

Bajaj Allianz General Insurance Company Limited
GE Plaza, Airport Road, Yerewada, Pune-411006, Reg. no. 113
CIN: U66010PN2000PLC015329

Health Ensure

Policy Wordings

Preamble

Whereas the Insured described in the Schedule hereto (hereinafter called 'the Insured') by a Proposal and declaration which shall be the basis of this Contract and is deemed to be incorporated herein has applied to Bajaj Allianz General Insurance Company Limited (hereinafter called 'the Company') for the insurance hereinafter contained and has paid the premium as stated in the Schedule hereto as consideration for the indemnity hereinafter contained. This Policy records the entire agreement between us and sets out what we insure, how we insure it, and what we expect of you.

A) OPERATIVE PARTS

Scope of cover:

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

COVERAGE

1. In-patient Hospitalisation Treatment

If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred below:

- i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower.
- iii) Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.
- iv) Operation Theatre Charges, Anesthesia, Blood, Oxygen, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note: In case of admission to a room at rates exceeding the limits as mentioned under 1.(i) & (ii), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

2. Pre-Hospitalisation

The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment. (Section A1)

3. Post-Hospitalisation

The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment. (Section A1)

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs 1000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

This benefit will be applicable annually for policies with term more than 1 year.

5. Day Care Procedures

We will pay you the medical expenses as listed under Section A1 In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, 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 (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment (section A1).

Specific exclusions applicable to Organ Donor Expenses:

- i. Claims which have NOT been admitted under In Patient Hospitalisation Treatment
- ii. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
- iii. The organ donors Pre and Post-Hospitalisation expenses.

7. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Ensure Policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured maximum up to Rs. 1500/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies however the amount will not exceed 1% of sum insured max up to Rs. 1500/-.

You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

8. Ayurvedic / Homeopathic Hospitalisation Expenses

If You are Hospitalised for not less than 24 hours, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- i. Room Rent, Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii. Nursing care
- iii. Consultation fees
- iv. Medicines, drugs and consumables,
- v. Ayurvedic and Homeopathic treatment procedures

Note: In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

Our maximum liability is up to 20% of Sum Insured per policy year. This benefit will be applicable annually for policies with term more than 1 year.

The claim will be admissible under the policy provided that,

- i. The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis

B) DEFINITIONS

1. **Accident, Accidental** – An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Act of Terrorism** means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization (s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.
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.
4. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
5. **Ayurvedic / Homeopathic Hospitals-** means the hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria
 - a. has at least 15 inpatient beds
 - b. has minimum five qualified and registered AYUSH doctors
 - c. has qualified paramedical staff under its employment round the clock
 - d. has dedicated Ayurvedic / Homeopathic therapy sections
 - e. maintains daily records of the patients and makes these accessible to the insurance company's authorized personnel
6. **Bajaj Allianz Network Hospitals / Network Hospitals:** Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com
7. **Bajaj Allianz Diagnostic Centre** means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com
8. **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.
9. **Co-Payment** is 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.
10. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
11. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - i. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
 - ii. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body
12. **Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
13. **Day care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
14. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
 - i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii. which would have otherwise required hospitalization of more than 24 hours.

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

15. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
16. **Disclosure to information norm-** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
17. **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.
18. **Family**
 - i. **For the purpose of Individual Sum Insured policy-** includes the insured; his/her lawfully wedded spouse, and dependent children, parents, Sister, Brother, parents In laws, Grandparents, Grandchildren.
 - ii. **For the purpose of Family Floater-** includes the insured; his/her lawfully wedded spouse and dependent children. For Parents and parents In laws separate floater policy can be taken.
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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - i. has 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;
 - 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 authorized 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 24consecutive hours.
22. **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:

 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur
23. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
24. **Injury/ Bodily 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.
25. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(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.
26. **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.
27. **Limit of Indemnity** represents Our maximum liability to make payment for each and every claim per person and collectively for all persons (for floater policies) mentioned in the Schedule annually during the policy period and in the aggregate for the person(s) named in the schedule annually during the policy period, and means the amount stated in the Schedule against each Cover.

- 28. Medical Advise** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 29. Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 30. Medical Practitioner/ Doctor/Physician** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 31. Medically Necessary Treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i. is required for the medical management of the illness or injury suffered by the insured;
 - 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.
- 32. Named insured/ insured** means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the time of commencement of the Policy.
- 33. Non- Network Provider:** Any hospital, day care centre or other provider that is not part of the network.
- 34. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 35. OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 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 he/she chooses to switch from one insurer to another.
- 37. Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- 38. Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 39. Post-hospitalization 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 hospitalization was required, and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 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.
- 41. 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
- 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 43. Room rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 44. 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
- 45. Schedule** means the schedule and any annexure to it.
- 46. 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.

47. You, Your, Yourself, Your Family named in the schedule means the person or persons that We insure as set out in the Schedule.

48. We, Our, Ours means the Bajaj Allianz General Insurance Company Limited.

C) EXCLUSIONS UNDER THE POLICY

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form.

The above exclusion 1 shall cease to apply if You have maintained a Health Policy with Us for a continuous period of a full 24 months without break from the date of Your first Health Policy.

In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Ensure Policy with Us without break in cover.

2. Without derogation from C1) above, any Medical Expenses incurred during the first year in connection with any types of gastric or duodenal ulcers, Surgery of varicose veins and varicose ulcers, hydrocele, undescended testes, congenital internal diseases and surgery for any skin ailment, subject to the referred illness were not present at the time of commencement of the policy.

This exclusion period shall apply for a continuous period of a full 2 years from the date of Your first Health Policy if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy.

3. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Policy,

| | |
|---|--|
| 1 Benign prostatic hypertrophy | 9. Hernia of all types |
| 2. All types of sinuses | 10. Fistulae, Fissure in ano |
| 3. Haemorrhoids | 11. Fibromyoma |
| 4. Dysfunctional uterine bleeding | 12. Hysterectomy |
| 5. Endometriosis | 13. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps. |
| 6. Stones in the urinary and biliary systems | 14. Any kind of Malignant tumor or growth |
| 7. Surgery on ears/tonsils/ adenoids/ paranasal sinuses | |
| 8. Cataracts, | |

In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Ensure Policy with Us without break in cover.

4. Any Medical Expenses incurred during the first 48 months during which You have the benefit of a Health Policy with Us in connection with:
 - i. Joint replacement surgery,
 - ii. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
 - iii. Surgery to correct deviated nasal septum
 - iv. Hypertrophied turbinate
 - v. Gout and Rheumatism
 - vi. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.
5. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.
6. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth.
However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
7. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury requiring Hospitalisation

8. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
9. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.
10. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
12. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
13. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.
14. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
15. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, , stem cell implantation or surgery, or growth hormone therapy.
16. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
17. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
18. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
19. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
20. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.
21. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
22. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
23. Experimental or unproven treatment
24. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity.
25. Treatment for any mental illness or psychiatric illness
26. All non-medical Items as per Annexure II provided in Policy Wordings
27. Any treatment received outside India is not covered under this policy.

D) CONDITIONS

1. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. Insured

Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.

3. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4. Claims Procedure

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. Cashless Claims Procedure:

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You or your representative:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorization by way of the written form.
- ii. In case of Planned hospitalization , You/the insured person/ insured representative shall intimate such admission within 48 hours of such hospitalisation
- iii. In case of Emergency hospitalization , You/the insured person/ insured representative shall intimate such admission within 24 hours of such hospitalisation
- iv. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information
- v. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
- vi. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

B. Reimbursement Claims Procedure:

If Pre-authorization as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost.
- v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Duly Completed Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers (Optional)
- Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.

- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor Certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above

Please send the documents on below address

Bajaj Allianz General Insurance Company
 2nd Floor, Bajaj Finserv Building,
 Behind Weikfield IT park,
 Off Nagar Road, Viman Nagar
 Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

5. Paying a Claim

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer 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 it.
- iv. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

6. Basis of Claims Payment

- i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- ii. The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.
- iii. Our obligation to make payment in respect of illness/surgeries listed under clause C3 (after the expiry of the waiting period referred in Exclusion C3) above, shall be restricted to

| Sum Insured Rs. | Rs. 50000, Rs. 75000 and Rs. 1lac | Rs. 1.5lacs, Rs. 2lacs and Rs. 3lacs | Rs. 4lacs ,Rs. 5lacs and Rs. 10lacs |
|--------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| Particulars | | | |
| Cataract (per eye) | Rs. 20000/- | Rs. 30000/- | Rs. 40000/- |

- iv. We shall make payment in Indian Rupees only.

7. Cumulative Bonus

Cumulative Bonus is applicable only for In Patient Hospitalisation Treatment Section.

- i. If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy.

- ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured.
- iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.

8. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

9. Multiple Policies

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of your claim in terms of any of your policies.

- i. 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.
- ii. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies. It is further clarified that the policyholder having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/ policies, even of the sum insured is not exhausted. Then the insurer(s) shall settle the claim subject to the terms and conditions of the other policy/policies so chosen.
- iii. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, you shall have the right to choose insurers from whom you wants to claim the balance amount.
- iv. Where you have policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

10. Entry Age and Renewal Age

| Cover | Member | Eligible Entry Age | Renewal |
|---------------|---|----------------------|---------------------|
| Health Ensure | Self, Spouse, Parents, Sister, Brother, Parents In law, Grand Parents | 18 years to Lifetime | lifetime renewals** |
| | Dependent Children, Grandchildren. | 3 months to 30 years | 35 Years* |

* After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, subject to Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed annually with us and within the Grace period of 30 days from date of Expiry. Continuity for all the waiting periods shall be extended in the new policy.

** Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry

Eligibility:

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also; however the policy will be issued during their stay in India and premium paid in Indian currency and by Indian Account only
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members

11. Renewal & Cancellation

- i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non-cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
- ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- iv. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

- v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- vi. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.
- vii. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.
- viii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

| Period in Risk | Premium Refund | | |
|---|----------------------------|-------------------------|----------------------------|
| | Policy Period 1 Year | Policy Period 2 Year | Policy Period 3 Year |
| Within 15 Days | As per Free look up period | | |
| Exceeding 15 days but less than 3 months | 65.00% | 75.00% | 80.00% |
| Exceeding 3 months but less than 6 months | 45.00% | 65.00% | 75.00% |
| Exceeding 6 months but less than 12 months | 0.00% | 45.00% | 60.00% |
| Exceeding 12 months but less than 15 months | | 30.00% | 50.00% |
| Exceeding 15 months but less than 18 months | | 20.00% | 45.00% |
| Exceeding 18 months but less than 24 months | | 0.00% | 30.00% |
| Exceeding 24 months but less than 27 months | | | 20.00% |
| Exceeding 27 months but less than 30 months | | | 15.00% |
| Exceeding 30 months but less than 36 months | | | 0.00% |

Note:

- The first slab of Number of days “within 15 days” in above table is applicable only in case of new business.
- In case of renewal policies, period is risk “Exceeding 15 days but less than 3 months” should be read as “within 3 months”.

12. Free Look Period

You have a period of 15 days from the date of receipt of the first 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 canceling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

13. Portability Conditions

- a. **Retail Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- b. **Group Policies:** As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Policy.

14. Endorsements

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

15. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

16. Migration of policy:

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

17. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

18. Loading due to adverse Health Conditions:

- i. The loading would be applicable on per individual basis for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors.

| Condition | Loading on premium of the Individual |
|-------------------------|--------------------------------------|
| Diabetes | 5% |
| Hypertension | 5% |
| Cholesterol Disorder | 5% |
| Obesity | 5% |
| Cardiovascular diseases | 5% |

- ii. For Multiple conditions cumulative loading would be applied on the published premium.
- iii. The maximum risk loading applicable for an individual shall not exceed 25% of the published premiums, for overall risk per person.
- iv. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- v. We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application.
- vi. Please note that We will issue Policy only after getting Your consent.

19. Discounts:

- i. **Employee Discount:** 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code
(Note: Online/Direct Customer Discount is not applicable to Employees)
- ii. **Online Discount/Direct Customer Discount:** 5% discount is extended for the policies purchased online/ through website and to direct customers.
(Note: Employee Discount is not applicable to Online/Direct Customers)
- iii. **Long Term Policy Discount:**
 - a) 4 % discount is applicable if policy is opted for 2 years
 - b) 8 % discount is applicable if policy is opted for 3 years

20. Premium payment Zone:

Zone A

“Following cities has been clubbed in Zone A:-

Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat.

Zone B

Rest of India apart from Zone A cities are classified as Zone B.

Note:-

- Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment.
- But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co – payment will not be applicable for Accidental Hospitalization cases.”
- Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

21. Sum Insured Enhancement:

- i. The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.
- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

22. Inclusion of members under the policy:

Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the insured member.

23. Territorial Limits & Governing Law

- i. We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

24. Arbitration and Reconciliation

- i. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

25. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule.

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd

GE Plaza, Airport Road

Yerawada, Pune 411006

E-mail: customercare@bajajallianz.co.in

Call : 1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 (free calls from Bharti users – mobile /landline) or020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cellfor Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address:seniorcitizen@bajajallianz.co.in

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

| Office Details | Jurisdiction of Office Union Territory, District) |
|---|--|
| AHMEDABAD - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.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@gbic.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@gbic.co.in | Madhya Pradesh Chattisgarh. |
| BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in | Orissa. |
| CHANDIGARH - Office of the Insurance Ombudsman, | Punjab, Haryana, |

| Office Details | Jurisdiction of Office Union Territory, District) |
|---|---|
| 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@gbic.co.in | 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@gbic.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@gbic.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@gbic.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 Email: bimalokpal.hyderabad@gbic.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@gbic.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@gbic.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@gbic.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@gbic.co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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. |

| Office Details | Jurisdiction of Office Union Territory, District) |
|---|---|
| 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@gbic.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, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.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@gbic.co.in | Bihar, Jharkhand. |
| PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

Note: Address and contact number of Governing Body of Insurance Council

Secretary General - Governing Body of Insurance Council

JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 3300+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centres , Website:

www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Annexure I

List of Day Care Procedures:

| ENT | General Surgery |
|---|---|
| 1 Stapedotomy | 204 Infected Keloid Excision |
| 2 Myringoplasty (Type I Tympanoplasty) | 205 Incision of a pilonidal sinus / abscess |
| 3 Revision stapedectomy | 206 Axillary lymphadenectomy |
| 4 Labyrinthectomy for severe Vertigo | 207 Wound debridement and Cover |
| 5 Stapedectomy under GA | 208 Abscess-Decompression |
| 6 Ossiculoplasty | 209 Cervical lymphadenectomy |
| 7 Myringotomy with Grommet Insertion | 210 infected sebaceous cyst |
| 8 Tympanoplasty (Type III) | 211 Inguinal lymphadenectomy |
| 9 Stapedectomy under LA | 212 Incision and drainage of Abscess |
| 10 Revision of the fenestration of the inner ear. | 213 Suturing of lacerations |

| | |
|--|--|
| 11 Tympanoplasty (Type IV) | 214 Scalp Suturing |
| 12 Endolymphatic Sac Surgery for Meniere's Disease | 215 Infected lipoma excision |
| 13 Turbinectomy | 216 Maximal anal dilatation |
| 14 Removal of Tympanic Drain under LA | 217 Piles |
| 15 Endoscopic Stapedectomy | A)Injection Sclerotherapy |
| 16 Fenestration of the inner ear | B)Piles banding |
| 17 Incision and drainage of perichondritis | 218 Liver Abscess- catheter drainage |
| 18 Septoplasty | 219 Fissure in Ano- fissurectomy |
| 19 Vestibular Nerve section | 220 Fibroadenoma breast excision |
| 20 Thyroplasty Type I | 221 OesophagealvaricesSclerotherapy |
| 21 Pseudocyst of the Pinna - Excision | 222 ERCP - pancreatic duct stone removal |
| 22 Incision and drainage - Haematoma Auricle | 223 Perianal abscess I&D |
| 23 Tympanoplasty (Type II) | 224 Perianal hematoma Evacuation |
| 24 Keratosis removal under GA | 225 Fissure in anosphincterotomy |
| 25 Reduction of fracture of Nasal Bone | 226 UGI scopy and Polypectomyoesophagus |
| 26 Excision and destruction of lingual tonsils | 227 Breast abscess I& D |
| 27 Conchoplasty | 228 Feeding Gastrostomy |
| 28 Thyroplasty Type II | 229 Oesophagoscopy and biopsy of growth oesophagus |
| 29 Tracheostomy | 230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers |
| 30 Excision of Angioma Septum | 231 ERCP - Bile duct stone removal |
| 31 Turbinoplasty | 232 Ileostomy closure |
| 32 Incision & Drainage of Retro Pharyngeal Abscess | 233 Colonoscopy |
| 33 UvuloPalatoPharyngoPlasty | 234 Polypectomy colon |
| 34 Palatoplasty | 235 Splenic abscesses Laparoscopic Drainage |
| 35 Tonsillectomy without adenoidectomy | 236 UGI SCOPY and Polypectomy stomach |
| 36 Adenoidectomy with Grommet insertion | 237 Rigid Oesophagoscopy for FB removal |
| 37 Adenoidectomy without Grommet insertion | 238 Feeding Jejunostomy |
| 38 Vocal Cord lateralisation Procedure | 239 Colostomy |
| 39 Incision & Drainage of Para Pharyngeal Abscess | 240 Ileostomy |
| 40 Transoral incision and drainage of a pharyngeal abscess | 241 colostomy closure |
| 41 Tonsillectomy with adenoidectomy | 242 Submandibular salivary duct stone removal |
| 42 Tracheoplasty Ophthalmology | 243 Pneumatic reduction of intussusception |
| 43 Incision of tear glands | 244 Varicose veins legs - Injection sclerotherapy |
| 44 Other operation on the tear ducts | 245 Rigid Oesophagoscopy for Plummer vinson syndrome |
| 45 Incision of diseased eyelids | 246 Pancreatic Pseudocysts Endoscopic Drainage |
| 46 Excision and destruction of the diseased tissue of the eyelid | 247 ZADEK's Nail bed excision |
| 47 Removal of foreign body from the lens of the eye. | 248 Subcutaneous mastectomy |
| 48 Corrective surgery of the entropion and ectropion | 249 Excision of Ranula under GA |
| 49 Operations for pterygium | 250 Rigid Oesophagoscopy for dilation of benign Strictures |
| 50 Corrective surgery of blepharoptosis | 251 Eversion of Sac |
| 51 Removal of foreign body from conjunctiva | a) Unilateral |
| 52 Biopsy of tear gland | b)Bilateral |

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| 53 Removal of Foreign body from cornea | 252 Lord's plication |
| 54 Incision of the cornea | 253 Jaboulay's Procedure |
| 55 Other operations on the cornea | 254 Scrotoplasty |
| 56 Operation on the canthus and epicanthus | 255 Surgical treatment of varicocele |
| 57 Removal of foreign body from the orbit and the eye ball. | 256 Epididymectomy |
| 58 Surgery for cataract | 257 Circumcision for Trauma |
| 59 Treatment of retinal lesion | 258 Meatoplasty |
| 60 Removal of foreign body from the posterior chamber of the eye | 259 Intersphincteric abscess incision and drainage |
| Oncology | 260 Psoas Abscess Incision and Drainage |
| 61 IV Push Chemotherapy | 261 Thyroid abscess Incision and Drainage |
| 62 HBI-Hemibody Radiotherapy | 262 TIPS procedure for portal hypertension |
| 63 Infusional Targeted therapy | 263 Esophageal Growth stent |
| 64 SRT-Stereotactic Arc Therapy | 264 PAIR Procedure of Hydatid Cyst liver |
| 65 SC administration of Growth Factors | 265 Tru cut liver biopsy |
| 66 Continuous Infusional Chemotherapy | 266 Photodynamic therapy or esophageal tumour and Lung tumour |
| 67 Infusional Chemotherapy | 267 Excision of Cervical RIB |
| 68 CCRT-Concurrent Chemo + RT | 268 laparoscopic reduction of intussusception |
| 69 2D Radiotherapy | 269 Microdochectomy breast |
| 70 3D Conformal Radiotherapy | 270 Surgery for fracture Penis |
| 71 IGRT- Image Guided Radiotherapy | 271 Sentinel node biopsy |
| 72 IMRT- Step & Shoot | 272 Parastomal hernia |
| 73 Infusional Bisphosphonates | 273 Revision colostomy |
| 74 IMRT- DMLC | 274 Prolapsed colostomy- Correction |
| 75 Rotational Arc Therapy | 275 Testicular biopsy |
| 76 Tele gamma therapy | 276 laparoscopic cardiomyotomy(Hellers) |
| 77 FSRT-Fractionated SRT | 277 Sentinel node biopsy malignant melanoma |
| 78 VMAT-Volumetric Modulated Arc Therapy | 278 laparoscopic pyloromyotomy(Ramstedt) |
| 79 SBRT-Stereotactic Body Radiotherapy | Orthopedics |
| 80 Helical Tomotherapy | 279 Arthroscopic Repair of ACL tear knee |
| 81 SRS-Stereotactic Radiosurgery | 280 Closed reduction of minor Fractures |
| 82 X-Knife SRS | 281 Arthroscopic repair of PCL tear knee |
| 83 Gammaknife SRS | 282 Tendon shortening |
| 84 TBI- Total Body Radiotherapy | 283 Arthroscopic Meniscectomy - Knee |
| 85 intraluminal Brachytherapy | 284 Treatment of clavicle dislocation |
| 86 Electron Therapy | 285 Arthroscopic meniscus repair |
| 87 TSET-Total Electron Skin Therapy | 286 Haemarthrosis knee- lavage |
| 88 Extracorporeal Irradiation of Blood Products | 287 Abscess knee joint drainage |
| 89 Telecobalt Therapy | 288 Carpal tunnel release |
| 90 Telecesium Therapy | 289 Closed reduction of minor dislocation |
| 91 External mould Brachytherapy | 290 Repair of knee cap tendon |
| 92 Interstitial Brachytherapy | 291 ORIF with K wire fixation- small bones |
| 93 Intracavity Brachytherapy | 292 Release of midfoot joint |

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| 94 3D Brachytherapy | 293 ORIF with plating- Small long bones |
| 95 Implant Brachytherapy | 294 Implant removal minor |
| 96 Intravesical Brachytherapy | 295 K wire removal |
| 97 Adjuvant Radiotherapy | 296 POP application |
| 98 Afterloading Catheter Brachytherapy | 297 Closed reduction and external fixation |
| 99 Conditioning Radiotherapy for BMT | 298 Arthrotomy Hip joint |
| 100 Extracorporeal Irradiation to the Homologous Bone grafts | 299 Syme's amputation |
| 101 Radical chemotherapy | 300 Arthroplasty |
| 102 Neoadjuvant radiotherapy | 301 Partial removal of rib |
| 103 LDR Brachytherapy | 302 Treatment of sesamoid bone fracture |
| 104 Palliative Radiotherapy | 303 Shoulder arthroscopy / surgery |
| 105 Radical Radiotherapy | 304 Elbow arthroscopy |
| 106 Palliative chemotherapy | 305 Amputation of metacarpal bone |
| 107 Template Brachytherapy | 306 Release of thumb contracture |
| 108 Neoadjuvant chemotherapy | 307 Incision of foot fascia |
| 109 Adjuvant chemotherapy | 308 calcaneum spur hydrocort injection |
| 110 Induction chemotherapy | 309 Ganglion wrist hyalase injection |
| 111 Consolidation chemotherapy | 310 Partial removal of metatarsal |
| 112 Maintenance chemotherapy | 311 Repair / graft of foot tendon |
| 113 HDR Brachytherapy | 312 Revision/Removal of Knee cap |
| Plastic Surgery | 313 Amputation follow-up surgery |
| 114 Construction skin pedicle flap | 314 Exploration of ankle joint |
| 115 Gluteal pressure ulcer-Excision | 315 Remove/graft leg bone lesion |
| 116 Muscle-skin graft, leg | 316 Repair/graft achilles tendon |
| 117 Removal of bone for graft | 317 Remove of tissue expander |
| 118 Muscle-skin graft duct fistula | 318 Biopsy elbow joint lining |
| 119 Removal cartilage graft | 319 Removal of wrist prosthesis |
| 120 Myocutaneous flap | 320 Biopsy finger joint lining |
| 121 Fibro myocutaneous flap | 321 Tendon lengthening |
| 122 Breast reconstruction surgery after mastectomy | 322 Treatment of shoulder dislocation |
| 123 Sling operation for facial palsy | 323 Lengthening of hand tendon |
| 124 Split Skin Grafting under RA | 324 Removal of elbow bursa |
| 125 Wolfe skin graft | 325 Fixation of knee joint |
| 126 Plastic surgery to the floor of the mouth under GA | 326 Treatment of foot dislocation |
| Urology | 327 Surgery of bunion |
| 127 AV fistula - wrist | 328 intra articular steroid injection |
| 128 URSL with stenting | 329 Tendon transfer procedure |
| 129 URSL with lithotripsy | 330 Removal of knee cap bursa |
| 130 CystoscopicLitholapaxy | 331 Treatment of fracture of ulna |
| 131 ESWL | 332 Treatment of scapula fracture |
| 132 Haemodialysis | 333 Removal of tumor of arm/ elbow under RA/GA |
| 133 Bladder Neck Incision | 334 Repair of ruptured tendon |
| 134 Cystoscopy & Biopsy | 335 Decompress forearm space |

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| 135 Cystoscopy and removal of polyp | 336 Revision of neck muscle (Torticollis release) |
| 136 Suprapubiccystostomy | 337 Lengthening of thigh tendons |
| 137 percutaneous nephrostomy | 338 Treatment fracture of radius & ulna |
| 139 Cystoscopy and "SLING" procedure. | 339 Repair of knee joint Paediatric surgery |
| 140 TUNA- prostate | 340 Excision Juvenile polyps rectum |
| 141 Excision of urethral diverticulum | 341 Vaginoplasty |
| 142 Removal of urethral Stone | 342 Dilatation of accidental caustic stricture oesophageal |
| 143 Excision of urethral prolapse | 343 PresacralTeratomas Excision |
| 144 Mega-ureter reconstruction | 344 Removal of vesical stone |
| 145 Kidney renoscopy and biopsy | 345 Excision Sigmoid Polyp |
| 146 Ureter endoscopy and treatment | 346 SternomastoidTenotomy |
| 147 Vesico ureteric reflux correction | 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy |
| 148 Surgery for pelvi ureteric junction obstruction | 348 Excision of soft tissue rhabdomyosarcoma |
| 149 Anderson hynes operation | 349 Mediastinal lymph node biopsy |
| 150 Kidney endoscopy and biopsy | 350 High Orchiectomy for testis tumours |
| 151 Paraphimosis surgery | 351 Excision of cervical teratoma |
| 152 injury prepuce- circumcision | 352 Rectal-Myomectomy |
| 153 Frenular tear repair | 353 Rectal prolapse (Delorme's procedure) |
| 154 Meatotomy for meatal stenosis | 354 Orchidopexy for undescended testis |
| 155 surgery for fournier's gangrene scrotum | 355 Detorsion of torsion Testis |
| 156 surgery filarial scrotum | 356 lap.Abdominal exploration in cryptorchidism |
| 157 surgery for watering can perineum | 357 EUA + biopsy multiple fistula in ano |
| 158 Repair of penile torsion | 358 Cystic hygroma - Injection treatment |
| 159 Drainage of prostate abscess | 359 Excision of fistula-in-ano |
| 160 Orchiectomy | Gynaecology |
| 161 Cystoscopy and removal of FB | 360 Hysteroscopic removal of myoma |
| Neurology | 361 D&C |
| 162 Facial nerve physiotherapy | 362 Hysteroscopic resection of septum |
| 163 Nerve biopsy | 363 thermal Cauterisation of Cervix |
| 164 Muscle biopsy | 364 MIRENA insertion |
| 165 Epidural steroid injection | 365 Hysteroscopicadhesiolysis |
| 166 Glycerol rhizotomy | 366 LEEP |
| 167 Spinal cord stimulation | 367 Cryocauterisation of Cervix |
| 168 Motor cortex stimulation | 368 Polypectomy Endometrium |
| 169 Stereotactic Radiosurgery | 369 Hysteroscopic resection of fibroid |
| 170 Percutaneous Cordotomy | 370 LLETZ |
| 171 Intrathecal Baclofen therapy | 371 Conization |
| 172 Entrapment neuropathy Release | 372 polypectomy cervix |
| 173 Diagnostic cerebral angiography | 373 Hysteroscopic resection of endometrial polyp |
| 174 VP shunt | 374 Vulval wart excision |
| 175 Ventriculoatrial shunt | 375 Laparoscopic paraovarian cyst excision |
| Thoracic surgery | 376 uterine artery embolization |
| 176 Thoracoscopy and Lung Biopsy | 377 Bartholin Cyst excision |

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| 177 Excision of cervical sympathetic Chain Thorascopic | 378 Laparoscopic cystectomy |
| 178 Laser Ablation of Barrett's oesophagus | 379 Hymenectomy(imperforate Hymen) |
| 179 Pleurodesis | 380 Endometrial ablation |
| 180 Thoracoscopy and pleural biopsy | 381 vaginal wall cyst excision |
| 181 EBUS + Biopsy | 382 Vulval cyst Excision |
| 182 Thoracoscopy ligation thoracic duct | 383 Laparoscopic paratubal cyst excision |
| 183 Thoracoscopy assisted empyaema drainage | 384 Repair of vagina (vaginal atresia) |
| Gastroenterology | 385 Hysteroscopy, removal of myoma |
| 184 Pancreatic pseudocyst EUS & drainage | 386 TURBT |
| 185 RF ablation for barrett'sOesophagus | 387 Ureterocele repair - congenital internal |
| 186 ERCP and papillotomy | 388 Vaginal mesh For POP |
| 187 Esophagoscope and sclerosant injection | 389 Laparoscopic Myomectomy |
| 188 EUS + submucosal resection | 390 Surgery for SUI |
| 189 Construction of gastrostomy tube | 391 Repair recto- vagina fistula |
| 190 EUS + aspiration pancreatic cyst | 392 Pelvic floor repair(excluding Fistula repair) |
| 191 Small bowel endoscopy (therapeutic) | 393 URS + LL |
| 192 Colonoscopy ,lesion removal | 394 Laparoscopic oophorectomy |
| 193 ERCP | Critical care |
| 194 Colonscopy stenting of stricture | 395 Insert non- tunnel CV cath |
| 195 Percutaneous Endoscopic Gastrostomy | 396 Insert PICC cath (peripherally inserted central catheter) |
| 196 EUS and pancreatic pseudo cyst drainage | 397 Replace PICC cath (peripherally inserted central catheter) |
| 197 ERCP and choledochoscopy | 398 Insertion catheter, intra anterior |
| 198 Proctosigmoidoscopy volvulus detorsion | 399 Insertion of Portacath |
| 199 ERCP and sphincterotomy | |
| 200 Esophageal stent placement | |
| 201 ERCP + placement of biliary stents | |
| 202 Sigmoidoscopy w / stent | |
| 203 EUS + coeliac node biopsy | |

Note:

- (i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Annexure II:- List of Non-Medical Items

| S. NO | List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy - | SUGGESTIONS |
|--------------|---|--------------------|
| | TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS | |
| 1 | HAIR REMOVAL CREAM | Not Payable |
| 2 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable |
| 3 | BABY FOOD | Not Payable |
| 4 | BABY UTILITES CHARGES | Not Payable |
| 5 | BABY SET | Not Payable |
| 6 | BABY BOTTLES | Not Payable |

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| 7 | BRUSH | Not Payable |
| 8 | COSY TOWEL | Not Payable |
| 9 | HAND WASH | Not Payable |
| 10 | M01STUR1SER PASTE BRUSH | Not Payable |
| 11 | POWDER | Not Payable |
| 12 | RAZOR | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Essential and may be paid 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 | Not Payable |
| 25 | EYE PAD | Not Payable |
| 26 | EYE SHEILD | Not Payable |
| 27 | EMAIL / INTERNET CHARGES | Not Payable |
| 28 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable |
| 29 | FOOT COVER | Not Payable |
| 30 | GOWN | Not Payable |
| 31 | LEGGINGS | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 32 | LAUNDRY CHARGES | Not Payable |
| 33 | MINERAL WATER | Not Payable |
| 34 | OIL CHARGES | Not Payable |
| 35 | SANITARY PAD | Not Payable |
| 36 | SLIPPERS | Not Payable |
| 37 | TELEPHONE CHARGES | Not Payable |
| 38 | TISSUE PAPER | Not Payable |
| 39 | TOOTH PASTE | Not Payable |
| 40 | TOOTH BRUSH | Not Payable |
| 41 | GUEST SERVICES | Not Payable |
| 42 | BED PAN | Not Payable |
| 43 | BED UNDER PAD CHARGES | Not Payable |
| 44 | CAMERA COVER | Not Payable |
| 45 | CLINIPLAST | Not Payable |
| 46 | CREPE BANDAGE | Not Payable/ Payable by the patient |
| 47 | CURAPORE | Not Payable |
| 48 | DIAPER OF ANY TYPE | Not Payable |

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| 49 | DVD, CD CHARGES | Not Payable (However if CD is specifically sought by Insurer /T PA then payable) |
| 50 | EYELET COLLAR | Not Payable |
| 51 | FACE MASK | Not Payable |
| 52 | FLEXI MASK | Not Payable |
| 53 | GAUSE SOFT | Not Payable |
| 54 | GAUZE | Not Payable |
| 55 | HAND HOLDER | Not Payable |
| 56 | HANSAPLAST/ADHESIVE BANDAGES | Not Payable |
| 57 | INFANT FOOD | Not Payable |
| 58 | SLINGS | Reasonable costs for one sling in case of upper arm fractures should be considered |
| | | |
| | ITEMS 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 IF EXCLUDED IN POLICY | Exclusion in policy unless otherwise specified |
| 66 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Exclusion in policy unless otherwise specified |
| 67 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Exclusion in policy unless otherwise specified |
| 68 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Exclusion in policy unless otherwise specified |
| 69 | DONOR SCREENING CHARGES | Exclusion in policy unless otherwise specified |
| 70 | ADMISSION/REGISTRATION CHARGES | Exclusion in policy unless otherwise specified |
| 71 | 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 |
| 73 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion |
| 74 | STEM CELL IMPLANTATION/ SURGERY and storage | Not Payable except Bone Marrow Transplantation where covered by policy |
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| | ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS | |

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| 75 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges ,not payable separately |
| 76 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 77 | MICROSCOPE COVER | Payable under OT Charges , not 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 | Antiseptic or disinfectant lotions | Not Payable -Part of Dressing Charges |
| 87 | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges |
| 88 | COTTON | Not Payable -Part of Dressing Charges |
| 89 | COTTON BANDAGE | Not Payable- Part of Dressing Charges |
| 90 | MICROPORE/ SURGICAL TAPE | Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges |
| 91 | BLADE | Not Payable |
| 92 | APRON | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges |
| 93 | TORNIQUET | Not Payable (service is charged by hospitals, consumables c an n o t be separately charged) |
| 94 | ORTHOBUNDLE, GYNAEC BUNDLE | Part o f Dressing Charges |
| 95 | URINE CONTAINER | Not Payable |
| | | |
| | ELEMENTS OF ROOM CHARGE | |
| 96 | LUXURY TAX | Actual tax levied by government is payable. P a r t of room charge for sub limits |
| 97 | HVAC | Part o f 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 notpayable separately |

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| 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 | M 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 | ENTRANCEPASS / VISITORS PASS CHARGES | Not Payable |
| 118 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | To be claimed by patient under Post Hosp where admissible |
| 119 | FILE OPENING CHARGES | Not Payable |
| 120 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable |
| 121 | MEDICAL CERTIFICATE | Not Payable |
| 122 | MAINTENANCE CHARGES | Not Payable |
| 123 | MEDICAL RECORDS | Not Payable |
| 124 | PREPARATION CHARGES | Not Payable |
| 125 | PHOTOCOPIES CHARGES | Not Payable |
| 126 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 127 | WASHING CHARGES | Not Payable |
| 128 | MEDICINE BOX | Not Payable |
| 129 | MORTUARY CHARGES | Payable upto 24 hrs, shifting charges not payable |
| 130 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | |
| | EXTERNAL DURABLE DEVICES | |
| 131 | WALKING AIDS CHARGES | Not Payable |
| 132 | BIPAP MACHINE | Not Payable |
| 133 | COMMODE | Not Payable |
| 134 | CPAP/ CAPD EQUIPMENTS | Device not payable |
| 135 | INFUSION PUMP - COST | Device not payable |
| 136 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 137 | PULSEOXYMETER CHARGES | Device not payable |

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| 138 | SPACER | Not Payable |
| 139 | SPIROMETRE | Device not payable |
| 140 | S P O 2 P R O B E | Not Payable |
| 141 | NEBULIZER KIT | Not Payable |
| 142 | STEAM INHALER | Not Payable |
| 143 | ARMSLING | Not Payable |
| 144 | THERMOMETER | Not Payable (paid by patient) |
| 145 | CERVICAL COLLAR | Not Payable |
| 146 | SPLINT | Not Payable |
| 147 | DIABETIC FOOT WEAR | Not Payable |
| 148 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 149 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable |
| 150 | LUMBOSACRAL BELT | Essential and should be paid specifically for cases who have undergone surgery of lumbar spine. |
| 151 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day |
| 152 | AMBULANCE COLLAR | Not Payable |
| 153 | AMBULANCE EQUIPMENT | Not Payable |
| 154 | MICROSHEILD | Not Payable |
| 155 | ABDOMINAL BINDER | Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| | ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION | |
| 156 | BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC | May be payable when prescribed for patient , not payable for hospital use in OT or ward or for dressings in hospital |
| 157 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES | Post hospitalization nursing charges not Payable |
| 158 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES | Patient Diet provided by hospital is payable |
| 159 | SUGAR FREE Tablets | Payable -S u g a r free variants of admissible medicines are not excluded |
| 160 | CREAMS POWDERS LOTIONS (Toiletries are not payable only prescribed medical pharmaceuticals payable) | Payable when prescribed |
| 161 | Digestion gels | Payable when prescribed |
| 162 | ECG ELECTRODES | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and atleast one set every second day must be payable. |
| 163 | GLOVES | Sterilized Gloves payable / unsterilized gloves not payable |

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| 164 | HIV KIT | Payable - payable Pre operative screening |
| 165 | LISTERINE/ ANTISEPTIC MOUTHWASH | Payable when prescribed |
| 166 | LOZENGES | Payable when prescribed |
| 167 | MOUTH PAINT | Payable when prescribed |
| 168 | NEBULISATION KIT | If used during hospitalization is payable reasonably |
| 169 | NOVARAPID | Payable when prescribed |
| 170 | VOLINI GEL/ ANALGESIC GEL | Payable when prescribed |
| 171 | ZYTEE GEL | Payable when prescribed |
| 172 | VACCINATION CHARGES | Routine Vaccination not Payable / Post Bite Vaccination Payable |
| | | |
| | PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE | |
| 173 | AHD | Not Payable - Part of Hospital's internal Cost |
| 174 | ALCOHOL SWABES | Not Payable - Part of Hospital's internal Cost |
| 175 | SCRUB SOLUTION/STERILLIUM | Not Payable - Part of Hospital's internal Cost |
| | | |
| | OTHERS | |
| 176 | VACCINE CHARGES FOR BABY | Not Payable |
| 177 | AESTHETIC TREATMENT / SURGERY | Not Payable |
| 178 | TPA CHARGES | Not Payable |
| 179 | VISCO BELT CHARGES | Not Payable |
| 180 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 181 | EXAMINATION GLOVES | Not Payable |
| 182 | KIDNEY TRAY | Not Payable |
| 183 | MASK | Not Payable |
| 184 | OUNCE GLASS | Not Payable |
| 185 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable, except for telemedicine consultations where covered by policy |
| 186 | OXYGEN MASK | Not Payable |
| 187 | PAPER GLOVES | Not Payable |
| 188 | PELVIC TRACTION BELT | Should be payable in case of PVI) requiring traction as this is generally not reused |
| 189 | REFERAL DOCTOR'S FEES | Not Payable |
| 190 | ACCU CHECK (Glucometry/ Strips) | Not payable pre hospitalisation or post 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 inter hospital shifts |

| | | is payable/ RTA as specific requirement is payable |
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| 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 24hrs |
| 198 | SOFTOVAC | Not Payable |
| 199 | STOCKINGS | Essential for case like CABG etc. where it should be paid. |