

ADDRESS OF
ISSUING OFFICE



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ITGI / FHP / 01

FAMILY HEALTH PROTECTOR

POLICY WORDING

This policy is evidence of the contract between you and us. The proposal along with any written statement(s), declaration(s) of yours for the purpose of this policy forms part of this contract.

This policy witnesses that in consideration of your having paid the premium for the period stated in the schedule or for any further period for which we may accept the payment for renewal of this policy, we will insure the insured person(s) and accordingly we will pay to you or to insured person(s) or your/their legal representative(s) as the case may be, in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by you and/or insured person(s) have been met.

The schedule shall form part of this policy and the term policy whenever used shall be read as including the schedule.

Any word or expression to which a specific meaning has been attached in any part of this policy or schedule shall bear such meaning whenever it may appear.

The policy is based on information which have been given to us about insured person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to your or the insured person(s) right to recover under this policy.

GENERAL DEFINITIONS:

1. Proposal

It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to us by you.

2. Policy

It means the policy wording, the schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person(s), what is excluded from the cover and the conditions on which the policy is issued.

3. Schedule

It means latest schedule issued by us as part of the policy. It provides details of the cover of insured person(s) which are in force and the level of cover insured person(s) have.

4. Basic Sum Insured



It means the monetary amount as opted against each insured person and all insured person(s) without * cumulative bonus on individually or collective basis.

5. Sum Insured

It means the sum insured including the cumulative bonus shown against insured person(s) on individually or on collective basis.

6. Extended Sum Insured

It means sum insured including the higher sum insured for critical illness coverage on individually or collective basis.

7. We/Our/Us

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

8. You/Your

It means the person(s) named as insured in the schedule.

9. Insured Person

It means the person(s) named as insured person(s) in the schedule lodged with us by you.

10. Period of Insurance

It means the duration of this policy as shown in the schedule.

11. Injury

It 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.

12. Disease

It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

13. Hospital/Nursing Home

It means any institution established for in-patient 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:

- I. has at least 10(ten)in-patient beds, in those towns having a population of less than10,00,000(ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
- II. has qualified nursing staff under its employment round the clock;
- III. has qualified medical practitioner(s) in charge round the clock;
- IV. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- V. maintains daily records of patients and will make these accessible to our authorized personnel.

¹ IRDA/NL-HLT/ITGI/P-H/V.1/464/13-14
FAMILY HEALTH PROTECTOR

14. Surgery or Surgical Procedure

It 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.

15. Hospitalization

It means admission in a Hospital for a minimum period of 24 (twenty four) Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.

16. Medically Necessary

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- I. is required for the medical management of the illness or injury suffered by the insured person;
- II. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- III. must have been prescribed by a medical practitioner
- IV. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

17. Any One Illness

It means continuous period of illness and it includes relapse within 45 (forty five) days from the date of last consultation for the same illness disease/injury with the Hospital/Nursing Home where treatment may have been taken.

18. Pre-Hospitalization Medical Expenses

It means Medical Expenses incurred immediately before the Insured Person(s) is/are hospitalized, provided that:

- I. such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and
- II. the In-patient Hospitalization claim for such Hospitalization is admissible by us.

19. Post Hospitalization Medical Expenses

It means Medical Expenses incurred immediately after the Insured Person(s) is/are discharged from the hospital provided that:

- I. such Medical Expenses are incurred for the same condition for which the Insured person's hospitalization was required and
- II. the In-patient Hospitalization claim for such Hospitalization is admissible by us.

20. Medical Practitioner

A Medical Practitioner is 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.

21. Qualified Nurse

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

22. Domiciliary Hospitalization

It means medical treatment for an illness/disease/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 condition of the patient is such that he/she is not in a condition to be removed to a hospital,
or
- II. the patient takes treatment at home on account of non-availability of room/bed in a hospital.

23. Reasonable and Customary Charges

It 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.

24. Pre-existing Condition

It means any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 (forty eight) months to prior to the first policy issued by the insurer.

25. Critical Illness

a) Cancer Of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded-

1. Tumours showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
2. Any skin cancer other than invasive malignant melanoma
3. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6(six) or having progressed to at least clinical TNM classification T2N0M0
4. Papillary micro - carcinoma of the thyroid less than 1(one) cm in diameter
5. Chronic lymphocytic leukemia less than RAI stage 3(three)
6. Microcarcinoma of the bladder
7. All tumors in the presence of HIV infection.

b) First Heart Attack - Of Specified Severity

I. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

1. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
2. New characteristic electrocardiogram changes
3. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

1. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
2. Other acute Coronary Syndromes
3. Any type of angina pectoris.

c) Open Chest CABG

I. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

1. angioplasty and/or any other intra-arterial procedures
2. any key-hole or laser surgery.

d) Open Heart Replacement Or Repair Of Heart Valves

It means the actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

e) Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

1. no response to external stimuli continuously for at least 96(ninety six) hours;
2. life support measures are necessary to sustain life; and
3. Permanent neurological deficit which must be assessed at least 30 (thirty) days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

f) Kidney Failure Requiring Regular Dialysis

It means end stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

g) Stroke Resulting In Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 (three) months has to be produced.

II. The following are excluded:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

h) Major Organ /Bone Marrow Transplant

I. The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end- stage failure of the relevant organ, or
2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

1. Other stem-cell transplants
2. Where only islets of langerhans are transplanted

i) Permanent Paralysis Of Limbs

It means total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3(three) months.

j) Motor Neuron Disease With Permanent Symptoms

It means disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 (three) months.

k) Multiple Sclerosis with Persisting Symptoms

- I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
 1. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6(six) months, and well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. Other causes of neurological damage such as SLE and HIV are excluded.

26. Day Care Treatment

It refers to medical treatment, and/or surgical procedure which is:

- I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24(twenty four) hours because of technological advancement, and
- II. Which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition. [The list of covered day care treatment is as per Annexure 1 attached herewith].

27. Network Provider

It means hospitals or health care providers enlisted by IFFCO TOKIO will provide medical services to an insured person on payment by a cashless facility.

28. Non- Network Hospitals

It means any hospital, day care centre or other provider that is not part of the network.

29. Emergency Assistance Service Provider

It means the licensed entity which will provide identified emergency medical assistance and personal services to people travelling more than 150(one hundred and fifty) kilometers from their declared place of residence in India.

30. Medical Assistance Services

It means the stipulated medical services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of medical consultation and evaluation, medical referrals, medical evacuation and medically supervised repatriation.

31. Personal Services

It means the other emergency services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals, transportation to join patient and emergency cash coordination.

32. Accident

It means a sudden, unforeseen and involuntary event caused by external visible and violent means.

33. Co-Payment

It means a cost-sharing requirement under a health insurance policy that provides that the insured person/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the basic sum Insured /sum insured/extended sum insured.

34. Emergency Care

It 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.

35. Grace Period

It 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 pre existing diseases. Coverage is not available for the period for which no premium is received.

36. Intensive Care Unit

It 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.

37. Inpatient Care

It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty four) hours or any other minimum prescribed hours as per the terms, coverage of the policy for a covered event.

38. OPD Treatment

It means one in which the Insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured person is not admitted as a day care or in-patient.

39. Illness

It 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.

- I. Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the Insured Person to his/her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

II. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics :

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
2. it needs ongoing or long-term control or relief of symptoms;
3. it requires rehabilitation of insured person or for insured person to be specially trained to cope with it;
4. it continues indefinitely; and
5. it comes back or is likely to come back.

40. Day Care Centre

It means any institution established for day care treatment of illness and/or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- I. has qualified nursing staff under its employment;
- II. has qualified medical practitioner(s) in charge;
- III. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- IV. maintains daily records of patients and will make these accessible to our authorized personnel.

41. Medical Advice

It means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

42. Medical Expense

It means those expenses that an Insured Person has/you have 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.

43. Cumulative Bonus

It means any increase in the Basic Sum Insured granted by us without an associated increase in premium.

44. Maternity Expense

It means treatment shall include:

- I. medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalization);
- II. Expenses towards lawful medical termination of pregnancy during the policy period.

45. Dental Treatment

It means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

46. Unproven/Experimental Treatment

A treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

47. Condition Precedent

It means a policy term or condition upon which our liability under the policy is conditional upon.

48. Notification of Claim

It means the process of notifying a claim to us or to TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

49. Disclosure to information norm

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

50. Cashless service

It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.

51. Subrogation

It means our right to assume the rights of the insured person(s)/you to recover expenses paid out under the policy that may be recovered from any other source.

52. Contribution

It means essentially our right to call upon other insurers, liable to the same insured person, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

53. Renewal

It means 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 or the purpose of all waiting periods.

54. Portability

It means the right accorded to an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if insured person/you choose to switch from one insurer to another insurer.

55. Room rent

It means the amount charged by a hospital for the occupancy of a bed on per day 24 (twenty four) hours basis and shall include associated medical expenses including nursing expenses.

56. Class "A" Cities

It means cities of Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.

57. Congenital Anomaly

It means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- I. **Internal Congenital Anomaly:** It means a congenital anomaly which is not in the visible and accessible parts of the body.
- II. **External Congenital Anomaly:** It means a congenital anomaly which is in the visible and accessible parts of the body.

58. Additional Benefits

It means the coverages which are granted to insured person(s) apart from main coverage under the policy, for which no additional premium is required to be paid by you.

59. Extension

It means optional coverage which is available to insured person(s) apart from main coverage and additional benefit, which you can choose to, take on payment of necessary additional premium.

60. Terrorism/Terrorist Incident

It means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

61. Alternative Treatment

It means forms of treatments other than treatment "Allopathic" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

62. Dependent Child

A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

63. Newborn Baby

Newborn baby means those babies born to insured during the policy period Aged between 1st day to 90 days.

MAIN COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED										
<p>If the insured person(s) sustain(s) any injury or contract(s) any disease and if medically necessary, he/she has to incur Hospitalization expenses, then we will pay reasonable and customary charges of:</p> <p>1. Room Rent Expenses:</p> <p>a) In respect of sum insured of Rs. 7(seven) lakhs and above (excluding the higher sum insured for critical illness but including cumulative bonus), the room-rent expenses will be payable according to actual expenses without any room rent expenses capping limits which is mentioned in 1(b) below.</p> <p>b) In respect of sum insured less than Rs.7(seven) lakhs, room rent expenses subject to following limits:</p> <p>For Normal Room Rent Expenses:-</p> <p>I. In respect of class "A" cities, a limit of 1.50% (one and half of a percent) of the sum insured on per day basis or actual, whichever is less.</p> <p>II. In respect of cities other than class "A" cities, a limit of 1.25% (one and one fourth</p>	<p>We will not pay for</p> <p>1. Co-payment: In case of second and subsequent claims under one policy period for the same insured person, following scales of co-payment shall be applicable:-</p> <table border="1" data-bbox="868 1361 1445 1637"> <thead> <tr> <th>No. Of claims</th> <th>Percentage of co-payment</th> </tr> </thead> <tbody> <tr> <td>First claim</td> <td>Nil</td> </tr> <tr> <td>Second claim</td> <td>7.5% (seven and half percent) of the admissible claim amount.</td> </tr> <tr> <td>Third claim</td> <td>10%(ten percent) of the admissible claim amount</td> </tr> <tr> <td>Fourth claim and above</td> <td>20%(twenty percent) of the admissible claim amount</td> </tr> </tbody> </table> <p>Note: - The above co-payment will not be applicable on hospitalization claim due to accidental injury.</p> <p>2. Pre-Existing Condition:</p> <p>a) Any condition(s) defined as pre - existing condition in the policy on an individual basis, until 48 (forty eight) months of continuous coverage have elapsed, since inception of the first health</p>	No. Of claims	Percentage of co-payment	First claim	Nil	Second claim	7.5% (seven and half percent) of the admissible claim amount.	Third claim	10%(ten percent) of the admissible claim amount	Fourth claim and above	20%(twenty percent) of the admissible claim amount
No. Of claims	Percentage of co-payment										
First claim	Nil										
Second claim	7.5% (seven and half percent) of the admissible claim amount.										
Third claim	10%(ten percent) of the admissible claim amount										
Fourth claim and above	20%(twenty percent) of the admissible claim amount										

¹ IRDA/NL-HLT/ITGI/P-H/V.1/464/13-14
FAMILY HEALTH PROTECTOR

<p>of a percent) of the sum insured on per day basis or actual, whichever is less;</p> <p>For Intensive Care Unit/Therapeutic Expenses:-</p> <p>I. In respect of class “A” cities, a limit of 2.5% (two and half percent) of the sum insured on per day basis or actual, whichever is less.</p> <p>II. In respect of other than class “A” cities, a limit of 2% (two percent) of the sum insured on per day basis or actual, whichever is less;</p> <p>c) Registration, Service charges, Surcharge and any other similar charges on actual basis subject to a maximum limit of 0.5% (half percent) of sum insured for each hospitalization.</p> <p>2. Medical practitioner, Anesthetist, Consultant fees.</p> <p>3. Anesthesia, blood, oxygen, operation theatre, surgical appliances, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organ and similar expenses.</p> <p>4. Vitamins and tonics only if forming part of treatment as certified by the attending medical practitioner.</p> <p>5. Ayurveda and/or Homeopathy and/or Unani and /or Sidha hospitalization expenses including pre-hospitalization and post hospitalisation expenses upto the limit of the Sum Insured of the insured person per policy period of 365 (three hundred sixty five) days.</p> <p>6. The above stated relevant Reasonable and Customary charges incurred for Domiciliary Hospitalization if medically necessary Upto a maximum aggregate sub-limit of 20% (twenty percent) of the Sum Insured.</p> <p>Note :</p> <p>i. In case insured person(s) opt(s) for a room with rent higher than the entitlement limit, the amounts payable under item (2) and (3) (except medicine, and drugs, diagnostic materials and x-ray above supplied by Hospital) above of ‘What is Covered’ shall be restricted to:-</p> <p>a) The charges applicable to the room within the eligibility of insured person(s) as per the Sum Insured, on an individual or collective basis, as per hospital tariff;</p>	<p>insurance policy in respect of an insured person, whether group or individual, without any break in the insurance coverage.</p> <p>b) The following disease(s) arising out of or aggravated by diabetes, if existing at the time of taking the first health insurance policy by insured person(s), to be considered on an individual basis, will fall under the pre-existing condition as described under 2(a) above of “what is not covered” for that insured person(s) and shall have a waiting period of 48 (forty eight) months:--</p> <p>I. Diabetic Nephropathy; II. Diabetic Retinopathy; III. Diabetic Neuropathy; IV. Diabetic Angiopathy; V. Diabetic Ketoacidosis or Hyper Hypoglycaemia; VI. Hypoglycaemia; and VII. Diabetic Foot or Wound.</p> <p>c) The following disease(s) arising out of or aggravated by hypertension, if existing at the time of taking the first health insurance policy by insured person(s) to be considered on an individual basis, will fall under the pre-existing condition as described under 2(a) above of “What is not covered” for that insured person(s), and shall have a waiting period of 48 (forty eight) months:--</p> <p>I. Cerebro Vascular Attack (CVA Hemorrhagic II. Hypertensive Encephalopathy III. Hypertensive Heart Disease (eg. Left Ventricular Hypertrophy(LVH), Congestive Heart Failure(CHF) etc. or Coronary Artery Disease (CAD) IV. Hypertensive Nephropathy; V. Hypertensive Retinopathy; and VI. Aneurysm.</p> <p>3. Any expense on hospitalization for any disease which incepts during first 30 (thirty) days of commencement of this insurance cover. This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 12(twelve) months without a break exceeding 30(thirty) days. For hospitalization owing to accidental injury, this 30(thirty) days waiting period shall not apply.</p>
--	--

<p style="text-align: center;">or</p> <p>b) The same proportion as the entitled room rent bears to availed room rent (if hospital tariff is not available or no room available within the eligible room rent). This proportionate payment will not be less than 40% (forty percent) of the claim amount for item 2&3 of “What is covered”.</p> <p>ii. Hospitalization expenses of person donating an organ during the course of organ transplant subject to the above sub limits applicable to the insured person and within the sum insured/extended sum insured (if applicable). However for Room Rent, the amount payable in respect of Donor will be 50% (fifty percent) of Room Rent limit of insured person (patient) for whom the claim is lodged.</p> <p>iii. For the purpose of determining the sub-limits of expenses for Room, Boarding, Nursing charges and Ayurveda and/or Homeopathic and/or Unani and/or Sidha hospitalization expenses including pre-hospitalization and post-hospitalization as detailed under item (1) to (5) of “What is covered” above, the specified percentages will be applied on the sum insured only.</p> <p>iv. Terrorism is covered.</p>	<p>4. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases (to be considered on individual basis):</p> <ol style="list-style-type: none"> I. Surgical treatment for Tonsillitis/ Adenoids II. Tympanoplasty / Septoplasty III. Fistula in anus, Anal Sinus, Piles IV. Any type of Carcinoma / Sarcoma/ Blood Cancer V. Varicose Veins / Varicose Ulcers VI. All types of Ligament Meniscus Tears <p>However if these Disease(s) are Pre-Existing at the time of proposal, in respect of insured person(s) on individual basis, then they will be falling under (2)(a) of “What is not covered” and will be covered after 48 (forty eight) months of continuous insurance coverage for such affected person.</p> <p>This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 12 (twelve) months without a break exceeding 30(thirty) days.</p> <p>5. a)Any expense incurred in the first two continuous years of operation of the insurance cover on treatment of the following diseases (to be considered on each insured person separately) :</p> <ol style="list-style-type: none"> I. Cataract, Benign Prostatic Hypertrophy, DUB II. Uterine Fibroids/PV Bleeding like Hysterectomy, Myomectamy etc III. Hernia, Hydrocele IV. Sinusitis V. Gall Bladder, Billiary, Renal and Urinary Stones VI. Inter-vertebral Disc disorder like Spondylitis, Spondilosys, prolapse etc (other than caused by an accident) VII. Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident) VIII. Chronic Renal failure IX. Any type of benign growth/Cyst/Nodules/ Polyps/Tumour/Lump <p>However if these disease(s) is/are under pre-existing condition at the time of the first insurance proposal, then these will be falling under(2)(a) of “What is not Covered” and will be covered after 48 (forty eight) months of continuous insurance coverage.</p> <p>This exclusion shall not apply in case of the insured person (s) having been covered under this policy or group or individual medical insurance policy with any</p>
---	---

	<p>of Indian insurance companies for a continuous period of preceding 24(twenty four) months without a break exceeding 30 (thirty) days.</p> <p>b) Any expense on disease aggravated by Diabetes and/or Hypertension, incurred in the first two years of operation of the insurance cover.</p> <p>However if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under exclusion 2 (a) above and will be covered after 48 (forty eight) months of continuous coverage's with us.</p> <p>This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 24 (twenty four) months without a break exceeding 30 (thirty) days.</p> <p>Further this exclusion shall apply only for one year in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of the Indian Insurance companies for a continuous period of 12 (twelve) months without a break exceeding 30 (thirty) days.</p> <p>6. Cost of treatment (both cashless & reimbursement) pertaining to any procedure or treatment underwent by Insured Person(s) in any of the hospital(s) specified in the list attached to this Policy. The list of such excluded hospital(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.</p> <p>7. Correction of vision (Lasik or other similar surgery) / Keratoconus etc and all types Laser treatments / surgeries for EYE which can be performed on OPD basis.</p> <p>8. Therapies like Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy and similar, Hyperberic Oxygen Therapy and similar.</p> <p>9. External durables like (but not limited to): CPAP, Nebulizing machine, Oxygen cylinder, oxygen</p>
--	---

	<p>concentrator, ventilator.</p> <ol style="list-style-type: none"> 10. Oral Chemotherapy and Intravenous Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting. For example: Intravenous Cyclophosphamide, Intravenous Methotraxamate etc. 11. Intravitreal Injections/Interferon injections/ Infiximab and like injections/Intra-articular injections. 12. Cost of spectacles and contact lens or hearing aids. 13. Expenses on diagnostic, x-ray, or laboratory examinations, investigations unless related to the active treatment of disease or injury falling within ambit of hospitalization claim under “What is Covered”. 14. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim. 15. Dental treatment or surgery of any kind, unless requiring hospitalization. 16. Allopathic or Ayurveda or Homeopathic or Unani or Sidha medicines shall not be allowed unless prescribed by respective practitioner. 17. Maternity expenses (other than ectopic pregnancy requiring surgical intervention), miscarriage, medical termination, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment 18. Any expenses or treatment related to the disease if it is due to chronic alcohol consumption or any self inflicted toxic or drug consumption. 19. Any expense on naturopathy, experimental or unproven treatments. 20. Any expense on procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc. 21. Travel or transportation expenses, other than
--	---

	<p>ambulance service charges.</p> <p>22. Any expense related to disease/injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, skydiving, paragliding, hang gliding, deep sea diving using hard helmet and breathing apparatus, snow and ice sports and activities of similar hazard.</p> <p>23. External medical equipment of any kind used at home as post hospitalization care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p> <p>24. Genetic disorders and stem cell implantation/surgery.</p> <p>25. All non medical expenses including personal comfort and convenience items or services, such as telephone, maid, barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc.</p> <p>26. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control program, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</p> <p>27. Expenses related to physiotherapy in a hospital/nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.</p> <p>28. Rehabilitation Expenses.</p> <p>29. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.</p> <p>30. Convalescence, general debility, run down condition or rest cure, congenital disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs, alcohol.</p>
--	---

	<p>31. Any expense on treatment related to HIV, AIDS and all related medical conditions.</p> <p>32. Any expense on injury or diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</p> <p>33. Injury or diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</p> <p>34. Any expense under Domiciliary Hospitalization for</p> <ol style="list-style-type: none"> a) Pre and Post Hospitalization treatment b) Treatment of following diseases: <ol style="list-style-type: none"> I. Asthma II. Bronchitis III. Chronic Nephritis and Nephritic Syndrome IV. Diarrhoea and all type of Dysenteries including Gastro-enteritis V. Diabetes Mellitus VI. Epilepsy VII. Hypertension VIII. Influenza, Cough and Cold IX. All types of Psychiatric or Psychosomatic Disorders X. Pyrexia of unknown origin for less than 15(fifteen) days XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis XII. Arthritis, Gout and Rheumatism XIII. Dental Treatment or Surgery. XIV. Critical Illness. <p>35. Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment and as covered in the Additional Benefit, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.</p> <p>36. Expenses that are not covered as per Annexure 2</p>
--	---

SPECIAL CONDITIONS

- i. This health insurance policy, if renewed after a break in of 30 (thirty) days or more, then the cover thereafter will be treated as a fresh cover for the purposes of the pre-existing condition [Refer Clause 2(a),2(b),2(c) of “WHAT IS NOT COVERED”], 30 (thirty) days waiting period [Refer to Clause 3 of “WHAT IS NOT COVERED”], first year disease exclusions [Refer Clause 4 of “WHAT IS NOT COVERED”], first two years disease exclusion (Refer Clause 5(a) “WHAT IS NOT COVERED”) and disease/injury/illness aggravated by diabetes and/or hypertension [Refer Clause 5(b)) “WHAT IS NOT COVERED”] . In case of increase in sum insured at the time of renewal, the increased sum insured will be subject to the pre-existing condition 2 [Refer Clause 2(a),2(b),2(c) of “WHAT IS NOT COVERED”], 30 (thirty) days waiting period [Refer to Clause 3 of “WHAT IS NOT COVERED”], first year disease exclusions [Refer Clause 4 of “WHAT IS NOT COVERED”], first two years disease exclusion [Refer Clause 5(a) “WHAT IS NOT COVERED”] and disease/injury/illness aggravated by diabetes and/or hypertension [Refer Clause 5(b)) “WHAT IS NOT COVERED”].
- ii. **Extension of policy period :**In case the insured person(s) who is/are covered under ‘Family Health Protector’ has/have to go abroad for a minimum of 30(thirty) days or more, and accordingly he/she/they buy a Travel protector policy for those 30(thirty) days or more and submit(s) the proof thereof(copy of visa and photocopy of stamped passport on return), in that event the period of insurance under the Family Health Protector Policy in respect of the insured person(s) will be extended by 30 (thirty) days or more i.e. the period of insurance under the policy shall be extended for those number of days for which travel protector policy has/have run or actual period abroad subject to a minimum of 30(thirty) days period abroad.
- iii. **Reinstatement of basic sum insured:** After occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of the claim after charging appropriate premium as per the following method for reinstatement of the basic sum insured so that full basic sum insured is available for the policy period :--
 - a) Reinstatement of Basic Sum Insured will be to the extent of claim amount paid.
 - b) Reinstatement premium will be deducted from the claim amount.
 - c) Reinstatement will be effected for the period from the first date of hospitalization up to the expiry date of the policy.
 - d) This reinstated basic sum insured will not be available for the hospitalization treatment expenses of the illness/ disease/ injury for which the insured person(s) was/were hospitalised. It will be available for treatment including that for the same illness or any other disease, illness (other than chronic diseases listed under point g) which are not cases of relapse within 45(forty five) days of first hospitalization for which Insured person(s) was/were hospitalised. Further even in the first hospitalization period, if the insured person(s) sustain(s) any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the Reinstated basic Sum Insured will be available for payment of claim for subsequent disease/injury/illness which insured person(s) has/have sustained whilst being in the hospital for the other disease/injury.

Example: If a Patient has a Sum Insured of Rs. 3 Lac and undergoes procedures costing Rs.3.25 lacs, reimbursement would be limited to Rs. 3 Lac subject to T&C of the policy; the sum insured under policy would be reinstated to Rs. 3 Lac again. However, this re-instated SI cannot be used to pay the balance Rs.25, 000 /- which was in excess of the available sum insured at the time the claim was lodged. The reinstated sum insured would, however, be available for any ailment occurring after the reinstatement including a fresh occurrence of the ailment that had occurred prior to the reinstatement.

- e) Though the basic sum insured will be reinstated as soon as hospitalization of the insured person(s) take place, the premium for the same shall be recovered from the claim settlement amount.
- f) This will be applicable on all policies with a basic sum insured of Rs.3 (three) lacs and above.
- g) Premium will be computed on pro-rata basis on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation:-

$$\text{Reinstatement premium} = \frac{(\text{Annual premium} \times \text{claim amount})}{\text{Total basic sum insured}} \times \frac{\text{Remaining number of days of the policy (calculated from the date of admission in hospital)}}{365}$$

- h) The reinstated basic sum insured will not be available for the following chronic disease where the initial claim under the same policy period has been lodged for :-
- I. Cancer Of Specified Severity;
 - II. First Heart Attack - Of Specified Severity;
 - III. Open Chest CABG;
 - IV. A Open Heart Replacement Or Repair Of Heart Valves;
 - V. Coma Of Specified Severity;
 - VI. Kidney Failure Requiring Regular Dialysis ;
 - VII. Stroke Resulting In Permanent Symptoms;
 - VIII. Major Organ /Bone Marrow Transplant;
 - IX. Permanent Paralysis Of Limbs
 - X. Motor Neurone Disease With Permanent Symptoms
 - XI. Multiple Sclerosis With Persisting Symptoms
- h) The reinstatement of basic sum insured will not be available for Critical illness extension and cumulative bonus.
- i) The reinstatement of basic sum insured will not be available for Domiciliary Hospitalization and Ayurveda and/or Homeopathic and/or Unani and /or Sidha hospitalization.

ADDITIONAL BENEFITS

We will pay for the additional benefits as mentioned below in accordance with the main-coverage:

- 1) **Daily allowance:** - An additional daily allowance amount equivalent to 0.15% (one seventh of a percent) of the sum insured, up to a maximum of Rs. 1,000 (one thousand) per day in respect of an insured person for the duration of hospitalization. If the hospitalization period is less than 24 (twenty four hours), then this daily allowance will be reduced proportionately for the period of hospitalization.
- 2) **Ambulance charges:** - Ambulance charges in connection with any admissible claim subject to a limit of 0.75% (three fourth of a percent) of the sum insured or Rs. 2500/-(two thousand & five hundred) whichever is lower, for each hospitalization.
- 3) **Pre and Post Hospitalization Medical Expenses:**
 - a) **Pre-Hospitalization Medical Expenses** incurred up to 45 (thirty) days prior to Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.

- b) Post Hospitalization Medical Expenses** incurred during a period up to 60(sixty) days after Hospitalization for disease/illness/injury sustained, which will be part of Hospitalization expenses claim.
- 4) Cumulative bonus :**
- a)** The Cumulative Bonus shall be increased by 5% (five percent) of the basic sum insured at each renewal in respect of each claim free year of insurance for all insured person(s) on collective basis, subject to maximum of 50% (fifty percent) of basic sum insured of the expiring policy. For cumulative bonus eligibility, the policy has to be renewed within the expiry date or within a maximum of 30 (thirty) days from the expiry date, beyond which the entire cumulative bonus earned will lapse and be forfeited.
- b)** In case of a claim under the policy in respect of any insured person(s), the existing cumulative bonus will be reduced by 5% (five percent) of basic sum insured at the next renewal, subject to the stipulation that basic sum insured shall be maintained.
- 5) Day care surgeries:** In addition to 121 (one hundred and twenty one) listed day care medical surgeries, our panel of doctors may allow any new breakthrough due to technological advancement, as day care surgery, which will be payable even if the duration of hospitalization is less than 24 (twenty four) hours.
- 6) Hospitalization expenses if period of hospitalization is less than 24 (twenty four) hours:** At our discretion, we will pay hospitalization expenses if the duration of hospitalization is more than 12 (twelve) hours but less than 24 (twenty four) hours except for the listed day care surgeries, provided that this treatment expense has been authorized by us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner (doctor) treating the insured person(s). In such case(s) the room rent shall be limited to 50% (fifty percent) of the entitled room rent per day. Further in such case(s) of less than 24 (twenty four) hours of hospitalization, no pre-hospitalization expenses will be allowed and post-hospitalization will be limited to a duration of 15 (fifteen) days from date of discharge.
- 7) Cost of health check up:** Insured person(s), on individual or collective basis, shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim-free policies with us. The reimbursement shall not exceed the amount equal to 1% (one percent) of the average sum insured during the block of four claim free policies.
- 8) Vaccination expenses:** Insured person(s), on individual or collective basis, shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy periods of 365 (three hundred & sixty five) days each with us or 366 days in case of leap year, subject to a maximum of 7.5% (seven and half percent) of the total premium paid (excluding taxes) for the last two policies in respect of a single insured person and a maximum of 15% (fifteen percent) for all the insured persons, provided no claim(s) is/are made in respect of the insured person(s) during that period of insurance and the policies were renewed without break.
- 9) Emergency Assistance Services:** This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services as described below. The services are provided when insured person(s) is/are traveling within India 150 (one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90 (ninety) days. No claims for reimbursement of expenses incurred for services arranged by insured/insured

person(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the insured person.**

- a) **Medical consultation, evaluation and referral:** Insured person(s) has/have access to an operations center with multilingual medical staff on duty 24(twenty four) hours a day, 365(three hundred and sixty five) days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
- b) **Emergency medical evacuation:** If insured person(s) has/have a medical emergency and an adequate medical facility is not available (as determined by physician and the consultant physician) proximate to where insured person(s) is/are located, we/our representative will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
- c) **Medical repatriation:** When medically necessary, as determined by us / our physician and the consulting physician, repatriation under medical supervision to insured person(s)/your address as mentioned in the policy schedule at such time as insured person(s) is/ are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising insured person(s) medical condition. If the time period to receive medical clearance to travel by common carrier exceeds 14(fourteen) days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged by us/our representative, such as an air ambulance. Medical or non-medical escorts may also be provided, if necessary.
- d) **Transportation to join patient:** We will provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalisation, provided insured person (s) has/ have travelled alone and insured person(s) is/ are required to be hospitalized for more than seven consecutive days. At insured person (s) request, we/our representative will also provide assistance with regards to arrangements for the accommodation of family member or the friend. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
- e) **Care and/or transportation of minor children:** When insured person(s)'s minor child(ren) is/are left unattended as a result of insured person (s) medical situation, we/our representative will provide the child with transportation to home or to the home of a person designated by insured person (s) living in the same city as insured person (s) address. If appropriate, an attendant will escort the child.
- f) **Emergency message transmission:** We/our representative will receive and transmit emergency messages to/from home.
- g) **Return of mortal remains:** In the event of death of insured person, We/our representative will arrange and pay for the return of mortal remains. We/our representative will render any assistance necessary in the transport including locating a local, emergency assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
- h) **Emergency cash coordination:** We/our representative will assist in coordinating the transfer of emergency cash. Source of funds is solely your responsibility

Conditions: The emergency assistance services are available subject to certain limited exclusions as set forth below:

Emergency assistance service will not be provided in the following instances:

- a) Travel undertaken specifically for securing medical treatment
- b) Services sought outside India.
- c) Injuries resulting from participation in acts of war or insurrection
- d) Commission of unlawful act(s) with malafide intent.
- e) Attempt at suicide /self inflicted injuries
- f) Incidents involving the use of drugs, unless prescribed by a physician
- g) Transfer of the insured person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

We/our representative will not evacuate or repatriate an insured person in the following instances:

- a) Without medical authorization
- b) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent insured person (s) from continuing your trip or returning home
- c) With a pregnancy term of over six(6) months
- d) With mental or nervous disorders unless hospitalised

Specific exclusions:

- a) Trips exceeding 90(ninety) days from declared residence without prior notification to emergency assistance service provider.
- b) Students at home/school campus address (as they are not considered to be in travel status).

Legal actions arising hereunder shall be barred unless written notice thereof is received by **us**, within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We shall not be responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under our control. **We/our representative** are not responsible or liable for any malpractice committed by professionals rendering services to you.

EXTENSION

1. Higher Sum Insured for Critical Illness:-

We will indemnify you in respect of insured person(s) for "Critical Illness" in accordance with main coverage as per following provisions provided that additional premium as required by us has been paid by you or on your behalf.

- a. If the insured person(s) is/are diagnosed during the period of insurance as suffering from a critical illness as defined under the policy, we shall reimburse medically necessary, reasonable and customary charges incurred on expenses as listed under 'what is covered' up to an additional sum

insured limit stipulated for the insured person(s), on individual or collective basis, in the policy schedule (equal to basic sum insured excluding cumulative bonus).

- b. The additional sum insured available for critical illness under this extension cover, will not qualify for the limit of Room Rent/Boarding and Additional Benefits No.1)Daily Allowance 2)Ambulance charges 4)Cumulative bonus 7)Cost of health checkup 8)Vaccination expenses and Special condition No.3)Reinstatement of Sum Insured in case of a claim.
- c. The other terms of coverage (what is covered/ not covered) as detailed under “Main Coverage” will remain unaltered for higher sum insured for critical illness coverage.

2. No Limit for Room Rent and/or ICU :-

We will indemnify insured on additional payment of 6% on the basic premium, in respect of insured person(s) in accordance with the Main Coverage, without application of the limit on Room Rent/Intensive Care Unit charges as mentioned in the item1 (b) for Normal Room Rent Expenses and for Intensive Care Unit Therapeutic Expenses of “What is Covered”. Accordingly the items mentioned under Note (i), (ii) and (iii) of main coverage will not be applicable.

GENERAL CONDITIONS

1. Reasonable Precaution :

You and/or Insured person (s) shall take all reasonable precaution to prevent Injury, illness, and Disease in order to minimize claims.

2. Notice:

You/your authorized representative/insured person (s) shall give every notice and communication in writing to our office/call centre at the address given in the schedule through which this insurance is affected.

3. Free Lookup Period:

- a) You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.
- b) If you have not made any claim in respect of any insured person during the free look period, then you shall be entitled to :
 - i. A refund of the premium paid less any expenses incurred by us on medical examination of the insured person(s) and the stamp duty charges or;
 - ii. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us on medical examination of the insured person(s) and the stamp duty charges or;
 - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured person(s) and the stamp duty charges.
- c) Free look period is not applicable for renewal policies

4. Changes in Circumstances:

You or your authorized representative must inform us, as soon as reasonably possible of any change in information you have provided to us about insured person(s) which may affect the insurance cover provided.

5. Payment of Premium:

The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of



any terms, provision, conditions, and endorsements of this Policy shall be valid unless made in writing and signed by our authorized official.

6. **Claim Procedure and Requirements:**

- a. **Intimation of claim:** An event which might become a claim under the policy must be reported to us as soon as possible or within **“a maximum of 24 (twenty four) hours of hospitalization, but in any case 12(twelve) hours prior to insured person(s)’s discharge from hospital/nursing home”**.
- b. A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30(thirty) days from the date of discharge from the hospital or completion of treatment whichever is later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit. In such case(s), the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital, otherwise the claim shall not be entertained.
- c. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15(fifteen) days from the date of query (ies). You must submit all original bills, receipts, certificates, information and evidences from the attending medical practitioner, hospital, chemist, laboratory as required by us in the manner and form as we may prescribe. In such claims, our representative(s) shall be allowed to carry out examination and obtain information on any alleged injury or disease requiring hospitalization, if and when we may reasonably require.
- d. In case you and/or insured person(s) do(es) not comply with the provisions of this clause or other obligations to be met by you and/or by insured person(s) under this policy or in any of the policy documents, all benefit(s) under the policy shall be forfeited, at our option.
- e. **Intimation about discharge from Hospital/Nursing Home:** You and/or Insured person (s) should inform the hospital authorities and **IFFCO-TOKIO** about the date and time of discharge as soon as the same is confirmed [at least 4 (four) hours before the scheduled discharge time], so that the discharge formalities are completed smoothly.

7. **Fraud:**

If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.

8. **Limit of Indemnity:**

The liability under the subject policy by way of indemnity for all the covers shall in no way exceed the overall Sum Insured opted by the Insured. However this condition is not applicable in case of Indemnity of Critical Illness treatments.

9. **Electronic Transaction:**

You and/or insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

10. **No Constructive Notice:**

¹ IRDA/NI-HLT/ITGI/P-H/V.1/464/13-14
FAMILY HEALTH PROTECTOR

Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

11. **Multiple Policies:**

If two or more policies are taken by you and/or insured person(s) during a period from one or more insurers to indemnify treatment costs, we shall not apply the contribution clause, but you and/or insured person(s) shall have the right to require a settlement of your claim in terms of any of your policies.

- a) In all such cases, we who have issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
- b) If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you and/or insured person(s) shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause
- c) Except in benefit policies, in cases where you and/or insured person(s) has/have policies from more than one insurer to cover the same risk on indemnity basis, you and/or insured person(s) shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

12. **Subrogation:**

- a) You 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 we shall be or would become entitled or subrogated upon our paying any claim under this Policy, whether before or after indemnification;
- b) You shall not do or cause to be done anything that may cause any prejudice of our right of Subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of us for the claim and the costs of recovery.

13. **Renewal:**

Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you or insured person(s), provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

The Policy has to be renewed within the expiry date or within a maximum of 30(thirty) days from the expiry date, beyond which the continuity benefits (relating to Pre-existing Disease Exclusion, 30(thirty) days Waiting Period, First Year Disease Exclusions and Cumulative Bonus earning) will not be available and any insurance cover thereafter will be treated as fresh cover

In any case, we shall not be liable to pay claim occurring during the period of break in insurance i.e. up to 30 (thirty) days from the due date of renewal.

14. **Portability:**

The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2013 dated 16th February, 2013. For more information please refer to the page no.89 on the following URL of the IRDA website:

<http://www.policyholder.gov.in/uploads/CEDocuments/Health%20Insurance%20Regulations%202013.pdf>

The salient features mentioning the rights and obligations of the insurer and insured are as follows:

- a) A policyholder desirous of porting his policy to another insurance company shall apply to such insurance company, to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/her existing policy.
- b) Insurer may not be liable to offer portability if policyholder fails to approach the new insurer at least 45 days before the premium renewal date.
- c) Portability shall be opted by the policyholder only as stated in (a) above and not during the currency of the policy.
- d) In case insurer is willing to consider the proposal for portability even if the policyholder fails to approach insurer at least 45 days before the renewal date, it may be free to do so.
- e) Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal :
 - i. The existing policy shall be allowed to extend, if requested by the policyholder, for the short period by accepting a pro- rate premium for such short period, which shall be o f at least one month and
 - ii. Shall not cancel existing policy until such time a confirmed policy from new insurer is received or at the specific written request o f the insured.
 - iii. The new insurer, in all such cases, shall reckon the date o f the commencement o f risk to match with date o f expiry o f the short period, wherever relevant.
 - iv. If for any reason the insured intends to continue the policy further with the existing insurer, it shall be allowed to continue by charging a regular premium and without imposing any new condition.

15. **Cancellation:**

- a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.
- b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75% (seventy five percent)
3(three) months	50% (fifty percent)
6(six) months	25% (twenty five percent)
Exceeding six months	Nil

16. **Notice of Change:**

WE will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.

17. **Arbitration:**

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single

arbitrator within 30 (thirty) days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of The Arbitration and Conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

18. **Disclaimer Clause:**

If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

19. **Withdrawal & Alteration of Policy Conditions:**

The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.

20. **Policy disputes:**

The parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian Territory.

21. **Protection of Policy Holder's Interest:**

In the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

22. The geographical scope of this policy will be India and all claims shall be payable in Indian currency.

23. The Emergency Assistance Services-Medical and Personal is not available on reimbursement basis.

24. The provision of the Emergency Medical or Personal Assistance Services to you during the period of insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalization claim is admissible under the policy.

25. **Grievance or Complaint:**

You may register a grievance or complaint by visiting our Website www.iffcotokio.co.in .You may also contact the Branches from where you have bought the policy or Grievance Officer who can be reached at our Corporate Office.

26. **Provision for Senior Citizens**

Grievance Management for Senior citizen will be as per IRDA regulations.

27. **Insurance Ombudsman:**

If you are not satisfied with any issue pertaining to the insurance, you can approach the Insurance Ombudsman in the respective area for resolving the issue.

The contact details of the Ombudsman offices are mentioned below:

Jurisdiction	Office Address
Delhi, Rajasthan	First Floor, Universal Insurance Building, 2/2A Asaf Ali Road, New Delhi 110002 Ph:23239611 /33 Fax: 23230858
West Bengal, Bihar	29, N.S. Road, Third Floor, Kolkata Ph:222 12669 Fax: 222 12668
Maharashtra	JeevanSeva Annex, 3 rd floor, Above MTNL, SV Road, Santacruz (W) Mumbai 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, Fourth Floor, 312 Anna Salai, Chennai 600018
Andhra Pradesh	6-2-47, Yeturu Towers, A.C. Guards Lakdi-Ka-Pool, Hyderabad 500004
Gujarat	Second Floor, Shree JayshreeAmbica House, 5, Navyug College, Ashram Road, Ahmedabad 380014
Kerala, Karnataka	Pulinat Building, Second Floor, M.G. Road, Kochi 682015
North-Eastern States	Aquanus, Bhaskar Nagar, R.G. Baruah Road, Guwahati 781021
Uttar Pradesh	Chintal House, First Floor, 16 Station Road, Lucknow 226001
Madhya Pradesh	First Floor, 117 Zone 2, MaharanaPratap Nagar, Bhopal 462011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	Batra Building, Shop-cum-Office 101-103, Second floor, Sector 17D, Chandigarh
Orissa	62, Forest Park, Bhubaneswar 751009

DOCUMENTS REQUIRED FOR SETTLEMENT OF CLAIMS:

- i. Claim Form
- ii. Discharge Summary
- iii. Bills and Receipt of Hospital/Nursing Home
- iv. Attending Doctor's Report and Bills as well as cash memos of medicines and pathological tests duly supported by proper prescription.

Annexure 1

List of Day Care Surgeries

1. Surgical debridement of wound.
2. Therapeutic Ascitic Tapping.
3. Therapeutic Pleural Tapping.
4. Therapeutic Joint Aspiration.
5. Aspiration of an internal abscess under ultrasound guidance.
6. Aspiration of hematoma.
7. Incision and Drainage.
8. Endoscopic Foreign Body Removal - trachea /- pharynx-larynx/ bronchus/esophagus/stomach /rectum
9. True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/- Muscle biopsy/Nerve biopsy/-Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy
10. Endoscopic ligation /banding
11. Sclerotherapy
12. Dilatation of digestive tract strictures
13. Endoscopic ultrasonography and biopsy
14. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
15. Endoscopic placement/removal of stents
16. Endoscopic Gastrostomy
17. Replacement of Gastrostomy tube
18. Endoscopic polypectomy
19. Endoscopic decompression of colon
20. Therapeutic ERCP
21. Bronchoscopic treatment of bleeding lesion
22. Bronchoscopic treatment of fistula /stenting
23. Bronchoalveolar lavage & biopsy
24. Excision and destruction of lingual tonsil
25. Foreign body removal from nose
26. Antral wash under LA
27. Quinsy drainage
28. Direct Laryngoscopy with biopsy
29. Reduction of nasal fracture
30. Mastoidectomy
31. Removal of tympanic drain
32. Reconstruction of middle ear
33. Incision of mastoid process & middle ear
34. Excision of nose granuloma
35. Blood transfusion for recipient
36. Therapeutic Phlebotomy
37. Haemodialysis/Peritoneal Dialysis
38. Chemotherapy
39. Radiotherapy
40. Coronary Angioplasty (PTCA)
41. Pericardiocentesis
42. Insertion of filter in inferior vena cava
43. Insertion of gel foam in artery or vein
44. Carotid angioplasty
45. Renal angioplasty
46. Tumor embolisation

¹ IRDA/NL-HLT/ITGI/P-H/V.1/464/13-14
FAMILY HEALTH PROTECTOR

47. TIPS procedure for portal hypertension
48. Endoscopic Drainage of Pseudopancreatic cyst
49. Lithotripsy
50. PCNS (Percutaneous nephrostomy)
51. PCNL (percutaneous nephrolithotomy)
52. Suprapubiccytostomy
53. Tran urethral resection of bladder tumor
54. Hydrocele surgery
55. Epididymectomy
56. Orchidectomy
57. Herniorrhaphy
58. Hernioplasty
59. Incision and excision of tissue in the perianal region
60. Surgical treatment of anal fistula
61. Surgical treatment of hemorrhoids
62. Sphincterotomy/Fissurectomy
63. Laparoscopic appendicectomy
64. Laparoscopic cholecystectomy
65. TURP (endoscopic Resection prostate)
66. Varicose vein stripping or ligation
67. Excision of dupuytren's contracture
68. Carpal tunnel decompression
69. Excision of granuloma
70. Arthroscopic therapy
71. Surgery for ligament tear
72. Surgery for meniscus tear
73. Surgery for hemoarthrosis/pyoarthrosis
74. Removal of fracture pins/nails
75. Removal of metal wire
76. Incision of bone, septic and aseptic
77. Closed reduction of fracture, subluxation or epiphyseolysis with osetosynthesis
78. Suture and other operations on tendons and tendon sheath
79. Reduction of dislocation under GA
80. Cataract surgery
81. Excision of lachrymal cyst
82. Excision of pterigium
83. Glaucoma Surgery
84. Surgery for retinal detachment
85. Chalazion removal (Eye)
86. Incision of lachrymal glands
87. Incision of Diseased eye lids
88. Excision of eye lid granuloma
89. Operation on canthus & epicanthus
90. Corrective surgery for entropion&ectropion
91. Corrective surgery for blepharoptosis
92. Foreign body removal from conjunctiva
93. Foreign body removal from cornea
94. Incision of cornea
95. Foreign body removal from lens of the eye
96. Foreign body removal from Posterior chamber of eye
97. Foreign body removal from orbit and eye ball

98. Excision of breast lump /Fibro adenoma
99. Operations on the nipple
100. Incision/Drainage of breast abscess
101. Incision of pilonidal sinus
102. Local excision of Diseased tissue of skin and subcutaneous tissue
103. Simple restoration of surface continuity of the skin and subcutaneous tissue
104. Free skin transportation, donor site
105. Free skin transportation recipient site
106. Revision of skin plasty
107. Destruction of the Diseases tissue of the skin and subcutaneous tissue
108. Incision, excision, destruction of the Diseased tissue of the tongue
109. Incision and lancing of the salivary gland and a salivary duct
110. Resection of a salivary duct
111. Reconstruction of a salivary gland and a salivary duct
112. External incision and drainage in the region of the mouth, jaw and face
113. Incision of hard and soft palate
114. Excision and destruction of the Diseased hard and soft palate
115. Incision, excision and destruction in the mouth
116. Surgery to the floor of mouth
117. Palatoplasty
118. Transoral incision and drainage of pharyngeal abscess
119. Dilatation and curettage
120. Myomectomy , hysteroscopic or laparoscopic biopsy or removal
121. Vaccination / Inoculation forming a part of Post bite treatment.

ANNEXURE 2
List of Expenses Generally Payable/Not Payable in Hospitalisation Policy

S.NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	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	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Not Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have

¹ IRDA/NL-HLT/ITGI/P-H/V.1/464/13-14
FAMILY HEALTH PROTECTOR

		undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable

57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFIC ALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALIZATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM/HIV/AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	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		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not payable separately
79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not payable separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges

93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable

122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device Not Payable
135	INFUSION PUMP - COST	Device Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device Not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Device Not Payable
140	SPO2 PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	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
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in 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		
156	BETADINE\HYDROGEN PEROXIDE\SPIRIT\ \DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	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.
163	GLOVES	Sterilized Gloves payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not

		Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not Payable pre hospitalisation or post hospitalization / Reports and Charts required /Device
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1per 24 hrs
198	SOFTOVAC	Not Payable

199	STOCKINGS	Essential for case like CABG etc. where it should be paid.
-----	-----------	--