



MEDIRAKSHA

UIN: IRDA/NL-HLT/TAGI/P-H/V.I/99/13-14

POLICY WORDINGS

Tata AIG General Insurance Co. Ltd.

Registered Office:

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IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal and Declaration Form filled and signed by the Policyholder, which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the requisite premium when due, and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits upto the Sum Insured set in the Policy Schedule subject to the terms and conditions contained in this policy.

This Policy will only be in force if the Policy Schedule is signed by a person We have authorized

Section 1 - Benefits

If any Insured Person suffers an Illness or Accident during the Policy Period that requires Insured Person's Hospitalisation as an Inpatient, then We will pay for the Medical Expenses for the benefits mentioned below, in excess of the Co Payment stated in the Policy Schedule & as per the sublimit(s), If any.

Our maximum liability for a continuous period of Illness, including relapses within 45 days from the last date of discharge from the Hospital or nursing home where treatment has been taken, shall be limited to the amount mentioned in the Schedule of Benefits. Occurrence of the same Illness after a lapse of 45 days as stated above will be considered as fresh Illness for the purpose of this Policy.

a) In-patient Treatment

The Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b) Pre-Hospitalisation

The Medical Expenses Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization as specified in the schedule of benefits (Annexure 1) incurred in the 30 days immediately before the Insured Person was Hospitalised, provided that:

- i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

c) Post-hospitalisation

The Medical Expenses Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization as specified in the schedule of benefits (Annexure 1) incurred in the 60 days immediately after the Insured Person was discharged post Hospitalisation provided that:

- i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

d) Day Care Procedures

The Medical Expenses for a day care procedure mentioned in the list of Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not the outpatient department of a Hospital or standalone day care centre.

e) Organ Donor

The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:

- i) The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and
- ii) The organ donated is for the use of the Insured Person, and
- iii) We will not pay the donor's pre and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
- iv) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

Section 2 - Renewal Incentives

a) Health Check-up

If no claim has been made in respect of Section 1 under this Policy and You have maintained a MediRaksha Policy with Us without any break in the Policy, then at the end of a block of every continuous four claim free years We will pay upto 1% of the Sum Insured in the fourth year policy subject to maximum of Rs. 1000 per Insured Person towards the cost of medical check-up. This must be claimed by insured person within 12 months post expiry of the fourth year policy.

Section 3 - Special terms and conditions

A. Room Rents and boarding expenses have sub limits based on the table below:

| Sum insured (Rs.) per insured person per policy | 50000 | 75000 | 100000 |
|---|-------|-------|--------|
| a) Room rent per day [Rs.] | 500 | 750 | 1,000 |
| b) ICU rent per day [Rs.] | 1,000 | 1,500 | 2,000 |

B. Copayment

A Co-payment of 15% will be applicable for each and every claim under this policy.

C. Waiting Period

a. We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days waiting Period

- b. A waiting period of 30 days will apply to all claims unless:
 - i. The Insured Person has been insured under a MediRaksha Policy continuously and without any break in the previous Policy Year, or

- ii. The Insured Person was insured continuously and without interruption for at least 1 year under any retail health insurance policy of an Indian non life insurance company
- iii. If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured upon renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

- c. The Illnesses and treatments listed below , except claims payable due to the occurrence of cancer, will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under a MediRaksha Policy continuously and without any break:

| Sl. No. | Organ / Organ System/ Disciplines | Illness | Surgeries |
|---------|-----------------------------------|---|--|
| a | ENT | <ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis | <ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Nasal concha resection |
| b | Gynaecological | <ul style="list-style-type: none"> • Cysts, polyps including breast lumps • Polycystic ovarian disease • Fibroids (fibromyoma) | <ul style="list-style-type: none"> • Dilatation and curettage (D&C) • Myomectomy for fibroids • Hysterectomy for Dysfunctional uterine bleeding or menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy. |
| c | Orthopaedic | <ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis | <ul style="list-style-type: none"> • Surgery for prolapsed inter vertebral disk • Joint replacement surgeries |
| d | Gastrointestinal | <ul style="list-style-type: none"> • Calculus diseases of gall bladder including Cholecystitis • Pancreatitis • Fissure/fistula in anus, hemorrhoids, pilonidal sinus • Ulcer and erosion of stomach and duodenum • Gastro | <ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia |

| | | | |
|---|--|--|---|
| | | <ul style="list-style-type: none"> Esophageal Reflux Disorder (GERD) • All forms of cirrhosis • (Please Note: All forms of cirrhosis due to alcohol will be excluded) • Perineal Abscesses • Perianal Abscesses | |
| e | Urogenital | <ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone, Ureteric stone • Benign Hyperplasia of prostate | <ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele |
| f | Eye | Cataract | NIL |
| g | Others | • NIL | • Surgery of varicose veins and varicose ulcers |
| h | General (Applicable to all organ systems/organs/disciplines whether or not described above) | <ul style="list-style-type: none"> • Internal tumors, cysts, nodules, polyps, skin tumors | • NIL |

- i. However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years retail health insurance policy of an Indian non life insurance company
- ii. If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured upon renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

d. Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first retail health insurance Policy with the Indian non life insurer;

In such cases Section 3 d. of the Policy stands deleted and shall be replaced entirely with the following:

- i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous retail health insurance policy;

AND

- ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous retail health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous retail health insurance policy.

The reduction in the waiting period specified above shall be applied subject to the following:

- i. We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian non life insurance company (if applicable);
- ii. We shall consider total period the insured has been with the previous insurer for waiver of waiting periods which would also include extension in policy period (if any) sought during or for the purpose of porting insurance policy . In all such cases the date of commencement of risk would be the next day of expiry of existing policy including extension period , wherever relevant
- iii. However, We are under no obligation to insure all Insured Persons or insure all Insured Persons on the proposed terms, or on the same terms as the previous retail health insurance policy even if You have submitted to Us all documentation.

Exclusions

- e. We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
 - i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
 - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - v) Treatment of Obesity and any weight control program.
 - vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general internal or external diseases (known /unknown), defects or anomalies; genetic disorders; stem cell therapy or surgery; or growth hormone therapy; sleep-apnoea.

- vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) Inpatient Treatment only.
- ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- x) Dental treatment and surgery of any kind, other than accident and requiring Hospitalisation
- xi) Expenses for donor screening, or, save as and to the extent provided for in 1)e) Organ Donor, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- xiii) circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens;
- xvi) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
- xvii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii) Any non allopathic treatment.
- xix) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal

tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

- xx) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxi) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxiii) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiv) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxvi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured as per our underwriting guidelines
- xxvii) Any non medical expenses as listed in Annexure III.

Section 4 - General Conditions

a. Conditions to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

b. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

c. Insured Person

Only those persons named as Insured Persons in the Schedule shall be covered under this Policy. Any eligible person may be

added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return prorata premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

d. Loadings

We may apply a risk loading on the premium payable (based on the declarations made in the proposal form and the health status of the persons proposed for insurance) at the Commencement Date or on any renewal of the Policy with Us or on the receipt of a request for enhancing the Sum Insured. The maximum risk loading applicable for an individual will not exceed 100% per diagnosis / medical condition and an overall risk loading of 150% per individual. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us. The Loading shall only be applied basis an outcome of our medical underwriting.

We will send You the applicable risk loading in writing. You shall give Us Your consent and the additional premium (if any), within 15 days of the issuance of Our letter. If You neither accept Our letter nor revert to Us within 15 days, We will cancel Your application and refund the premium paid without interest within next 7 days subject to deduction of the PPC charges, as applicable.

We will not apply any additional loading on your policy premium at renewal based on claim experience.

Please note that We will issue Policy only after getting Your consent.

e. Notification of Claim

| | Treatment, Consultation or Procedure: | We or Our TPA must be informed: |
|----|--|---|
| 1) | If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation: | Immediately and in any event at least 48 hours prior to the Insured Person's admission. |
| 2) | If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency: | Within 24 hours of the Insured Person's admission to Hospital. |

f. Cashless Service

| Treatment, Consultation or Procedure: | Treatment, Consultation or Procedure Taken at: | Cashless Service is Available: | We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars: |
|---------------------------------------|--|--------------------------------|---|
| | | | |

| | | | | |
|-----|---|------------------|---|---|
| i) | If any planned treatment, consultation or procedure for which a claim may be made: | Network Hospital | We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital | At least 48 hours before the planned treatment or Hospitalisation |
| ii) | If any treatment, consultation or procedure for which a claim may be made is to be taken in an Emergency: | Network Hospital | We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital. | Within 24 hours after the treatment or Hospitalisation |

to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted.

- ii) If original bills, receipts, prescriptions, reports and other documents are submitted to Us and Insured Person requires same for claiming from other organisation/provider, then on request from the Insured Person We will provide attested copies of the bills and other documents submitted by the Insured Person.

The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the insured person.

Claims Payment

- h) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

- i) "We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted"

- j) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.

- k) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

- l) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate

Fraud

- m) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Other Insurance

- n) If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his

g. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf will provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or either of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- i) Our claim form duly completed and signed for on behalf of the Insured Person.
- ii) Original bills with detailed breakup of charges(including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- iii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- iv) A precise diagnosis of the treatment for which a claim is made.
- v) A detailed list of the individual medical services and treatments provided and a unit price for each.
- vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.

Note:

- i) When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or

policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution. This clause shall only apply to indemnity sections of the policy

If at the time when any claim arises under this Policy and there is in existence any other MediRaksha Policy issued by Us for the Insured Person, then Our total liability shall not exceed Rs. 100,000 in aggregate per Insured Person (We will terminate coverage for those insured persons with refund of premium in full so as to limit Our liability to Rs. 100,000).

Subrogation

o) You and/or any Insured Persons shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You. This Clause is only applicable to indemnity sections.

Alterations to the Policy

p) This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

Renewal

q) All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms for life unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. A Grace Period of 30 days for renewing the Policy is provided under this Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition for the renewed and subsequent policy period.

Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case shall be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of enhancement shall be at our sole discretion.

Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from IRDA. Your premium will change if you move into a higher age group, opt for a higher sum insured, change the term or change the plan.

Change of Policyholder

r) The change of Policyholder (except condition w) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition q) above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition q) above.

Notices

- s) Any notice, direction or instruction under this Policy shall be in writing and if it is to:
 - i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy and You shall act for all Insured Persons for these purposes.
 - ii) Us, it shall be delivered to Our address specified in the Schedule to this Policy. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Dispute Resolution Clause

t) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

Termination

u) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Short Rate Table-

| 1 Year Policy | | 2 Year Policy | |
|--------------------------------|-------------------|--------------------------------|-------------------|
| Length of time Policy in force | Refund of premium | Length of time Policy in force | Refund of premium |
| Upto 1 Month | 75.00% | Upto 1 Month | 87.50% |
| Upto 3 Months | 50.00% | Upto 3 Months | 75.00% |
| Upto 6 Months | 25.00% | Upto 6 Months | 62.50% |
| Exceeding 6 Months | Nil | Upto 12 Months | 48.00% |
| | | Upto 15 Months | 25.00% |
| | | Upto 18 Months | 12.00% |
| | | Exceeding 18 Months | Nil |

v) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or noncooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, upon 30 days notice the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured, the premium shall be computed in accordance with Our short rate table for the period the

Policy has been in force, upon 30 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

- w) The coverage for the Insured Person shall automatically terminate if:
 - i) You are no longer a resident of India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition r) above. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the Application.
 - ii) In relation to an Insured Person, if that Insured Person dies or is no longer a resident of India.
 - iii) If the Insured Person is no longer eligible on grounds of age or dependency, however the insured member will be eligible to apply for a new policy and enjoy continuity benefits upto Sum Insured and applicable terms of the new policy.

x) Free Look Period

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

y) Option to Migrate

We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:

- i) Insured Person has been insured with Us for first time under this Policy as a dependant.
 - ii) This option for migration to similar Indemnity health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
 - iii) Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.
- z) In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

Section 5 - Interpretations & Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

Def. 1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, violent and visible means.

Def. 2. Age or Aged means completed years as at the Commencement Date.

Def. 3. Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken

Def. 4. Alternative Treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian Context.

Def. 5. Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Def. 6. Commencement Date means the commencement date of this Policy as specified in the Schedule.

Def. 6. Co-Payment means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum Insured.

Def. 7. Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 8. Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

8a. Internal Congenital Anomaly - which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly

8b. External Congenital Anomaly - which is in the visible and accessible parts of the body is called External Congenital Anomaly.

Def. 9. Contribution means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum insured. This clause shall not apply to any Benefit offered on fixed benefit basis

Def. 10. Day Care centre 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:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel

Def. 11. Dependent Child means 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.

Def. 12. Disclosure of information norm means the policy shall be void and all premiums paid hereon shall be forfeited to the

Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 13. Day Care Treatment means medical treatment, and/or surgical procedure which is

- i) undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement
- ii) 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.

Def. 14. Domiciliary Hospitalisation 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:

- 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.

Def. 15. Emergency Care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Def. 16. Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing diseases. Coverage is not available for the period for which no premium is received.

Def. 17. Hospital means any institution in India established for Inpatient Care and Day Care Treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010, or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 18. Hospitalisation. means admission in a Hospital for a minimum period of 24 In Patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period less than 24 consecutive hours

Def. 19. IRDAI - means Insurance Regulatory Development Authority of India.

Def. 20. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- (a) **Acute Condition** – Acute condition is a disease. Illness or injury that is likely to respond quickly to treatment which aims to return the person to his/her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

- (b) **Chronic Condition** – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back

Def. 21. In-patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 22. Insured Person means You and the persons named in the Schedule.

Def. 23. Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 24. 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.

Def. 25. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 26. Medical Advise means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

Def. 27. 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. Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.

Def. 28. Medically Necessary means any treatment, test, medication, or stay in Hospital or part of 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.

Def. 29. **Network Provider** means. Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Def. 30. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 31. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 32. **OPD Treatment** is the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based in the advice of a medical Practitioner. The Insured is not admitted as a day care or inpatient.

Def. 33. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure I&II and the Schedule (as the same may be amended from time to time).

Def. 34. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 35. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 36. **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 she/he chooses to switch from one insurer to another.

Def. 37. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the Insurer

Def. 38. **Pre Hospitalisation** means 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 the Insurance Company.

Def. 39. **Post Hospitalisation** means 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 Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 40. **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

Def. 41. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services by comparable providers, taking into account the nature of illness/ injury involved

Def. 42. **Renewal 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 for the purpose of all waiting periods

Def. 43. **Room Rent shall** mean the amount charged by the hospital for the occupancy of a bed on a per day (24 hrs) basis and shall include associated medical expenses

Def. 44. **Subrogation** means the right o f the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Def. 45. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during each Policy Year.

Def. 46. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

Def. 47. **TPA** means the duly licensed third party administrator that We appoint from time to time as specified in the Schedule.

Def. 48. **Unproven/Experimental treatment** means treatments including drug experimental therapy which is not based on established medical practices in India.

Def. 49. **Waiting Period** means a period as given in the policy schedule which is calculated from the policy effective date. Any Claim due to or arising out of signs or the symptoms of the disease and / or condition which has occurred and / or manifested during the Waiting Period shall be excluded from coverage for the entire policy period including renewals.

Def. 50. **We/Our/Us** means the TATA AIG General Insurance Company Limited.

Def. 51. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section 6 - Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact our duly licensed TPA through:

- Website : www.fhpl.net
- Email : info@fhpl.net
seniorcitizensdesk@fhpl.net (for Senior Citizens)
- Toll Free : 1800-425-4033, 040- 23552899 (for Senior Citizens)
- Fax : +91-40-23541400
- Courier : Claims Department,
Family Health Plan Insurance TPA Ltd.
Srinilaya – Cyber Spazio, Suite # 101,102,109 & 110,
Ground Floor, Road No. 2, Banjara Hills,
Hyderabad-500 034

The details of network providers are available on website

Grievance Lodgment Stage

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through below channels:

- Call us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen)
- Email us at customersupport@tataaig.com

Write to us at : Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt of your complaint.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head-Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our response within a period of 7 days from the date of receipt of your complaint. Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

INSURANCE OMBUDSMAN CENTRES

| Office of the Ombudsman | Address and Contact Details | Jurisdiction of Office Union Territory, District |
|-------------------------|--|--|
| AHMEDABAD | Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/ 02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| BENGALURU | Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652048/ 26652049 Email: bimalokpal.bengaluru@ecoi.co.in | Karnataka |
| BHOPAL | Office of the Insurance | Madhya |

| | | |
|--------------|---|---|
| | Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201/ 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in | Pradesh, Chattisgarh |
| BHUBANESHWAR | Office of the Insurance Ombudsman, 62, Forest Park, Bhubneswar - 751 009. Tel.: 0674 - 2596461/ 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in | Orissa |
| CHANDIGARH | Office of the Insurance Ombudsman, S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: 0172 -2706196/ 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh |
| CHENNAI | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai- 600 018. Tel.: 044-24333668 /24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in | Tamil Nadu, Pondicherry Town and Karaikal (which, are part of Pondicherry). |
| DELHI | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239633/ 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in | Delhi |
| GUWAHATI | Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD | Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane, Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040-65504123/ 23312122 Fax: 040 - 23376599 | Andhra Pradesh, Telangana, Yanamand part of Territory of Pondicherry. |

| | | | | | | |
|-----------|---|--|--|--------|--|--|
| | Email: bimalokpal.hyderabad@ecoi.co.in | | | | Chandauli, Ballia, Sidharathnagar | |
| JAIPUR | Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in | Rajasthan | | MUMBAI | Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106552/26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane |
| ERNAKULAM | Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in | Kerala, Lakshadweep, Mahe- a part of Pondicherry | | NOIDA | Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250/ 2514252/ 2514253, Email: bimalokpal.noida@ecoi.co.in | State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |
| KOLKATA | Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA-700 072. Tel.: 033-22124339/ 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands | | PATNA | Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in | Bihar, Jharkhand |
| LUCKNOW | Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522-2231330/2231331 Fax: 0522 – 2231310 Email: bimalokpal.lucknow@ecoi.co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Basti, Jalaun, Kanpur, Lucknow, Unnao, Gonda, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Faizabad, Amethi, Kaushambi, Balrampur, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, | | PUNE | Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Flr, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune-411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region |

Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation. 2017.

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Annexure – 1
Schedule of Benefits

| Benefits | Details [All Figures in INR] | | |
|--|---|--------|---------|
| Sum Insured per person per Policy year | 50,000 | 75,000 | 100,000 |
| 1. In-patient Treatment | Covered | | |
| a. Room rent per day [Rs.] | 500 | 750 | 1,000 |
| b. ICU rent per Day [Rs.] | 1,000 | 1,500 | 2,000 |
| 2. Pre Hospitalization | Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization towards medical expenses incurred in 30 days before hospitalization | | |
| 3. Post Hospitalization | Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization towards medical expenses incurred in 60 days after discharge post hospitalization | | |
| 4. Day care procedures | Covered | | |
| 5. Donor Expenses | Covered | | |
| Co- payment | 15% for each and every claim in the policy | | |
| Health-Checkup | Upto 1% of the Sum Insured in the fourth year Policy subject to a maximum of Rs. 1,000 per Insured Person only once at the end of a block of every continuous four claim free years | | |

Annexure II: Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles under general /spinal anesthesia

5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear under general/spinal anesthesia

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear under general /spinal anesthesia

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose under general /spinal anesthesia
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract
39. Retinal detachment

Operations on the skin & subcutaneous tissues

40. Incision of a pilonidal sinus
41. Other incisions of the skin and subcutaneous tissues
42. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues

- 43. Local excision of diseased tissue of the skin and subcutaneous tissues
- 44. Other excisions of the skin and subcutaneous tissues
- 45. Simple restoration of surface continuity of the skin and subcutaneous tissues
- 46. Free skin transplantation, donor site
- 47. Free skin transplantation, recipient site
- 48. Revision of skin plasty
- 49. Other restoration and reconstruction of the skin and subcutaneous tissues
- 50. Chemosurgery to the skin
- 51. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

- 52. Incision, excision and destruction of diseased tissue of the tongue
- 53. Partial glossectomy
- 54. Glossectomy
- 55. Reconstruction of the tongue
- 56. Other operations on the tongue under general /spinal anaesthesia

Operations on the salivary glands & salivary ducts

- 57. Incision and lancing of a salivary gland and a salivary duct
- 58. Excision of diseased tissue of a salivary gland and a salivary duct
- 59. Resection of a salivary gland
- 60. Reconstruction of a salivary gland and a salivary duct
- 61. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

- 62. External incision and drainage in the region of the mouth, jaw and face
- 63. Incision of the hard and soft palate
- 64. Excision and destruction of diseased hard and soft palate
- 65. Incision, excision and destruction in the mouth
- 66. Plastic surgery to the floor of the mouth
- 67. Palatoplasty
- 68. Other operations in the mouth under general /spinal anaesthesia

Operations on the tonsils & adenoids

- 69. Transoral incision and drainage of a pharyngeal abscess
- 70. Tonsillectomy without adenoidectomy
- 71. Tonsillectomy with adenoidectomy
- 72. Excision and destruction of a lingual tonsil
- 73. Other operations on the tonsils and adenoids under general /spinal anaesthesia

Trauma surgery and orthopaedics

- 74. Incision on bone, septic and aseptic
- 75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
- 76. Suture and other operations on tendons and tendon sheath
- 77. Reduction of dislocation under GA
- 78. Arthroscopic knee aspiration

Operations on the breast

- 79. Incision of the breast
- 80. Operations on the nipple

Operations on the digestive tract

- 81. Incision and excision of tissue in the perianal region
- 82. Surgical treatment of anal fistulas
- 83. Surgical treatment of haemorrhoids
- 84. Division of the anal sphincter (sphincterotomy)
- 85. Other operations on the anus
- 86. Ultrasound guided aspirations
- 87. Sclerotherapy etc.

Operations on the female sexual organs

- 88. Incision of the ovary
- 89. Insufflation of the Fallopian tubes
- 90. Other operations on the Fallopian tube
- 91. Dilatation of the cervical canal
- 92. Conisation of the uterine cervix
- 93. Other operations on the uterine cervix
- 94. Incision of the uterus (hysterotomy)
- 95. Therapeutic curettage
- 96. Culdotomy
- 97. Incision of the vagina
- 98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 99. Incision of the vulva
- 100. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

- 101. Incision of the prostate
- 102. Transurethral excision and destruction of prostate tissue
- 103. Transurethral and percutaneous destruction of prostate tissue
- 104. Open surgical excision and destruction of prostate tissue
- 105. Radical prostatovesiculectomy
- 106. Other excision and destruction of prostate tissue
- 107. Operations on the seminal vesicles
- 108. Incision and excision of periprostatic tissue
- 109. Other operations on the prostate under general /spinal anaesthesia

Operations on the scrotum & tunica vaginalis testis

- 110. Incision of the scrotum and tunica vaginalis testis
- 111. Operation on a testicular hydrocele
- 112. Excision and destruction of diseased scrotal tissue
- 113. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 114. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

- 115. Incision of the testes
- 116. Excision and destruction of diseased tissue of the testes
- 117. Unilateral orchidectomy

- 118. Bilateral orchidectomy
- 119. Orchidopexy
- 120. Abdominal exploration in cryptorchidism
- 121. Surgical repositioning of an abdominal testis
- 122. Reconstruction of the testis
- 123. Implantation, exchange and removal of a testicular prosthesis
- 124. Other operations on the testis under general /spinal anesthesia

Operations on the spermatic cord, epididymis und ductus deferens

- 125. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 126. Excision in the area of the epididymis
- 127. Epididymectomy
- 128. Reconstruction of the spermatic cord
- 129. Reconstruction of the ductus deferens and epididymis
- 130. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- 131. Operations on the foreskin
- 132. Local excision and destruction of diseased tissue of the penis
- 133. Amputation of the penis
- 134. Plastic reconstruction of the penis
- 135. Other operations on the penis under general /spinal anesthesia

Operations on the urinary system

- 136. Cystoscopic removal of stones

Other Operations

- 137. Lithotripsy
- 138. Coronary angiography
- 139. Haemodialysis
- 140. Radiotherapy for Cancer
- 141. Cancer Chemotherapy
- 142. Renal biopsy
- 143. Bone marrow biopsy
- 144. Liver biopsy

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment.

| S R N O. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|-------------------|---|-------------|
| | 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 |

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| 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 | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Essential and should be paid at least specifically 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 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 may be considered for at least 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 |

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| 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 may be considered |
| ITEMS SPECIFICALLY 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 HOSPITALISATION | 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 | 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 | HOSPITALISATION 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 |

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| 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 | Not Payable except Bone Marrow Transplantation where covered by policy |
| ITEMS HIGH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS | | |
| 75 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charge, 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 separately |
| 78 | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER | Payable under OT Charges, not separately |
| 79 | SURGICAL DRILL | Payable under OT Charges, not separately |
| 80 | EYE KIT | Payable under OT Charges, not separately |
| 81 | EYE DRAPE | Payable under OT Charges, not separately |
| 82 | X-RAY FILM | Payable under Radiology Charges, not as consumable |
| 83 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 84 | BOYLES APPARATUS CHARGES | Part of OT Charges, not separately |
| 85 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 86 | SAVLON | 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 |

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| | | 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 | MAINTAINANCE 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 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 | COMMODOE | 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 (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 | LUMBO SACRAL BELT | Essential and should be paid at least 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 at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, |

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| | | liver transplant etc. |
| | ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION | |
| 156 | BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL \SAVLON\ 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 CHARGES-DIET CHARGES | Patient Diet provided by hospital is payable |
| 159 | ALEX SUGAR FREE | 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 | DIGENE GEL/ ANTACID GEL | 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 |

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| | | 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 f PIVD requiring traction s this is generally not reused |
| 189 | REFERAL DOCTOR'S FEES | Not Payable |
| 190 | ACCU CHECK (Glucometry/ Strips) | Not payable pre hospitilisation 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-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 1 per 24 hrs |
| 198 | SOFTOVAC | Not Payable |
| 199 | STOCKINGS | Essential for case like CABG etc. where it should be paid. |