of the country of employment, or proclamation by Government Order that all workers of foreign origin are being deported,
- c) the employment is obtained through fake or forged documents, work permit or improper entry visa.
- d) the entry into the country has been made without completing legal formalities for whatsoever reason.
- e) Any amount relating to medical expenses
- f) the entry into the country has been refused on medical grounds,
- g) no attempt being made by the insured person to contact his employer on arrival if the insured person is not received at such time,

2.6. SECTION – IV A : MEDICAL HOSPITALISATION EXPENSES

If at any time during currency of this policy, the insured person whilst abroad, in the country of employment, shall contract any disease or suffer from any illness or sustain any bodily injury through accident and if such disease or injury shall require any such insured person, upon the advice of a duly qualified medical practitioner or duly qualified surgeon to incur hospitalization expenses for medical / surgical treatment at any nursing home / hospital in India or in the country of employment, as an inpatient, the Company will reimburse to the Insured, the amount of such expenses as are reasonably and necessarily incurred by the Insured upto an as mentioned in the policy schedule.

Expenses on Hospitalization for minimum period of 24 hours are admissible. However, this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery, Lithotripsy (Kidney stone removal), Tonsillectomy D&C taken in the Hospital / Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalisation Benefit. Further this condition will also not apply in case of stay in hospital of less than 24 hours under any of the following circumstances.

- a) The treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals.
- b) Due to technological advances hospitalization is required for less than 24 hours only.
- c) Surgical procedure is involved.

Exclusions :

The Company shall not be liable to make any payment under this Section of the policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-

- a) During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable.
- b) Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
- c) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, Vaccination or inoculation or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- d) Cost of spectacles and contact lenses, hearing aids.
- e) External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep apnea syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial asthmatic condition.
- f) Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.
- g) Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.
- h) All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS.

- i) Charges incurred at Hospital or Nursing Home primarily for diagnostic, x-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- j) Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- k) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.
- l) Voluntary medical termination of pregnancy.
- m) Naturopathy Treatment.

2.7. SECTION IV B : MATERNITY BENEFIT

The Company shall reimburse the actual maternity benefit for the insured upto a maximum limit as mentioned in the policy schedule provided treatment is taken by the insured in a Hospital / Nursing Home as in-patient in India or the country of employment. In case of medical treatment for maternity is taken in the country of employment, the benefit shall be provided only if the requisite documents are certified by the concerned Indian mission / post. Reimbursement shall be restricted to actuals.

Expenses on Hospitalization for minimum period of 24 hours are admissible. However, this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery, Lithotripsy (Kidney stone removal), Tonsillectomy D&C taken in the Hospital / Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalisation Benefit. Further this condition will also not apply in case of stay in hospital of less than 24 hours under any of the following circumstances.

- a) The treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals.
- b) Due to technological advances hospitalization is required for less than 24 hours only.
- c) Surgical procedure is involved.

Exclusions :

The Company shall not be liable to make any payment under this Section of the policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-

- a) During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable.
- b) Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
- c) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, Vaccination or inoculation or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- d) Cost of spectacles and contact lenses, hearing aids.
- e) External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep apnea syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial asthmatic condition.
- f) Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.
- g) Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.
- h) All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS.
- i) Charges incurred at Hospital or Nursing Home primarily for diagnostic, x-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- j) Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- k) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.

- l) Voluntary medical termination of pregnancy.
- m) Naturopathy Treatment.

Special Conditions Applicable to Maternity Expenses Benefit:

- a) **Maternity Expenses Benefit** means treatment taken in hospital /Nursing Home arising from or traceable to pregnancy, childbirth including normal Caesarean Section

These Benefits are admissible if the expenses are incurred in Hospital / Nursing Home as in-patients in India or in the country of employment.

- b) 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.
- c) 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.
- d) Pre-natal and post-natal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.

2.8. SECTION V : LEGAL EXPENSES

The Company shall reimburse upto a maximum amount as mentioned in the policy schedule towards any legal expenses incurred by the Insured in any litigation relating to his employment provided the necessity of filing such legal case is certified by the appropriate Ministry of that country.

The actual expenses incurred need to be certified by the concerned Indian Mission / Post.

Exclusions

- a) The Company shall not be liable to make any payment under this Section of the policy in connection with or in respect of any of the expenses incurred by the Insured in connection with or in respect of :
 - i. Any claim of the personal liability of the Insured towards his / her family, relations and traveling companions, whether personal or official
 - ii. Any claim resulting from any transmission of any kind of illness /disease by the Insured
 - iii. Any claim arising out of the professional activities involving the Insured

3. DEFINITIONS

To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition)
3. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
4. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
5. **Condition Precedent** shall mean a policy term or condition upon which our liability under the policy is valid.
6. **Congenital Anomaly** refers to a condition(s) which is present since birth, which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly:** Which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly:** Which is in the visible and accessible parts of the body
7. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured to share the cost of an indemnity claim on a ratable proportion of the Sum Insured
This clause shall not apply to any Benefit offered on fixed benefit basis.
8. **Deductible:** A deductible is a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured

9. **Dependents** refer to family members listed below, who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income. Spouse and dependent children
10. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
11. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
12. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
13. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
14. **Emergency Accident Medical Expenses** means medical expenses reasonably necessary at that time to protect life or relieve pain caused by Accidental Bodily Injury and that do not exceed the usual charge for similar treatment or services in the locality where the treatment or services have been obtained for:
 - a) Out-patient treatment, provided the same is critical and cannot be deferred;
 - b) In-patient treatment in a Hospital local to the temporary residence of the Insured or the nearest suitable Hospital;
 - c) Necessary medical aids prescribed by a Doctor;
 - d) Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Doctor;
 - e) Costs of transportation by a recognised emergency services for medical attention at the nearest Hospital or from the nearest available Doctor prior to Hospitalisation;
 - f) Cost of being transferred to a special clinic if this is medically necessary and prescribed by a Doctor;
 - g) Medically proven procedures
15. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing
16. **Excluded Hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital
17. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of *preexisting diseases*. Coverage is not available for the period for which no premium is received.
18. **Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - a. Has qualified nursing staff under its employment round the clock;
 - b. Has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - c. Has qualified medical practitioner(s) in charge round the clock;
 - d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e. Maintains daily records of patients and make these accessible to the Insurance Company's authorized personnel.
19. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. **Acute condition** means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - b. **Chronic condition** means a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
21. **Administrator** means the person or organisation named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf of and at its direction
22. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner

- 24. In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event
- 25. Instalment Period** means the period between two successive instalment due dates
- 26. Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards
- 27. Limb** means a hand at or above the wrist or a foot above the metacarpophalangeal joints or metatarsophalangeal joints
- 28. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 29. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Life saving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing condition. The treatment for these emergency measures would be paid till the Insured becomes medically stable state. All further costs to maintain medically stable state to prevent the onset of ailment would have to be borne by the insured
- 30. Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
The registered practitioner should not be the insured or close family members.
- 31. Medically necessary** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by You;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 32. Notification of claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified
- 33. Overseas** means the Insured Person's visit to the countries named in the Certificate of Insurance (excluding India, the Insured Person's country of citizenship, and countries subject to travel and other restrictions imposed by the Government of India at any time) during the Policy Period for the travel days specified in the Schedule.
- 34. Overseas Administrator** means the person or organisation named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf of and at its direction.
- 35. Partial** means less than total
- 36. Permanent** means lasting twelve (12) calendar months and at the end of that period being beyond hope of improvement
- 37. Policy** means the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
- 38. Policy period** means the period between the Risk start date and Risk end date specified in the Schedule including both days and according to Indian Standard Time (IST). The Scope of Cover applies upon crossing the international border of the Republic India, except in case of Accidental Inpatient Hospitalisation – Domestic or Trip Cancellation or Personal Accident – Domestic, wherein it applies within the limits of Indian borders only.
- 39. Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
- 40. Policy Certificate** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the certificate.
- 41. Pre-Existing Diseases** means any condition, ailment or injury or related conditions for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of his / her first policy issued by the insurer.

- 42. Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
- 43. Proposer** means the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy
- 44. Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services taking into account the nature of the illness/injury involved.
- 45. Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 46. Residence** means the place in India where the Insured Person is living in the normal course and shall be the place, which is specified in the Policy Schedule
- 47. Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- 48. Sum Insured** means the amount shown against each cover in force, in the policy schedule which shall be our maximum liability for each Insured Person for any and all claims made for during the policy period.
- 49. Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner
- 50. Terrorism** means activities against persons, organisations or property of any nature:
- a) that involve the following or preparation for the following:
 - I. use or threat of force or violence; or
 - II. commission or threat of a dangerous act; or
 - III. commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
 - b) when one or both of the following applies:
 - I. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - II. it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
- 51. Trip** means planned journey, which starts and ends in India to a destination(s) outside India as mentioned in the policy schedule during the policy period except where it is for emigration purpose
- 52. Totally disabled (permanent or partial)** means that you are unable, due to Injury, to engage in each and every occupation or employment for compensation or profit for which you are reasonably qualified by education, training or experience. If at the time of the loss you are unemployed, totally disabled shall mean inability to perform all of the usual and customary duties and activities of a person of like age and sex
- 53. Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

4. GENERAL EXCLUSIONS (applicable to all covers under the policy)

The Company shall not be liable to make any payments under any of the Section in this policy in respect of claims :

- a) pertaining to events occurring outside the Period of insurance the policy
- b) if the Insured is traveling against the advice of the physician
- c) if the Insured has received any prognosis for a medical condition
- d) if the Insured is taking part in any naval, military or air force operation
- e) emanating from an Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
- f) due to Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.
- g) due to expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS
- h) arising out of Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.
- i) Any act of terrorism
- j) due to repatriation charges / deportation expenses necessitated by termination of contract of the insured if such expenses are to be borne by the employer as per employment contract.

- k) Any repatriation charges / transportation expenses necessitated by termination of contract of the insured and consequent deportation on account of misconduct, commission of any criminal offence, etc.
- l) Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1

5. GENERAL CONDITIONS (applicable to all covers under the policy)

5.1 Claim Procedure and documentation

Upon the happening of any event which may give rise to a claim under this Policy, the insured / assignee or authorized / legal representative(s) as the case may be, shall forthwith give notice thereof to the Company in writing, at the Company address given below :

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

No. 163, Hari Nivas Towers, 2nd Floor, Thambu Chetty Street

Parry's Corner, Chennai - 600001

Customer Care Toll Free No: 1800-200-5544

The insured / nominee shall thereafter within 1 month of the occurrence of the event under SECTION 1B, SECTION III, SECTION IVA, SECTION IVB and SECTION V, and within 90 days of the occurrence of the event under SECTION IIA, SECTION IIB and within 12 calendar months from the date of occurrence of the event under SECTION IA, submit the claim form duly filled in all respects, signed and supported by documents relevant to the claim, as stated below:

- a) In case of death due to accident:
 - i. Police Report confirming accidental death.
 - ii. Post Mortem Report.
 - iii. Certificate / Report from concerned Indian Embassy.
 - iv. Duly attested copy of passport (all pages).
- b) Permanent Total Disability -
 - i. Medical records pertaining to treatment following the accident.
 - ii. Disability certificate issued by the competent medical authority.

In case of permanent total disability, the insured person shall, if the Company so desires, also present himself / herself for examination before a medical practitioner to be deputed by the Company to assess the extent of disability suffered by the insured.

The insured / nominee or authorized / legal representative as the case may be, shall thereafter give all assistance and cooperation and furnish such information and documents depending on the nature of claim as may be sought by the Company, inter alia –

- a) Original insurance certificate / policy.
- b) Application form for compensation duly filled in all respects and signed by the claimant
- c) Copy of passport (all pages) / emergency certificate issued by the Indian Mission / Post, duly attested, if death occurs outside India.
- d) Air Ticket
- e) Medical Certificate issued by the competent authority in case of return on Medical grounds
- f) Certificate from concerned Indian Mission / Post that the prospective employer has refused to employ the worker
- g) Copy of the Notice served on the Insured

Any compensation under this Policy will be paid in India in Indian currency only. No sum under this Policy shall carry interest.

The period of insurance of the policy shall be as per the duration mentioned on the Policy Schedule

Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

Upon acceptance of the offer of claim settlement by the Insured, the claim amount will be settled by the Company within 7 days from the date of acceptance of the offer by the Insured. In case of delay in the payment, the Company shall be liable to pay interest at the rates stipulated by IRDA from time to time

5.2 Observance of Terms & Conditions

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

5.3 Change of Address / Contact details

It is in the Insured person's interest to intimate us if there is any change in residential address and phone numbers.

5.4 Change of occupation

- a) The Proposer/ Insured shall immediately and in any event within 14 days give the Insurer written notice of any change in the occupation or address of any Insured as stated in the Schedule.
- b) If a change is not notified and the new occupation or address of an Insured would have resulted in the Insurer charging higher premium, then in the event of a claim the amount payable by the Insurer shall be reduced by 20% of the amount that would otherwise have been payable

5.5 Due care

The Insured Person / persons shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimise its financial consequences

5.6 Excluded Hospital- The Company will issue informatory documents to its insured about excluded hospitals through website or mail or email. And in case of claim the same may be settled on reimbursement basis only after satisfactory due diligence

5.7 Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

5.8 Transfer

Transferring of interest in this Policy to anyone else is not allowed

5.9 Free Look Period

You shall be allowed a period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable.

The Insured can return the policy within 15 days of its receipt if he/she is not satisfied with its coverage or terms and conditions. In such a case the policy will be cancelled from date of cancellation request received at Insurer's office provided no claim is reported and considered. Refund of premium would be after retaining charges towards medical tests, stamp duty charges and pro-rata premium from the risk start date till date of cancellation.

5.10 Renewal of Policy

- a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.
- b. This policy can be renewed for a period of 6/12/24 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy.
- c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy
- d. Sum insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, subject to our acceptance, then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured.
- e. The company reserves its rights to revise the premium from time to time subject to approval of IRDA.

- f. This product may be withdrawn from the market after approval from IRDA. We will intimate the Insured person in writing about such withdrawal at least 30 days prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company.
- g. Any revision or modification in a policy subject to the approval from the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification

5.11 Cancellation of cover

This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. On such cancellation by us, the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation.

The company may allow cancellation of the policy only in case when the journey is not undertaken subject to production of the original passport as a proof. The Company will retain Rs. 101/- as cancellation charges.

5.12 Nomination:

The Insured person is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of S.39 of the Insurance Act, 1938. In case the nominee is a minor, the Policyholder can appoint a person who will receive the money secured by the policy in the event of the Policyholder's death during the minority of the nominee.

The details of nomination will be acknowledged by the Company in the Policy issued by the Company. The Policyholder is entitled to cancel or withdraw the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

5.13 Notification

- a. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Schedule.
- b. Any and all notices and declarations for the attention of any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

5.14 Arbitration

- a. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language and the venue will be in Chennai.
- b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

5.15 Fraud

If You and or Your dependent shall:

- a. Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
- b. Permit another to use his ID Card or use another's ID Card
- c. Do/ omit to act in manner abetting fraud against Us,

this Policy shall be null and void ab inito in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

5.16 Subrogation

The Policyholder:

- a. Shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Insurer shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether before or after indemnification;

- b. Shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation;
- c. Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the Insurer for the claim and the costs of recovery.

This clause is not applicable for benefit sections of the policy.

5.17 Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

5.18 Entire Contract

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

5.19 Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the insured person(s).

5.20 Mis-statement of Age

This policy covers individuals in the age band of 18 years to 65 years travelling by air. In case the insured or proposer has mis-stated the age then no claim is entertained under the policy. In such an event no refund of premium will be made

5.21 Territorial Limits

The insurance cover applies to all countries stated in the Policy Certificate, (excluding India, the Insured Person's country of citizenship and countries subject to travel and other restrictions imposed by the Government of India at any time) during the Policy Period for the travel days specified in the schedule

5.22 Delay in intimation of claim

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

5.23 Disclaimer

It is also hereby further expressly agreed and declared that if we shall disclaim liability to You for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.24 Two Policy period

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/ due date of premium of this health policy, if not received earlier.

5.25 Any one illness / relapse period

If the hospitalization is continuous and the illness relapses within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken will be treated as same illness.

6. GRIEVANCES

Mechanism for Grievance Redressal:-

As an esteemed customer of our Company, You can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to You. The contact details of our office are given below for Your reference.

Cholamandalam MS General Insurance Company Limited

Customer services

Address: H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.
Toll free: 1800 200 5544
SMS: "CHOLA" to 56677* (premium SMS charges apply)
E-MAIL: customercare@cholams.murugappa.com
WEBSITE: www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgment of complaint or if You are not satisfied with the reply of the Company, You can also contact the nearest Insurance Ombudsman, whose addresses are mentioned below:

Sl. No	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
1	AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II, Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (0): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: ioobbsr@dataone.in	Orissa
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (0) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Flr., No 453(old no 312), Anna Salai, Teynampet, CHENNAI -600 018 (0) 044-24333678, 24333668 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road,,NEW DELHI - 110 002 (0) 011-23239611, 23237539, 23237532	Delhi & Rajasthan

		<p>Fax: 011-23230858 E-mail : jobdelraj@rediffmail.com</p>	
7	GUWAHATI	<p>Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (0) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: omb_ghy@sify.com</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
8	HYDERABAD	<p>Office of the Insurance Ombudsman 6-2-46, 1st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (0) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in</p>	<p>Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry</p>
9	KOCHI	<p>Office of the Insurance Ombudsman 2nd Fir., CC 27/ 2603 Pulinat Building Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in</p>	<p>Kerala, UT of (a) Lakshadweep, (b) Mahe - a Part of UT of Pondicherry</p>
10	KOLKATA	<p>Office of the Insurance Ombudsman North British Bldg. 29, N. S. Road, 3rd Fir., KOLKATA -700 001. (0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : iombkol@vsnl.net</p>	<p>West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim</p>
11	LUCKNOW	<p>Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: joblko@sancharnet.in</p>	<p>Uttar Pradesh and Uttaranchal</p>
12	MUMBAI	<p>Office of the Insurance Ombudsman 3rd Flr., Jeevan Seva Annexe, S.v. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889 Fax: 022-26106052 Email: ombudsman@vsnl.net</p>	<p>Maharashtra, Goa</p>

ANNEXURE 1 (attached to and forming part of policy wordings)

List of Non-Medical Expenses excluded in this Policy

S.No	NAME OF THE NON MEDICAL ITEM	Admissibility
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Payable for cases who have undergone surgery of thoracic or lumbar spine.
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Payable for bariatric and varicose vein surgery where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable

39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.	Not Payable
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
65	HORMONE REPLACEMENT THERAPY	Not Payable
66	HOME VISIT CHARGES	Not Payable
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Not Payable
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
72	DONOR SCREENING CHARGES	Not Payable
73	ADMISSION/REGISTRATION CHARGES	Not Payable
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable

77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON Not	Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
91	COTTON	Not Payable
92	COTTON BANDAGE	Not Payable
93	MICROPORE/ SURGICAL TAPE	Not Payable
94	BLADE	Not Payable
95	APRON	Not Payable
96	TORNIQUET	Not Payable
97	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
98	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
99	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable

114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine.

154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Payable for post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	17 VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable

185	EXAMINATION GLOVES	Not Payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalization or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or inter-hospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG, Where it should be paid.