Group Assure COVID-19 - Policy Terms and Conditions

I. PREAMBLE

This Policy has been issued on the basis of the Disclosure to information norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form/Enrolment Form. This Policy is a contract of insurance between You and Us which is subject to receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy Schedule /Certificate of Insurance/Product Benefit Table of this Policy.

Key Notes:
The terms listed in Section VII (Definitions) and which have been used elsewhere in the Policy shall have the meaning set out against them in Section VII (Definitions), wherever they appear in the Policy.

The Policyholder prior to inception of the Policy can propose to cover any of the Benefits or combination of Benefits available under this Policy as specified in Product Benefit Table as per requirements of the group, subject to acceptance by Us. The Policy Schedule/Certificate of Insurance of this Policy shall specify which of the following Benefits are in force and available for the Insured Persons under the Policy during the Policy Period.

The Company will not be liable in the unfortunate event of relapse or further spread of COVID-19 caused, directly or indirectly, due to the Insured Person's travel or any Benefit covered under this Policy with respect to the Insured Person.

II. BENEFITS UNDER THE POLICY

Benefits under this Section II are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the Sub-Limit for each Benefit under this Section II shall be as specified against that Benefit in the Policy Schedule/Certificate of Insurance/Product Benefit Table of this Policy. Payment of the Benefit shall be subject to the availability of the Sum Insured/Applicable sub-limit for that Benefit. Our maximum, total and cumulative liability in respect of an Insured Person for any and all claims arising under a Benefit under the Policy during the Policy Period for that Insured Person shall not exceed the Sum Insured/sub-limit specified against the applicable Benefit in the Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy.

All claims must be made in accordance with the procedure set out in Section V.

1. Cover 1: Hospitalisation

(a) In-patient Hospitalisation:

What is covered

We shall cover the Medical Expenses up to the limits specified in the Policy Schedule/Certificate of Insurance incurred towards the Insured Person for one or more of the following arising out of an Insured Person's Hospitalisation during the Policy Period caused solely and directly due to the Insured Event:

(1) Reasonable and Customary Charges for Room Rent for accommodation in Hospital room and other boarding charges up to the limits as specified in the Policy Schedule/Product Benefit Table of this Policy;
(2) ICU Charges;
(3) Operation Theatre expenses;
(4) Medical Practitioner's fees including fees of Specialists and Anaesthetists treating the Insured Person;
(5) Qualified Nurses charges;
(6) Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
(7) Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalised;
(8) Anaesthesia, blood, oxygen and blood transfusion charges;
(9) Surgical appliances and allowable prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

Conditions

a) The Hospitalisation is medically necessary and follows the written advice of a Medical Practitioner.
b) The type of room for accommodation in Hospital and the ICU Charges covered under this Benefit shall be up to the Sum Insured under this Policy.

(b) Pre – hospitalisation Medical Expenses:

What is covered

We shall cover the Insured Person's Pre-Hospitalisation Medical Expenses incurred in respect of the Insured Event, on a reimbursement basis, up to the Sum Insured and for the number of days as specified in the Policy Schedule/Certificate of Insurance.

Conditions

(i) We have accepted a claim for In-patient Hospitalisation under Section II. 1. (a) for the Insured Event;
(ii) The date of admission to Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the Insured Event.

(c) Post – hospitalisation Medical Expenses:

What is covered

We shall cover the Insured Person's Post-Hospitalisation Medical Expenses incurred in respect of the Insured Event, on a reimbursement basis, up to the Sum Insured and for the number of days as specified in the Policy Schedule/Certificate of Insurance.

Conditions

(i) We have accepted a claim for In-patient Hospitalisation under Section II. 1. (a) for the Insured Event;
(ii) The date of admission to Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the Insured Event.

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(d) Emergency Road Ambulance Cover:

What is covered

We shall cover the costs incurred up to the limits as specified in the Policy Schedule/Certificate of Insurance/Product Benefit Table of this Policy, towards transportation of the Insured Person by Road Ambulance to a nearest Hospital from the place of occurrence of an Emergency for treatment, where such Emergency is caused solely and directly due to the Insured Event.

Coverage shall also be provided under the below circumstances, if the Medical Practitioner certifies in writing that:

(i) It is medically necessary to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalisation for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital.
(ii) It is medically necessary to transfer the Insured Person to another Hospital during the course of Hospitalisation due to lack of super speciality treatment in the existing Hospital.

Conditions

(i) The Ambulance/ healthcare service provider is registered;
(ii) We have accepted a claim for In-patient Hospitalisation under Section ii.1. (a) above.

What is not covered

Any expenses in relation to transportation of the Insured Person from Hospital to the Insured Person's residence are not payable under this Benefit.

(2) Cover 2: Virus Detection Pay out

What is covered

We shall pay 100% of the Sum Insured as a lump sum as specified in the Policy Schedule/Certificate of Insurance, on the occurrence of the Insured Event.

Conditions

(i) The Insured Person claiming this Benefit has a certificate from a Medical Practitioner along with a Positive Virology Report from ICMR – National Institute of Virology Pune, India or any other laboratory authorized by ICMR, confirming the Insured Person has been infected with COVID-19.
(ii) Once a claim has been accepted and paid under this Benefit, then cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

(3) Cover 3: Virus Detection and Hospitalisation

What is covered

We shall pay 100% of the Sum Insured as a lump sum as specified in the Policy Schedule/Certificate of Insurance, on the occurrence of the Insured Event, if the Insured Person is hospitalised on an Inpatient Care basis directly and solely due to the Insured Event.

Conditions

(i) The Insured Person claiming this Benefit has a certificate from a Medical Practitioner along with a Positive Virology Report from ICMR – National Institute of Virology Pune, India or any other laboratory authorized by ICMR, confirming the Insured Person has been infected with COVID-19.
(ii) Once a claim has been accepted and paid under this Benefit, then cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

(4) Cover 4: Reunion Travel

What is covered

We shall indemnify the actual travel cost during the Policy Period up to the limits as mentioned in the Policy Schedule/Certificate of Insurance incurred by the Insured Person, for one-way direct route domestic economy class airfare travel via a commercial carrier from the city of Hospitalization to his City of Residence/city of permanent address, subsequent to discharge of the Insured Person from the Hospital on account of complete recovery from COVID-19.

Conditions

(i) We have accepted a claim for In-patient Hospitalisation under Section II. 1. (a), Virus Detection Pay out under Section II.2 or Virus Detection and Hospitalisation under Section II.3 for the Insured Event;
(ii) The Insured Person must be medically fit to travel;
(iii) The travel with respect to this Benefit should have taken place within 15 days after the discharge of the Insured Person;
(iv) The diagnosis and Hospitalisation for the Insured Event should have taken place within the Policy Period;
(v) The Insured Person understands and accepts that COVID-19 is a highly communicable disease. We shall not be liable, under this Policy or otherwise, in the unfortunate event of active recurrence or relapse of COVID-19 to the Insured Person (after complete recovery from the illness) or any onwards spread of COVID-19 to any other persons, including other passengers or family members, arising during or after the Insured Person's travel to his City of Residence/City of Permanent Address.
(vi) This Benefit is applicable within Indian Geography only.

III. INITIAL WAITING PERIOD

Any treatment or positive diagnostic results or Quarantine which begins or first occurs during Initial Waiting Period shall not be covered under this Policy, unless You have been insured under this Policy continuously and without any break in the previous Policy Year.

IV. PERMANENT EXCLUSIONS

We shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, or howsoever attributable to any of the following:

1. Pre-Existing Disease: Any Pre-Existing Disease or condition which aggravates COVID-19, whether declared or not declared, is not covered.
2. Co-habitation: No claim shall be payable where the Insured Person was living with and sharing the same address as that of person(s) who were diagnosed with COVID-19 at the time of Proposal.

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3. Unauthorised Testing centre: Testing done at any diagnostic centre other than the ones authorised by the Union Health Ministry of India or the Indian Council of Medical Research (ICMR).
4. Out of India: Diagnosis and/or Treatment taken outside India.
5. Self-Quarantine or Quarantine at home
6. Negative or Inconclusive Reports: If the test report is negative or if Insured Person is 'Patient Under Investigation' (PUI) with inconclusive reports.
7. Any Illness, or disease other than COVID-19.
8. Expenses which are medically not required such as items of personal comfort and convenience, including, but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty services, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
9. Non-Medical Expenses including but not limited to RMO, CMO, DMO charges, surcharges, night charges, service charges levied by the Hospital under any head as specified in the Annexure I of this Policy, for Non-Medical Expenses and on Our website www.adityabirlahealth.com/healthinsurance.
10. Non-Allopathic Treatment
11. Artificial Life Maintenance, including life-support machine used, where such treatment is used to maintain the Insured/Patient in a vegetative state.
12. Investigation & Evaluation (Code- Excl04)
    a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
    b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
13. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)
    Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    i. Custodial Care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
    ii. Any services for people who are terminally-ill to address physical, social, emotional and spiritual needs.
14. Breach of law: (Code- Excl10)
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
15. Excluded Providers: (Code-Excl11)
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
16. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
17. Unproven Treatments:
    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID-19 shall be covered.
18. Biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    "Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesised toxins) which are capable of causing any Illness, incapacitating disablement or death"
19. Any expenses incurred on Domiciliary Hospitalisation and OPD treatment
20. Cluster Containment operations carried out by State or Central Government to contain the spread of SARS-CoV2 virus. Any self-isolation as a result of such Cluster Containment operations will not be considered as Quarantine and is not covered under this Policy.

V. Claims Process

(a) Intimation of Claim:

You or anyone on behalf of the Insured Person(s) shall intimate a claim to Us within 7 days from the date of occurrence of the Insured Event or discharge from the Hospital (as the case may be) by any of the following means

- Call centre
- Email
- Fax
- Writing to Our office address

(as specified in the Policy Schedule/Certificate of Insurance)

The following minimum details are required to be provided at the time of intimation of claim:

(i) The Policy number;
(ii) Name of the Policyholder;
(iii) Name and address of the Insured Person in respect of whom the request is being made;
(ii) Details of Benefits to be claimed needs to be added (e.g. date of loss, nature of loss, etc.).

(b) Claims terms applicable to all Benefits under the Policy:

The fulfilment of the terms and conditions of this Policy (including timely payment of premium in full) insofar as they relate to anything to be done or complied with by the Insured Person, including complying with the following in relation to claims, shall be Conditions Precedent to admission of Our liability under this Policy:

(i) On the occurrence or discovery of any event that may give rise to a claim under this Policy, the claims procedure set out in the Policy shall be followed.
(ii) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed.
(iii) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
(iv) We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

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(c) Claims Assessment– Applicable to all Benefits under the Policy:

(i) We shall settle or reject a claim, as the case may be, within 30 days of the receipt of the last necessary information and documentation set out above.

(ii) At Our discretion, We may investigate claims to determine the validity of a claim. This investigation shall be conducted not later than 45 days (or such other period as may be prescribed under the applicable regulations for the time being in force) from the date of receipt of claim intimation. All costs of investigation shall be borne by Us and all investigations shall be carried out by those individuals/entities that are authorised by Us. In such cases, the last "necessary" document may include the receipt of the investigation report from Our investigator/representatives.

(iii) If there are any deficiencies in the necessary claim documents which are not met or are partially met, We shall send a deficiency letter. If the deficiency is not met or partially met then We shall send a rejection letter or make a part-payment if we have not received the deficiency documents after 45 days from the date of the initial request for such documents. However, documents/details received beyond such period shall be considered if there are valid reasons for any delay.

(iv) Payment for reimbursement claims shall be made to the Insured Person. In the unfortunate event of the Insured Person's death, We shall pay the Nominee named in the Policy Schedule/Certificate of Insurance or their legal heir or legal representatives holding a valid succession certificate.

(v) In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

(vi) For details on the claims process or assistance during the process, the Insured Person may contact Us at Our call center on the toll-free number specified in the Policy Schedule/Certificate of Insurance or through Our website.

(d) Claim Documents:

a) The claims documents as specified below for all the benefits available under the Policy must be provided to Us within 30 days of occurrence of the event giving rise to a claim under the Policy at Your own/Insured Person's expenses:

i. Claim Form (in original) duly completed and signed as prescribed by Us;
ii. Photo ID and Age-proof of Insured Person/Nominee (if Insured Person is not alive);
iii. Discharge Summary (as applicable);
iv. Medical Records;
v. Original Hospital Main Bill (as applicable);
vi. Copy of the claim intimation, if any;
vii. Original bills, receipts and copy of prescription, clinical notes from the Medical Practitioner/Medical Facility (as applicable);
viii. Original bills from pharmacy supported by proper prescription (as applicable);
ix. Investigation Reports;
x. Doctor's prescriptions (as applicable);
xi. Medical certificate stating the diagnosis of COVID-19/Positive virology report from ICMR -National Institute of Virology, Pune;
xii. Certificate from attending Medical Practitioner confirming that the claim does not relate to any Pre-Existing Disease or any Illness or Injury which was diagnosed within the Initial Waiting Period;
xiii. Original ticket with invoice and Boarding pass used for the travel by the Insured Person (for Claim under Section II .4: Reunion Travel);
xiv. Cancelled cheque for NEFT;
xv. Any other document as required by Us or the TPA to investigate the claim or Our obligation to make any payment for it;
xvi. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress. (if available)

b) Where there is a delay in intimation of claim and/or submission of claim documents is proved to be genuine and for reasons beyond the control of the claimant, We may condone such delay and process the claim. We reserve the right to decline such requests for claim process where there is no merit behind such delay.

c) All necessary claim documents are required in original/self-attested/document collected via electronic medium/any other mode suggested by Us from time to time.

d) We may call for any additional documents/information as necessarily required by Us based on the circumstances of the claim under any of the Benefits under the Policy.

Additional documents required basis nature of claim

If these details are not provided in full or are insufficient for Us to consider the request, We shall request additional information or documentation in respect of that request.

VI. TERMS AND CONDITIONS

(a) Material Change

Material information to be disclosed includes every matter that the Policyholder/Insured Person is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance. The Policyholder/Insured Person must exercise the same duty to disclose those matters to Us before the Renewal, Extension, Variation, Endorsement of the contract. The Policy terms and conditions will not be altered.

(b) Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

(c) No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

(d) Eligibility

It is further clarified that for the purpose of availing this Policy, the Policyholder shall ensure that the minimum number of Employees/Members who will form a group to avail the Benefits under this Policy shall be 7.

(e) Grace Period

The Policy may be Renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Illness/Injury/Accident or their complications that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

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(f) Payment of Premium in Instalment

If the Policy Schedule/Certificate of Insurance specifies the premium payment mode of the Policy other than single premium, then You shall pay Us the applicable premium instalment as specified in the Policy Schedule/Certificate of Insurance within maximum 15 days from the due date of the instalment payable to continue the Policy without loss of continuity benefits with regards to Pre-Existing Diseases, and Initial Waiting Period. We shall not charge any interest on premium instalment paid within maximum 15 days from the due date of the instalment premium. We shall not prejudice a claim if incurred and/or reported within maximum 15 days from the due date of the instalment premium payable. If We do not receive the due instalment of premium within this stipulated time period, the Policy shall terminate and We shall not be liable under this Policy for any claims which arise after such premium instalment due date. We may agree to issue a fresh Policy subject to Our underwriting guidelines and no continuity of Benefits shall be available from the expired Policy. In case an event giving rise to a claim under this Policy occurs during Policy Period, all subsequent premium instalments shall immediately become due and payable notwithstanding anything to the contrary stated hereinabove, and We shall deduct the amount equivalent to all remaining instalments of premium for the balance Policy Period from the admissible claim amount. Electronic clearance service/equivalent auto debit mode is also available for the payment of instalment premium.

(g) Renewal Terms

The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy (as stated above).
Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-cooperation by the Insured Person.
We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time-to-time.

(h) Migration and Continuity Benefits

1. The Insured Person(s) will have the option to migrate the Policy (including all members of family, if applicable) to other health insurance policies offered by Us by applying with Us to migrate the Policy along with all members of family, if any, at least 30 days before the Renewal date/premium due date of his/her existing Policy as per the extant IRDAI guidelines on portability, "Guidelines on Migration and Portability of health insurance policies" of 1 January 2020 ("Migration and Portability Guidelines"), as may be amended from time-to-time. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per the Migration and Portability Guidelines.
2. Any Insured Person (Individual Insured Person and all Individual Insured Person in case of Family Floater Policy) will have the option to migrate
   a) To similar indemnity health insurance products/plans (individual or family floater policy) available with Us; or,
   b) To a group health insurance policy available with Us, if the member complies with the norms relating to health insurance coverage under the concerned group insurance policy
3. Any Insured Person, including family members covered under an indemnity-based group health insurance policy with Us will have an option of migration at the time of exit from group or in the event of modification of the group policy (including the revision in the premium rates) or withdrawal of the group policy to an individual Health Insurance Policy or a Family Floater Policy.
4. Migration shall be applicable to the extent of sum insured under the previous policy and the cumulative bonus, if any, acquired from the previous policies. Migration benefit shall not apply to any other additional increased Sum Insured.
5. The applicable waiting periods on the new policy shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous Health Insurance Policy.
6. Migration may be subject to underwriting in the following manner:
   a) For individual policies, if the Insured Person is continuously covered in the previous policy without any break for a period of four years or more, migration shall be allowed without subjecting the Policyholder to any underwriting to the extent of the Sum Insured and benefits available in previous policy.
   b) Migration from group policies to individual policy will be subject to underwriting
   c) Where underwriting is done, the insurance company shall convey its decision to the Policyholder within 15 days.
   d) No additional charges shall be applied by Us exclusively for migrating the policy.

We reserve the right to modify or amend the terms and the applicability of the Migration benefit in accordance with the provisions of the regulations, circulars and guidelines issued by the IRDAI from time to time.

(I) Communication & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

i. The Policyholder(s)/Insured Person, at the address as specified in the Policy Schedule or Certificate of Insurance
ii. To Us, at the address specified in the Policy Schedule or Certificate of Insurance.
iii. No insurance agents, brokers, other person or entity is authorised to receive any notice on the behalf of Us unless explicitly stated in writing by Us.

(j) Duty of Disclosure

The Policy shall be null and void and no Benefit shall be payable hereunder in the event of an untrue or incorrect statement, misrepresentation, mis-description or non-disclosure of any material particular in the Proposal Form, personal statements, declarations, medical history and connected documents, or any material information having been withheld by the Policyholder/Insured Person or any one acting on their behalf, under this Policy. Under such circumstances We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

(k) Fraudulent Claims

If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are used by You or the Insured Person or anyone acting on their behalf to obtain any Benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons. All sums paid under this Policy shall be repaid to Us by You on behalf of all Insured Persons who shall be jointly liable for such repayment.

(l) Premium

The premium for each Policy will be determined based on the available data of each group and applicable discounts and loadings. Payment of premiums will be available in single mode or instalment options of monthly/quarterly/half yearly as agreed with the Policyholder.

(m) Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. However, such special provisions will not be in form of permanent exclusion

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(n) Multiple Policies

Fixed Benefits: In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar polices.

Indemnity Benefits: If two or more policies are taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Balance claim or claims disallowed under the earlier chosen policy/ies may be made from other policy/ies may even if the Sum Insured is not exhausted in the earlier chosen policy/policies. It is clarified that the Policyholder/Insured Person having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/ies, even if the Sum Insured is not exhausted. The insurer(s), in such cases, shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.
3. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the Deductibles or Co-Payment, the Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where the Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

(o) Cancellation

In case You are not satisfied with the Policy or Our services, You can request for a cancellation of the Policy by giving 15 days' notice in writing. We shall cancel the Policy and refund the premium (for all lives which have not registered a claim with Us) for the period as mentioned herein below till the termination date of the Policy.

Cancellation Grid	
Period for which risk is retained	**Refund**
Less than 1 Month	75%
1 Month – less than 3 Month	50%
3 Months – less than 6 months	25%
Beyond 6 Months	Nil

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by registered post acknowledgment /recorded delivery to Your last known address on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact by You without any refund of premium. We may also cancel the Policy with refund of premium in case of non-cooperation by You or the Insured Person.

(p) Electronic Transactions

The Policyholder agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time-to-time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim-related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Policyholder.

(q) Policy Dispute

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

(r) Records to be maintained

You shall keep an accurate record containing all relevant medical records and shall allow Us or our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

(s) Complete Discharge

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy. The payment made by Us to the Insured Person or to the Nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

(t) Free Look Period

We shall provide the You/Insured Person a period of 15 days from the date of receipt of the Policy Document, and a period of 30 days in case of electronic policies and policies obtained through distance mode, is available to review the terms and conditions of this Policy. If the You/Insured Person have any objections to any of the terms and conditions, the Insured Person may cancel the respective Policy/Certificate of Insurance stating the reasons for cancellation and provided that no claims have been made under the respective Policy/Certificate of Insurance. We shall refund the premium paid by You/Insured Person after deducting the amounts spent on any medical check-ups, stamp duty charges and proportionate risk premium for the period on cover. All rights and Benefits under the Policy/Certificate of Insurance shall immediately stand extinguished on the free look cancellation of the respective Policy/Certificate of Insurance. Free look period shall not be available on Renewals or on Portability.

(u) Assignment

An Insured Person may assign the Benefits or any specific Benefit(s) under the Policy by giving written notice of the assignment and the terms and conditions of the assignment to Us. We will record the assignment in accordance with Section 38 of the Insurance Act 1938.

(v) Nomination

The Insured Person can, on the Start Date or at any time before the Expiry Date make a nomination for the purpose of payment of claims, in accordance with the provisions of Section 39 of the Insurance Act 1938, as amended from time to time. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement to the Policy is made by Us.

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(w) Grievances Redressal Procedure

In case of a grievance, the Insured Person/Policyholder can contact Us with the details through:
Our website: https://www.adityabirlacapital.com/healthinsurance
Email: care.healthinsurance@adityabirlacapital.com
Toll Free : 1800 270 7000
Address : Aditya Birla Health insurance Co. Limited
9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013
For senior citizens, please contact Our respective branch office or call at 1800 270 7000 or may write an e-mail at seniorcitizen.abh@adityabirlacapital.com.

The Insured Person can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person is not satisfied with the response then they can contact Our Head of Customer Service at the following email headcustomercare.abh@adityabirlacapital.com. If the Insured Person/Policyholder is not satisfied with Our redressal, he/she may use the Integrated Grievance management Services (IGMS). For registration in IGMS please visit IRDAI website https://igms.irda.gov.in/. If the Insured Person is still not satisfied with Our redressal, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure A.

VII. DEFINITIONS

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** or **Aged** is the age as on last birthday, and which means completed years as at the Start date.
3. **Ambulance** means a motor vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **Annexure** means a document attached and marked as Annexure to this Policy
5. **Associated Medical Expenses** shall include Room Rent, Qualified Nurses' charges, Medical Practitioners' fees, investigation and diagnostics procedures directly related to the current admission, operation theatre charges and ICU charges.
6. **Benefit** means any benefit under the Policy, as opted and available for the Insured Person and specified in the Policy Schedule/ Certificate of Insurance.
7. **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-authorsation is approved.
8. **Certificate of Insurance** means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy.
9. **City of Residence** means and includes any city, town or village in India in which the Insured Person is currently residing, and as specified in the Insured Person's corresponding address in the Policy Schedule/Certificate of Insurance.
10. **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
11. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
    a) **Internal Congenital Anomaly** - Congenital Anomaly which is not in the visible and accessible parts of the body.
    b) **External Congenital Anomaly** - Congenital Anomaly which is in the visible and accessible parts of the body.
12. **Contribution** is 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 the Sum Insured.
13. **COVID-19** means the coronavirus disease "COVID-19" as defined by the World Health Organization (WHO) and caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV2).
14. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
15. **Emergency** means a serious medical condition or symptom resulting from Injury or Illness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
16. **Emergency Care** means management for an 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.
17. **Employee** means any member of the Policyholder's staff under full-time employment who is nominated and sponsored by the Policyholder and who becomes an Insured Person under the Policy.
18. **Expiry Date** means the date on which this Policy expires as specified in the Policy Schedule or Certificate of Insurance.
19. **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.
20. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act Or complies with all minimum criteria as under:
    i) has qualified nursing staff under its employment round the clock;
    ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

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iii) has qualified Medical Practitioner(s) in-charge round the clock;
iv) has a fully-equipped operation theatre of its own where surgical procedures are carried out;
v) maintains daily records of patients and makes these accessible to the insurance company's authorised personnel;

21. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

22. **IRDAI** means the Insurance Regulatory and Development Authority of India.

23. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function 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 or 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:
    1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
    2. It needs ongoing or long- term control or relief of symptoms
    3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    4. It continues indefinitely
    5. It recurs or is likely to recur

24. **Initial Waiting Period** means the period of 15 days from the Start Date as specified in the Policy Schedule/Certificate of Insurance.

25. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

26. **Inpatient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

27. **Insured Event** means the specific event of the Insured Person being tested positive or diagnosed with COVID-19 during the Policy Period, and for which applicable premium has been received by Us against the applicable benefit as specified in the Policy Schedule/Certificate of Insurance.

28. **Insured Person** means the person(s) named in the Policy Schedule to whom a Certificate of Insurance has been issued, who is/are covered under this Policy, and in respect of whom the appropriate premium has been received.

29. **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.

30. **ICU Charges:** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

31. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow- up prescription.
32. **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.

33. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
    i) Is required for the medical management of the illness or injury suffered by the insured;
    ii) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    iii) Must have been prescribed by a Medical Practitioner;
    iv) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

34. **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 its scope and jurisdiction of license.

35. **Migration** means,the right accorded to Health Insurance Policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

36. **Network Provider** means hospitals or Health Care Providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

37. **Nominee** means the person named in the Policy Schedule or Certificate of Insurance (as applicable) who is nominated to receive the Benefits in respect of an Insured Person covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased when the Benefit becomes payable.

38. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
39. **Policy** means this Policy document containing the Terms and Conditions, the Proposal Form, Policy Schedule/Certificate of Insurance /Product Benefit Table of this Policy, Add-On Benefit Details (if applicable) and Annexures which form a part of the Policy including endorsements, as amended from time-to-time which form a part of the Policy and shall be read together.

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40. **Policy Period** means the period between the Start Date and the Expiry Date as specified in the Policy Schedule or the Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.

41. **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the group, the period and the limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

42. **Policy Year** means a period of 12 consecutive months commencing from the Start Date, or any subsequent Policy anniversary.

43. **Post-hospitalisation Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital, provided that:
    i. Such Medical Expenses are for the same condition for which the Insured Person's hospitalisation was required, and
    ii. The inpatient hospitalisation claim for such hospitalisation is admissible by the insurance company.

44. **Portability** means, the right accorded to individual health insurance Policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another insurer.

45. **Pre-Existing Disease** means any condition, ailment, injury or disease:
    a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
    b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

46. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person, 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 Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

47. **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.

48. **Quarantine** means isolation of an individual either due to a confirmed diagnosis or a suspected infection of COVID-19. For the purposes of this Policy, such Quarantine should be done in a Government Authorized Quarantine Centre on advice of a Medical Practitioner or Central or the State Government Authorities. Self-isolation for the purpose of this Policy shall not be considered as Quarantine.

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

50. **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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

51. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

52. **Start Date** means the inception date of this Policy as specified in the Policy Schedule or Certificate of Insurance.

53. **Sum Insured** means the amount specified in the Policy Schedule or Certificate of Insurance against an Insured Person, which is Our maximum, total and cumulative liability for any and all claims arising during a Policy Year in respect of that Insured Person.

54. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner

55. **Third Party Administrator (TPA)** means a company registered with the IRDAI, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services. The updated list of TPAs (along with complete address and contact numbers) shall be available on Our website.

56. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

57. **Waiting Period** means a time-bound exclusion period related to condition(s) specified in the Policy Schedule or Certificate of Insurance or Policy which shall be served before a claim related to such condition(s) becomes admissible.

58. **We/Our/Us** means Aditya Birla Health Insurance Company Limited.

59. **You/Your/Policyholder** means the person named in the Policy Schedule or Certificate of Insurance as the Policyholder and who has concluded this Policy with Us.

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Annexure A - Ombudsman Details:

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 Ombudsman, Janak Vihar 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	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 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 - 23232481/23213504. 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 - 2632204/2602205. 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 - 67504123 / 23312122 | Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
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
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.
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.

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.
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, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
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.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Budh 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, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
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.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, 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.

The updated details of Insurance Ombudsman offices are available on the IRDAI website: www.irdai.gov.in, on the website of Executive Council of Insurers www.ecoi.co.in, Our website at: www.adityabirlacapital.com/healthinsurance/ or can be obtained from any of Our offices.

Annexure I - List of Non-medical expenses

List I - Items for which coverage is not available in the policy
List II - Items that are to be subsumed into Room Charges
List III - Items that are to be subsumed into Procedure Charges
List IV - Items that are to be subsumed into costs of treatment

List I - Items for which coverage is not available in the policy

Sr. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL/INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE

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17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR-FREE TABLETS
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals are payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG

67	AMBULANCE
68	VASOFIX SAFETY

List II - Items that are to be subsumed into Room Charges

Sr. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHENERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS/VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES/MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND/NAME TAG
37	PULSEOXYMETER CHARGES

List III - Items that are to be subsumed into Procedure Charges

Sr. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES

7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

Sr. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPO EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABS
16	SCRUB SOLUTION / STERILLIIUM
17	GLUCO METER & STRIPS
18	URINE BAG