

NEW INDIA FLOATER MEDICLAIM POLICY

IRDA/NL-HLT/NIA/P-H/V.I/467/13-14

This is Your NEW INDIA FLOATER MEDICLAIM Policy, which has been issued by Us, relying on the information disclosed by You in Your Proposal for this Policy or its preceding Policy/Policies of which this is a renewal.

The terms set out in this Policy and its Schedule will be the basis for any claim or benefit under this Policy.

This Policy states:-

What We Cover

Definitions

How much we will reimburse

What are Excluded under this Policy

Conditions

Please read this Policy carefully and point out discrepancy, if any in the Schedule. Otherwise, it will be presumed that the Policy and the Schedule correctly represent the cover agreed upon.

1. WHAT WE COVER

If during the **Period of Insurance**, You or any **Insured Person** incurs **Hospitalisation Expenses** which are **Reasonable and Customary** and **Medically Necessary** for treatment of any **Illness** or **Injury** sustained in **Accident**, We will reimburse such expense incurred by You, in the manner stated herein.

Please note that the above coverage is subject to Limits, Terms and Conditions contained in this Policy and no Exclusion being found applicable.

In this policy all the members as stated in the schedule will be covered under Single Sum Insured. This Sum Insured will be available for all claims by one or more persons covered in this policy.

2. DEFINITIONS

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

2.2 ANY ONE ILLNESS means continuous Period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital where treatment may have been taken.

- 2.3 CANCELLATION:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the Insured Person by giving sufficient notice to other which is not lower than a period of fifteen days.
- 2.4 CASHLESS FACILITY:** means a facility extended by the insurer to the Insured Person where the payments, of the costs of treatment undergone by the Insured Person in accordance with the policy terms and conditions are directly made to the Network provider by the insurer to the extent of pre-authorization approved.
- 2.5 CONGENITAL ANOMALY** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
- 2.5.1 CONGENITAL INTERNAL ANOMALY** means a Congenital Anomaly which is not in the visible and accessible parts of the body.
- 2.5.2 CONGENITAL EXTERNAL ANOMALY** means a Congenital Anomaly which is in the visible and accessible parts of the body.
- 2.6 CO-PAYMENT** A co-payment is a cost-sharing requirement under a Health insurance policy that provides that the Insured Person will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
- 2.7 CONTINUOUS COVERAGE** means uninterrupted coverage with Us till the date of commencement of Period of Insurance of the Insured Person under Family Floater Mediclaim Policy (2007) or under Family Mediclaim 2012 Policy or NEW INDIA FLOATER MEDICLAIM Policy from the time the coverage incepted under any of these Policies. A break in insurance for a period not exceeding thirty days shall not be reckoned as an interruption in coverage for the purposes of this Clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest Sum Insured would be reckoned for determining Continuous Coverage.
- 2.8 CRITICAL ILLNESSES** means the following illnesses:
- 2.8.1 CANCER** means
- I. A malignant tumour characterised 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 leukaemia, lymphoma and sarcoma.
 - II. The following are excluded -
 - i. Tumours showing the malignant changes of carcinoma in situ & tumours 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.
 - ii. Any skin cancer other than invasive malignant melanoma
 - iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
 - iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
 - v. Chronic lymphocytic leukaemia less than RAI stage 3
 - vi. Micro carcinoma of the bladder
 - vii. All tumours in the presence of HIV infection.

2.8.2 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:
 - i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. **The following are excluded:**
 - i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
 - ii. Other acute Coronary Syndromes
 - iii. Any type of angina pectoris.

2.8.3 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:**
 - i. Angioplasty and/or any other intra-arterial procedures
 - ii. Any key-hole or laser Surgery.

2.8.4 OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- I. The actual undergoing of open-heart valve Surgery is 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.

2.8.5 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:
 - i. No response to external stimuli continuously for at least 96 hours;
 - ii. Life support measures are necessary to sustain life; and
 - iii. Permanent neurological deficit which must be assessed at least 30 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.

2.8.6 KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

2.8.7 STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebro vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel; haemorrhage a

demobilisation 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 months has to be produced.

II. The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

2.8.8 MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. 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:

- i. Other stem-cell transplants
- ii. Where only islets of Langerhans are transplanted

2.8.9 PERMANENT PARALYSIS OF LIMBS

- I. 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 months.**

2.8.10 MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

- I. Motor neurone 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 cortico spinal 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 months.**

2.8.11 MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

2.9 DAY CARE CENTRE means any institution established for day care treatment of illness or Injury, 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:

- Has qualified nursing staff under its employment

- Has qualified Medical Practitioner(s) in charge
- Has a fully equipped operation theatre of its own where Surgery is carried out
- Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

2.10 DAY CARE TREATMENT: Day Care treatment refers to medical treatment or Surgery which are:

- Undertaken under General or Local Anesthesia in a Hospital/ Day Care Centre in less than 24 hours because of technological advancement, and
- Which would have otherwise required a Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

2.11 DENTAL TREATMENT: Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and Surgery excluding any form of cosmetic Surgery/implants.

2.12 DOMICILIARY HOSPITALIZATION Domiciliary Hospitalization means medical treatment for an Illness/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- The patient takes treatment at home on account of non-availability of room in a Hospital.

2.13 FLOATER BENEFIT means that the Sum Insured specified in the Policy shall be available for all claims by one or more Insured Persons during the Period of Insurance.

2.14 HOSPITAL means any institution established for Inpatient Care and Day Care Treatment of Illness or Injury and which has been registered as a Hospital with the local authorities under the Clinical Establishment (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:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
- Has qualified Medical Practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where Surgery is carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

2.15 HOSPITALISATION means admission as an Inpatient in a Hospital for a minimum period of 24 consecutive hours except for the following specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

| | |
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| 1 | Adenoidectomy |
| 2 | Appendectomy |
| 3 | Anti-Rabies Vaccination |

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| 4 | Coronary angiography |
| 5 | Coronary angioplasty |
| 6 | Dilatation & Curettage |
| 7 | ERCP (Endoscopic Retrograde Cholangiopancreatography) |
| 8 | ESWL (Extracorporeal Shock Wave Lithotripsy) |
| 9 | Excision of Cyst/granuloma/lump |
| 10 | FOLLOWING EYE SURGERIES: |
| A | Cataract Surgery (Extra Capsular Cataract Excision or Phacoemulsification + Intra Ocular Lens |
| B | Corrective Surgery for blepharoptosis when not congenital/cosmetic |
| C | Corrective Surgery for entropion/ectropion |
| D | Dacryocystorhinostomy [DCR] |
| E | Excision involving one-fourth or more of lid margin, full-thickness |
| F | Excision of lacrimal sac and passage |
| G | Excision of major lesion of eyelid, full-thickness |
| H | Manipulation of lacrimal passage |
| I | Operations for pterygium |
| J | Operations of canthus and epicanthus when done for adhesions due to chronic Infections |
| K | Removal of a deeply embedded foreign body from the conjunctiva with incision |
| L | Removal of a deeply embedded foreign body from the cornea with incision |
| M | Removal of a foreign body from the lens of the eye |
| N | Removal of a foreign body from the posterior chamber of the eye |
| O | Repair of canaliculus and punctum |
| P | Repair of corneal laceration or wound with conjunctival flap |
| Q | Repair of post-operative wound dehiscence of cornea |
| R | Penetrating or Non-Penetrating Surgery for treatment of Glaucoma |
| 11 | Pacemaker insertion |
| 12 | Turbinectomy/turbinoplasty |
| 13 | Excision of pilonidal sinus |
| 14 | Therapeutic endoscopic surgeries |
| 15 | Conisation of the uterine cervix |
| 16 | Medically necessary Circumcision |
| 17 | Excision or other destruction of Bartholin's gland (cyst) |
| 18 | Nephrotomy |
| 19 | Oophorectomy |
| 20 | Urethrotomy |
| 21 | PCNL(percutaneous nephrolithotomy) |
| 22 | Reduction of dislocation under General Anaesthesia |
| 23 | Transcatherter Placement of Intravascular Shunts |
| 24 | Incision Of The Breast, lump excision |
| 25 | Vitrectomy |
| 26 | Thyroidectomy |
| 27 | Vocal cord Surgery |
| 28 | Stapedotomy |
| 29 | Tympanoplasty& revision tympanoplasty |
| 30 | Arthroscopic Knee Aspiration if Proved Therapeutic |
| 31 | Perianal abscess Incision & Drainage |
| 32 | DJ stent insertion |

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| 33 | FESS (Functional Endoscopic Sinus Surgery) |
| 34 | Fissurectomy / Fistulectomy |
| 35 | Fracture/dislocation excluding hairline fracture |
| 36 | Haemo dialysis |
| 37 | Hydrocelectomy |
| 38 | Hysterectomy |
| 39 | Inguinal/ventral/ umbilical/femoral hernia repair |
| 40 | Laparoscopic Cholecystectomy |
| 41 | Lithotripsy |
| 42 | Liver aspiration |
| 43 | Mastoidectomy |
| 44 | Parenteral chemotherapy |
| 45 | Haemorrhoidectomy |
| 46 | Polypectomy |
| 47 | FOLLOWING PROSTATE SURGERIES |
| A | TUMT(Transurethral Microwave Thermootherapy) |
| B | TUNA(Transurethral Needle Ablation) |
| C | Laser Prostatectomy |
| D | TURP(transurethral Resection of Prostate) |
| E | Transurethral Electro-Vaporization of the Prostate(TUEVAP) |
| 48 | Radiotherapy |
| 49 | Sclerotherapy |
| 50 | Septoplasty |
| 51 | Surgery for Sinusitis |
| 52 | Varicose Vein Ligation |
| 53 | Tonsillectomy |
| 54 | Surgical treatment of a varicocele and a hydrocele of the spermatic cord |
| 55 | Retinal Surgeries |
| 56 | Ossiculoplasty |
| 57 | Ascitic/pleural therapeutic tapping |
| 58 | therapeutic Arthroscopy |
| 59 | Mastectomy |
| 60 | Surgery for Carpal Tunnel Syndrome |
| 61 | Cystoscopic removal of urinary stones / DJ stents |
| 62 | AV Malformations (Non cosmetic only) |
| 63 | Orchidectomy |
| 64 | Cystoscopic fulguration of tumour |
| 65 | Amputation of penis |
| 66 | Creation of Lumbar Subarachnoid Shunt |
| 67 | Radical Prostatectomy |
| 68 | Lasik Surgery (non-cosmetic) |
| 69 | Orchidopexy (non-congenital) |
| 70 | Nephrectomy |
| 71 | Palatal Surgery |
| 72 | Stapedectomy& revision of stapedectomy |
| 73 | Myringotomy |
| 74 | Or any other surgeries / procedures agreed by the TPA and the Company which require less than 24 hours Hospitalization and for which prior approval from TPA is mandatory. |

Note: Procedures/treatments usually done in outpatient department are not payable under the Policy even if converted as an in-patient in the Hospital for more than 24 hours.

2.16 ILLNESS means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

2.17 INJURY means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.18 INPATIENT CARE: Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

2.19 INSURED PERSON means You and each of the others who are covered under this Policy as shown in the Schedule.

2.20 INTENSIVE CARE UNIT (ICU) means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner 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.

2.21 MATERNITY EXPENSES: Maternity expense shall include:

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization),
- b. Expenses towards lawful medical termination of pregnancy during the Policy Period.

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

2.23 MEDICAL EXPENSES means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Injury 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.

2.24 MEDICALLY NECESSARY means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- Is required for the medical management of the Illness or Injury suffered by the insured;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- Must have been prescribed by a Medical Practitioner,
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.25 MEDICAL PRACTITIONER means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a state Government and is thereby

entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

The term Medical Practitioner shall not include any Insured Person or any member of his family.

2.26 NETWORK HOSPITAL: All such Hospitals, Day Care centers or other providers that the Company/TPA has mutually agreed with, to provide services like Cashless access to Insured Person.

2.27 NON-NETWORK HOSPITAL: Any Hospital, Day Care centre or other provider that is not part of the Network.

2.28 NEW BORN BABY means a baby born during the Period of Insurance to a female Insured Person, who has twenty four months of Continuous Coverage.

2.29 PERIOD OF INSURANCE means the period for which this Policy is taken as specified in the Schedule.

2.30 PRE-EXISTING CONDITION/DISEASE means any condition, ailment or Injury or related condition(s) for which You had signs or symptoms, or was diagnosed, or received medical advice/treatment, within 48 months prior to the Date of inception of Your first Policy with Us as mentioned in the Schedule.

2.31 PRE-HOSPITALISATION MEDICAL EXPENSES mean Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by Us.

2.32 POST-HOSPITALISATION MEDICAL EXPENSES mean Medical Expenses incurred immediately after the Insured Person is discharged from the Hospital, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

2.33 PORTABILITY: Portability means transfer by an individual Health insurance policyholder (including family cover) of the credit gained for Pre-Existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

2.34 QUALIFIED NURSE means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

2.35 REASONABLE AND CUSTOMARY CHARGES mean 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.

2.36 RENEWAL: Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of renewing within 30 days from the date of expiry of the policy for treating the renewal continuous for the purpose of all waiting periods.

2.37 ROOM RENT: Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (24 hours) basis and shall include associated medical expenses.

2.38 SUM INSURED is the maximum amount of coverage under this Policy opted cumulatively for You and all Insured Persons shown in the Schedule.

2.39 SURGERY means manual or operative procedure 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.

2.40 THIRD PARTY ADMINISTRATORS (TPA) means any person who is licensed under the IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by Insurance Company, for the purposes of providing health services.

2.41 UNPROVEN / EXPERIMENTAL TREATMENT is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

2.42 WE/OUR/US/COMPANY means **The New India Assurance Co. Ltd.**

2.43 YOU/YOUR means the person who has taken this Policy and is shown as Insured Person or the first Insured Person (if more than one) in the Schedule.

3. HOW MUCH WE WILL REIMBURSE

3.1 Our liability for all claims admitted during the Period of Insurance in respect of all Insured Persons will not exceed Sum Insured as mentioned in the Schedule. Subject to this, for each claim We will reimburse the following Reasonable and Customary and Medically Necessary Expenses admissible as per the terms and conditions of the Policy:

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| 3.1 (a) | Room Rent, including but not limited to boarding and nursing expenses, actually incurred or 1% of the Sum Insured per day, whichever is less. |
| 3.1 (b) | Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expense, actually incurred or 2% of Sum Insured per day, whichever is less. |
| 3.1 (c) | Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees. |
| 3.1 (d) | Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory/Diagnostic test, X-Ray and other medical expenses related to the treatment. |
| Reimbursement/payment of Room Rent, including but not limited to boarding and nursing expenses, incurred at the Hospital shall not exceed 1% of the Sum Insured per day. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit, reimbursement or payment of such expenses shall not exceed 2% of the Sum Insured per day. In case of admission to a Room Rent/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines and implants, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day for Room Rent (including but not limited to boarding and nursing expenses)/ICU/ICCU charges. | |
| 3.1 (e) | Pre-Hospitalization Medical Expenses, not exceeding thirty days |
| 3.1 (f) | Post-Hospitalization Medical Expenses, not exceeding sixty days |

MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:

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

MEDICAL EXPENSES FOR ORGAN TRANSPLANT:

If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient shall not exceed the aggregate of the Sum Insured, if any, of the Insured Person receiving the organ.

3.2 CO-PAYMENT FOR CHANGE IN ZONE

Where the Insured Person is treated in a Hospital situated outside the Area of Coverage as stated in the Schedule, our liability will be:

- a) 80% of the admissible claim amount, or
- b) Sum Insured.

Whichever is less.

3.3 LIMIT ON PAYMENT FOR CATARACT

Our liability for payment of any claim within the Period of Insurance, relating to Cataract for each eye shall not exceed 10% of the Sum Insured or Rs.50000, whichever is less.

3.4 NEW BORN BABY COVERAGE

A New Born Baby is covered for any Illness or Injury from the date of birth till the expiry of this Policy, within the terms of this Policy. Any expense incurred towards post natal care, pre-term or pre-mature care or any such expense incurred in connection with delivery of such New Born Baby would not be covered. Congenital External Anomaly of the New Born Baby is also not covered under the policy.

No coverage for the New Born Baby would be available during subsequent renewals unless the child is declared for insurance and covered as an Insured Person.

3.5 TREATMENTS UNDER AYURVEDIC/HOMEOPATHIC/UNANI SYSTEMS

Our liability for expenses incurred for Ayurvedic/Homeopathic/Unani treatments shall not exceed 25% of the Sum Insured in respect of all such treatments admitted during the Period of Insurance, provided the treatment for Illness or Injury, is taken in a government Hospital or in any institute recognized by government or accredited by Quality Council Of India or National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures.

3.6 HOSPITAL CASH

We will pay Hospital Cash at the rate of 0.1% of the Sum Insured, for each day of Hospitalisation, admissible under the Policy. The payment under this Clause for Any One Illness shall not exceed 1% of the Sum Insured. The payment under this Clause is applicable only where the period of Hospitalization exceeds twenty four hours.

3.7 CRITICAL CARE BENEFIT

If during the Period of Insurance any Insured Person discovers that he or she is suffering from any Critical Illness as defined under 2.8, which results in a claim admissible under this Policy, 10% of the Sum Insured would be paid as Critical Care Benefit along with the admissible claim amount. Critical Care Benefit is payable only once in the life time of each Insured Person and is not applicable to any Insured Persons for whom it is a Pre- Existing Condition/Disease. Any payment under this Clause would be in addition to the Sum Insured and shall not deplete the Sum Insured.

3.8 PAYMENT OF AMBULANCE CHARGES

We will pay You the charges for Ambulance services not exceeding 1% of the Sum Insured, Reasonably, Customary and Medically Necessarily incurred for shifting any Insured Person to Hospital for admission in Emergency Ward or ICU, or from one Hospital to another Hospital for better medical facilities.

3.9 PAYMENTS ONLY IF INCLUDED IN HOSPITAL BILL

No payment shall be made for any Hospitalisation expenses incurred, unless they form part of the Hospital Bill. However, the bills raised by Surgeon, Anaesthetist directly and not included in the Hospital Bill shall be paid provided a numbered Bill is produced in support thereof, for an amount not exceeding Rs. Ten thousand, where such payment is made in cash and for an amount not exceeding Rs. Twenty thousand, where such payment is made by cheque.

3.10 TREATMENT FOR CONGENITAL DISEASES

Congenital Internal Disease or Defects or anomalies shall be covered after **twenty four** months of Continuous Coverage, if it was unknown to You or to the Insured Person at the commencement of such Continuous Coverage. Exclusion for Congenital Internal Disease or Defects or Anomalies would not apply to a New Born Baby during the year of Birth and also subsequent renewals, if Premium is paid for such New Born Baby and the renewals are effected before or within thirty days of expiry of the Policy.

Congenital External Disease or Defects or anomalies shall be covered after **forty eight** months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to 10% of **the average Sum Insured in the preceding four years**.

4. WHAT ARE EXCLUDED UNDER THIS POLICY

No claim will be payable under this Policy for the following:

- 4.1** Treatment of any Pre-existing Condition/Disease, until 48 months of Continuous Coverage of such Insured Person have elapsed, from the Date of inception of his/her first Policy as mentioned in the Schedule.
- 4.2** Any Illness contracted by the Insured person during the first 30 days of the commencement date of this Policy. This exclusion shall not however, apply if the Insured person has Continuous Coverage for more than twelve months.
- 4.3.1** Unless the Insured Person has Continuous Coverage in excess of twenty four months, expenses on treatment of the following Illnesses are not payable:

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Diabetes Mellitus
6. Gastric/ Duodenal Ulcer
7. Gout and Rheumatism
8. Hernia of all types
9. Hydrocele
10. Hypertension
11. Non Infective Arthritis
12. Piles, Fissures and Fistula in anus
13. Pilonidal sinus, Sinusitis and related disorders
14. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
15. Skin Disorders
16. Stone in Gall Bladder and Bile duct, excluding malignancy
17. Stones in Urinary system
18. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
19. Varicose Veins and Varicose Ulcers

Note: Even after twenty four months of Continuous Coverage, the above illnesses will not be covered if they arise from a Pre-existing Condition, until 48 months of Continuous Coverage have elapsed since inception of the first Policy with the Company.

4.3.2 Unless the Insured Person has Continuous Coverage in excess of forty eight months with Us, the expenses related to treatment of

1. Joint Replacement due to Degenerative Condition, and
2. Age-related Osteoarthritis & Osteoporosis are not payable.

4.4.1 Injury / Illness directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon/ ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel.

- 4.4.2**
- a. Circumcision unless necessary for treatment of an Illness not excluded hereunder or as may be necessitated due to an accident
 - b. Change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
 - c. Plastic Surgery other than as may be necessitated due to an accident or as a part of any Illness.

4.4.3 Vaccination and/or inoculation

4.4.4 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.

4.4.5 Dental treatment or Surgery of any kind unless necessitated by accident and requiring Hospitalisation.

4.4.6.1 Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, Venereal disease, intentional self-injury and Illness or Injury caused by the use of intoxicating drugs/alcohol.

4.4.6.2 Congenital Internal and External Disease or Defects or anomalies.

However, the exclusion for Congenital **Internal** Disease or Defects or anomalies shall not apply after **twenty four** months of Continuous Coverage, if it was unknown to You or to the Insured Person at the commencement of such Continuous Coverage. Exclusion for Congenital Internal Disease or Defects or Anomalies would not apply to a New Born Baby during the year of Birth and also subsequent renewals, if Premium is paid for such New Born Baby and the renewals are effected before or within thirty days of expiry of the Policy.

The exclusion for Congenital **External** Disease or Defects or anomalies shall not apply after **forty eight** months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to 10% of **the average Sum Insured in the preceding four years.**

4.4.7 Bodily Injury or Illness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide, arising out of non-adherence to medical advice.

4.4.8 Treatment of any Bodily Injury or Illness sustained whilst or as a result of active participation in any hazardous sports of any kind.

4.4.9 Treatment of any Injury or Illness sustained whilst or as a result of participating in any criminal act.

4.4.10 Sexually Transmitted Diseases, any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.4.11 Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which confinement is required at a Hospital.

4.4.12 Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending physician.

4.4.13 Maternity Expenses, treatment arising from or traceable to pregnancy, miscarriage, abortion or complications; except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.

4.4.14 Naturopathy Treatment.

4.4.15 External and or durable Medical / Non-medical equipment of any kind used for

diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), Sleep Apnoea Syndrome , CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer, alpha / water bed and similar related items etc., and also any medical equipment, which is subsequently used at home .

4.4.16 Genetic disorders and stem cell implantation/Surgery.

4.4.17 Domiciliary Hospitalisation

4.4.18 Acupressure, acupuncture, magnetic therapies

4.4.19 Unproven / Experimental Treatment.

4.4.20 Change of treatment from one system of medicine to another unless recommended by the consultant / Hospital under whom the treatment is taken.

4.4.21 Any expenses relating to cost of items detailed in Annexure I.

4.4.22 Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.

4.4.23 Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy

5. CONDITIONS

5.1 BASIS OF INSURANCE:

This Policy is issued on the basis of the truth and accuracy of statements in the Proposal. If there is a misrepresentation or non-disclosure We will be entitled to treat the Policy as void ab-initio.

5.2 PREMIUM:

Unless premium is paid before commencement of risk, this Policy shall have no effect.

5.3 PLACE OF TREATMENT AND PAYMENT:

This Policy covers only medical/surgical treatment taken in India. Any expense incurred for Diagnostic tests outside India would not be covered under this Policy.

Admissible claims shall be payable only in Indian Rupees.

Payment shall be made directly to Network Hospital if Cashless facility is applied for before treatment and accepted by TPA. If request for Cashless facility is not accepted by TPA, bills shall be submitted to the TPA after payment of Hospital bills by You.

Note: Cashless facility is only a mode of claim payment and cannot be demanded in every claim. If We/TPA have doubts regarding admissibility of a claim at the initial stage, which cannot be decided without further verification of treatment records, request for Cashless facility may be declined. Such decision by TPA or Us shall be final. Denial of Cashless facility would not imply denial of claim. If Cashless facility is

denied, You may submit the papers on completion of treatment and admissibility of the claim would be subject to the terms, conditions and exceptions of the Policy.

5.4 COMMUNICATION:

You must send all communications and papers regarding a claim to the TPA at the address shown in the Schedule.

For all other matters relating to the policy, communication must be sent our Policy issuing office.

Communications you wish to rely upon must be in writing.

5.5 NOTICE OF CLAIM:

If You intend to make any claim under this Policy You **must:**

- a. Intimate TPA in writing on detection of any Disease/Injury being suffered immediately or forty eight hours before Hospitalisation.
- b. In case of Hospitalisation due to medical emergency, intimate TPA within twenty four hours from the time of Hospitalisation.
- c. Submit following supporting documents TPA/Policy issuing office (as the case may be) relating to the claim within seven days from the date of discharge from the Hospital:
 - i. Bill, Receipt and Discharge certificate / card from the Hospital.
 - ii. Cash Memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.
 - iii. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests / pathological.
 - iv. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
 - v. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
 - vi. Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.
- d. In case of Post-Hospitalisation treatment (limited to sixty days), submit all claim documents within 7 days after completion of such treatment.
- e. Provide TPA with authorization to obtain medical and other records from any Hospital, Laboratory or other agency.

Note: The above stipulations are not intended merely to prejudice Your claims, but their compliance is of utmost importance and necessity for Us to identify and verify all facts and surrounding circumstances relating to a claim and determine whether it is payable.

Waiver of delay may be considered in extreme cases of hardship, but only if it is proved to Our satisfaction it was not possible for You or any other person to comply with the prescribed time-limit.

- 5.6** The Insured Person shall submit to the TPA all original bills, receipts and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may require.

5.7 Any Medical Practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person, at Our cost, if We deem necessary in connection with any claim.

5.8 FRAUD, MISREPRESENTATION, CONCEALMENT:

The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his/her behalf.

5.9 CONTRIBUTION:

If the Insured Person is covered by more than one policy issued by Us or by any other insurer, where such policies indemnify treatment cost, the Insured Person shall have the right to require a settlement of his claim in terms of any of his policies, provided the admissible claim is within the limits of and according to the terms of the chosen policy.

If the amount to be claimed exceeds the Sum Insured under a single policy after considering Deductibles or Co-Pay, the Insured Person shall have the right to choose insurers by whom the claim is to be settled. In such cases the Company shall not be liable to pay or contribute more than its ratable proportion of the admissible claim.

Note: The insured Person must disclose such other insurance at the time of making a claim under this Policy.

None of the provisions of this Clause shall apply for payments under Clause 3.6 and Clause 3.7 of the Policy.

5.10 RENEWAL CLAUSE:

We shall renew this Policy if You shall remit the requisite Premium to Us prior to expiry of the Period of Insurance stated in the Schedule.

We shall be entitled to decline renewal if:

1. Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person; or
2. We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or
3. You fail to remit Premium for renewal before expiry of the Period of Insurance. We will accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, We, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy

5.11 ENHANCEMENT OF SUM INSURED:

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, We have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner.

Sum Insured can be enhanced to the next Sum Insured band only.

Enhancement of Sum Insured will not be considered for:

- 1) Insured Persons over 65 years of age.
- 2) Insured Person who had undergone Hospitalization in the preceding two years.
- 3) Insured Persons suffering from one or more of the following Illnesses/Conditions:
 - a) Diabetes
 - b) Hypertension
 - c) Any chronic Illness/ailment
 - d) Any recurring Illness/ailment
 - e) Any Critical Illness

In respect of any increase in Sum Insured, exclusion 4.1, 4.2, 4.3.1 and 4.3.2 would apply to the additional Sum Insured from the date of such increase.

5.12 CANCELLATION CLAUSE:

We may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by You by sending fifteen days' notice in writing by Registered A/D to You at the address stated in the Policy. Even if there are several insured persons, notice will be sent to You.

On such cancellation, premium corresponding to the unexpired period of Insurance will be refunded on prorata basis, if no claim has been made or paid under the Policy.

You may at any time cancel this Policy and in such event We shall allow refund of premium, if no claim has been made or paid under the Policy, at Our short period rate table given below:

| PERIOD ON RISK | RATE OF PREMIUM TO BE CHARGED (RETAINED) |
|-----------------------|---|
| Up to one month | 1/4th of the annual rate |
| Up to three months | 1/2 of the annual rate |
| Up to six months | 3/4th of the annual rate |
| Exceeding six months | Full annual rate |

5.13 FREE LOOK PERIOD:

The free look period shall be applicable at the inception of the first policy.

You will be allowed a period of 15 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.

If You have not made any claim during the free look period, You shall be entitled to:

- 1) 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
- 2) 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.

5.14 ARBITRATION:

If We admit liability for any claim but any difference or dispute arises as to the amount

payable for any claim the same shall be decided by reference to Arbitration.

The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

No reference to Arbitration shall be made unless We have Admitted Our liability for a claim in writing.

If a claim is declined and within 12 calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.15 PORTABILITY:

This Policy is subject to Regulations of IRDA (Protection of Policyholders' Interest) Regulations, 2002 and the Guidelines of IRDA on Portability of Health Insurance Policies, as amended from time to time.

5.16 PROTECTION OF POLICY HOLDERS' INTEREST:

This policy is subject to IRDA (Protection of Policyholders' Interest) Regulation, 2002.

5.17 PAYMENT OF CLAIM:

We shall settle the claim, including rejection, within thirty days of the receipt of the last necessary document.

On receipt of the duly completed documents either from You or Hospital the claim shall be processed as per the conditions of the policy. Upon acceptance of claim by You for settlement, We shall transfer the funds within seven working days. In case of any extra ordinary delay, such claims shall be paid by Us with a penal interest at a rate, which is 2% above the rate of interest paid by nationalised bank on savings bank account at the beginning of the financial year in which the claim is reviewed.

Payment shall be subject to admissibility of claim being made out by the documents. In the event of any delay by You in responding to Our queries or submitting documents, no interest shall be payable for the period of delay.

All admissible claims shall be payable in Indian Currency.

5.18 REPUDIATION OF CLAIMS:

A claim, which is not covered under the Policy conditions, can be rejected. All the documents submitted to TPA shall be electronically collected by Us for settlement and denial of the claims by the appropriate authority.

With Our prior approval Communication of repudiation shall be sent to You, explicitly mentioning the grounds for repudiation, through Our TPA.

5.19 GRIEVANCE REDRESSAL:

In the event of Your having any grievance relating to the insurance, You may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact details of the office of the Insurance Ombudsman are provided in the Annexure II.

ANNEXURE I: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")

| SNO | LIST OF EXPENSES EXCLUDED ("NON-MEDICAL") | 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 | M01STUR1SER PASTE BRUSH | Not Payable |
| 11 | POWDER | Not Payable |
| 12 | RAZOR | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Payable for cases who have 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 | Payable in bariatric and varicose vein Surgery, 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 |

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|---|--|--|
| 45 | CLINIPLAST | Not Payable |
| 46 | CREPE BANDAGE | Not Payable |
| 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 Payable |
| ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES | | |
| 59 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES | Not Payable |
| 60 | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC., | Not Payable |
| 61 | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION | Not Payable |
| 62 | HORMONE REPLACEMENT THERAPY | Not Payable |
| 63 | HOME VISIT CHARGES | Not Payable |
| 64 | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE | Not Payable |
| 65 | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY | Not Payable |
| 66 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Not Payable |
| 67 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Not Payable |
| 68 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Not Payable |
| 69 | DONOR SCREENING CHARGES | Not Payable |
| 70 | ADMISSION/REGISTRATION CHARGES | Not Payable |
| 71 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | Not Payable |
| 72 | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not Payable |
| 73 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not Payable |
| 74 | STEM CELL IMPLANTATION/ SURGERY and storage | Not Payable |
| 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 |
| 76 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the Hospital payable. |
| 77 | MICROSCOPE COVER | Payable under OT Charges |
| 78 | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER | Payable under OT Charges |
| 79 | SURGICAL DRILL | Payable under OT Charges |
| 80 | EYE KIT | Payable under OT Charges |
| 81 | EYE DRAPE | Payable under OT Charges |
| 82 | X-RAY FILM | Payable under Radiology Charges, |

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| | | not as consumable |
| 83 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 84 | BOYLES APPARATUS CHARGES | Part of OT Charges |
| 85 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood |
| 86 | Antiseptic or disinfectant lotions | Part of Dressing Charges |
| 87 | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Part of Dressing charges |
| 88 | COTTON | Part of Dressing Charges |
| 89 | COTTON BANDAGE | Part of Dressing Charges |
| 90 | MICROPORE/ SURGICAL TAPE | Part of Dressing Charges |
| 91 | BLADE | Not Payable |
| 92 | APRON | Not Payable |
| 93 | TORNIQUET | Not Payable |
| 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 |
| 98 | HOUSE KEEPING CHARGES | Part of room charge |
| 99 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge |
| 100 | TELEVISION & AIR CONDITIONER CHARGES | Part of room charge |
| 101 | SURCHARGES | Part of room charge |
| 102 | ATTENDANT CHARGES | Part of room charge |
| 103 | IM IV INJECTION CHARGES | Part of nursing charge |
| 104 | CLEAN SHEET | Part of Laundry / Housekeeping |
| 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 | Part of room charge |
| 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 | Payable under Post-Hospitalisation 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 |

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| 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 up to 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 PROBE | Not Payable |
| 141 | NEBULIZER KIT | Not Payable |
| 142 | STEAM INHALER | Not Payable |
| 143 | ARMSLING | Not Payable |
| 144 | THERMOMETER | Not Payable |
| 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 | Payable for 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 | Payable 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 | Not Payable |
| 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 | Payable when prescribed (Toiletries) |

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| | | are not payable, only prescribed medical pharmaceuticals payable) |
| 161 | Digestion gels | Payable when prescribed |
| 162 | ECG ELECTRODES | One set every second day is Payable. |
| 163 | GLOVES Sterilized | Gloves payable (unsterilized gloves not payable) |
| 164 | HIV KIT | 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 Hospitalisation 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 | Part of Hospital's internal Cost |
| 174 | ALCOHOL SWABES | Part of Hospital's internal Cost |
| 175 | SCRUB SOLUTION/STERILLIUM | 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 |
| 186 | OXYGEN MASK | Not Payable |
| 187 | PAPER GLOVES | Not Payable |
| 188 | PELVIC TRACTION BELT | Payable in case of PIVD requiring traction |
| 189 | REFERAL DOCTOR'S FEES | Not Payable |
| 190 | ACCU CHECK (Glucometry/ Strips) | Not payable (pre-Hospitalisation or post-Hospitalisation) / Reports and Charts required / Device not payable |
| 191 | PAN CAN | Not Payable |
| 192 | SOFNET | Not Payable |
| 193 | TROLLY COVER | Not Payable |
| 194 | UROMETER, URINE JUG | Not Payable |
| 195 | AMBULANCE | 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 - maximum 1 per 24 hrs |
| 198 | SOFTOVAC | Not Payable |
| 199 | STOCKINGS | Payable for case like CABG etc. |

ANNEXURE II: CONTACT DETAILS OF INSURANCE OMBUDSMEN

| Office of the Ombudsman | Contact Details | Areas of Jurisdiction |
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| AHMEDABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com | Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu |
| BHOPAL | Insurance Ombudsman, Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in | Orissa |
| CHANDIGARH | Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in | Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh |
| CHENNAI | Insurance Ombudsman, Office of the Insurance Ombudsman, FathimaAkhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 / 5284 Fax : 044-24333664 Email: Chennaiinsuranceombudsman@gmail.com | Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry) |

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| NEW DELHI | <p>Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email: iobdelraj@rediffmail.com</p> | Delhi & Rajasthan |
| GUWAHATI | <p>Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, “JeevanNivesh”, 5th Floor, Near PanbazarOverbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com</p> | Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD | <p>Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email: insombudhyd@gmail.com</p> | Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry |
| KOCHI | <p>Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email: iokochi@asianetindia.com</p> | Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry |
| KOLKATA | <p>Ms. ManikaDatta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in</p> | West Bengal , Bihar , Jharkhand and UT of Andaman& Nicobar Islands , Sikkim |

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| <p>LUCKNOW</p> | <p>Insurance Ombudsman, Office of the Insurance Ombudsman, JeevanBhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com</p> | <p>Uttar Pradesh and Uttaranchal</p> |
| <p>MUMBAI</p> | <p>Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com</p> | <p>Maharashtra , Goa</p> |

