



Tata AIG General Insurance Company Ltd.

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IRDA of India Registration No.: 108
CIN: U85110MH2000PLC128425

Group MediPrime - Policy Wordings

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

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

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

For Tata AIG General Insurance Company Ltd.

Authorized Signatory

Section. 1 Benefits

If any Insured Person suffers an Illness or Accident during the Policy Period that requires Insured Person's Hospitalisation as an inpatient, then We will pay for the Expenses for the benefits mentioned below.

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

a) In-patient Treatment

The Medical Expenses for:

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

b) Pre-hospitalisation

The Medical Expenses incurred due to an Illness in the 60 days immediately before the Insured Person was Hospitalised, provided that:

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

c) Post-hospitalisation

The Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post-Hospitalisation provided that:

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

d) Day Care Procedures

The Medical Expenses for a day care procedure mentioned in the list of 140 Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an in-patient for less than 24 hours in a Hospital or standalone day care centre but not the out-patient department of a Hospital or standalone day care centre.

e) **Domiciliary Treatment**

The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable cost of any necessary medical treatment for the entire period, and
- ii) If we accept a claim under this benefit We will not make any payment for pre-hospitalisation and post-hospitalisation expenses under this Benefit, and
- iii) No payment will be made if the condition for which the Insured Person requires medical treatment is for:
 - (1) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza,
 - (2) Arthritis, gout and rheumatism,
 - (3) Chronic nephritis and nephritic syndrome,
 - (4) Diarrhoea and all type of dysenteries including gastroenteritis,
 - (5) Diabetes mellitus and insipidus,
 - (6) Epilepsy,
 - (7) Hypertension,
 - (8) Psychiatric or psychosomatic disorders of all kinds,
 - (9) Pyrexia of unknown origin.

f) **Emergency Ambulance**

We will reimburse the expenses incurred on an ambulance offered by a registered healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention), provided that:

- i) Our maximum liability shall be restricted as per policy schedule per hospitalisation and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a) or 1d)
- iii) Ambulance should be from a registered healthcare or ambulance service provider.
- iv) Its for emergency cases Only.

g) **Organ Donor**

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

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

h) **Family Transportation Benefit**

If We have accepted a claim under Benefit 1a), then We will reimburse the actual expenses incurred in transporting one Immediate Family Member from the Insured Person's residence to

the Hospital where the Insured Person is admitted, provided that such Hospital is located at least 200 kms away from the Insured Person's residence.

Sum Insured	Sub-limit
Rs. [XXX]	Rs. [XXX]

Note: In this Benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-in-law, legal guardian, ward, step child or adopted child.

i) Nursing allowance

We will reimburse the expenses for the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital, provided that:

- a) the Medical Practitioner treating the Insured Person recommends the provision of such care for medical reasons, and
- b) We have accepted an inpatient Hospitalisation claim under Benefit 1 a), and
- c) Subject to the Sum Insured, Our maximum liability will be limited to the sub-limit specified below:

Sum Insured	Sub-limit
Rs. [XXX]	Rs. [XXX] per day; Maximum Rs. [XXX] for any and all claims during the Policy Period by all Insured Persons

Section. 2 Exclusions

Waiting Periods

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

30 days Waiting Period

- b) A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless the Insured Person has been insured under a Group MediPrime Policy continuously and without any break in the previous Policy Year.

First year Waiting Period

- c) A waiting period of 12 months shall apply to the treatments, whether medical or surgical, of the disease/conditions mentioned below. Additionally the said 12 months waiting period shall be applicable to all surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer.

Sl No	Organ / Organ System/ Disciplines	Illness	Surgeries
a.	ENT	<ul style="list-style-type: none"> ▪ Sinusitis ▪ Rhinitis ▪ Tonsillitis 	<ul style="list-style-type: none"> ▪ adenoidectomy ▪ mastoidectomy ▪ tonsillectomy

			<ul style="list-style-type: none"> ▪ tympanoplasty ▪ surgery for nasal septum deviation ▪ nasal concha resection
b.	Gynaecological	<ul style="list-style-type: none"> ▪ cysts, polyps including breast lumps ▪ Polycystic ovarian disease ▪ fibroids (fibromyoma) 	<ul style="list-style-type: none"> ▪ Dilatation and curettage (D&C) ▪ Myomectomy for fibroids ▪ Hysterectomy for Dysfunctional uterine bleeding or menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.
c.	Orthopaedic	<ul style="list-style-type: none"> ▪ Non infective arthritis ▪ Gout and Rheumatism ▪ Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> ▪ Surgery for prolapsed inter vertebral disk ▪ Joint replacement surgeries
d.	Gastrointestinal	<ul style="list-style-type: none"> ▪ Calculus diseases of gall bladder including Cholecystitis ▪ Pancreatitis ▪ Fissure/fistula in anus, hemorrhoids, pilonidal sinus ▪ Ulcer and erosion of stomach and duodenum ▪ Gastro Esophageal Reflux Disorder (GERD) ▪ All forms of cirrhosis ▪ (Please Note: All forms of cirrhosis due to alcohol will be excluded) ▪ Perineal Abscesses ▪ Perianal Abscesses 	<ul style="list-style-type: none"> ▪ Cholecystectomy ▪ surgery of hernia
e.	Urogenital	<ul style="list-style-type: none"> ▪ Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone, Ureteric stone . • Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele
f.	Eye	<ul style="list-style-type: none"> ▪ Cataract 	<ul style="list-style-type: none"> ▪ NIL
g.	Others	<ul style="list-style-type: none"> ▪ NIL 	<ul style="list-style-type: none"> ▪ Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs/ disciplines whether or not described above)	<ul style="list-style-type: none"> ▪ Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> ▪ NIL

Pre-existing Conditions

- d) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any Pre-existing Condition or any complication arising from the same, unless expressly stated to the contrary in this Policy.
- e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
 - i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
 - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing
 - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including but not limited to smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - v) Treatment of Obesity and any weight control program,.
 - vi) Psychiatric or mental disorders (including mental health treatments), Parkinson and Alzheimer's disease ; general debility or exhaustion ("run-down condition") ,congenital internal or external diseases (known / unknown), defects or anomalies, genetic disorders; stem cell implantation/ therapy or surgery, or growth hormone therapy, sleep apnoea.
 - vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
 - viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy for inpatient treatment only.
 - ix) Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services and complications arising therefrom.
 - x) Dental treatment and surgery of any kind, other than arising out of an accident and requiring Hospitalisation.
 - xi) Expenses for donor screening, or, save as and to the extent provided for in 1)g), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).

- xii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures (except hairline fractures) and dislocations of the mandible & extremities).
- xiii) Circumcisions (unless necessitated by illness or injury and forming part of treatment), treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident Cancer & Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens, Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital
- xvi) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care;
- xvii) Any non-allopathic treatment.
- xviii) All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment) unless certified to be required by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim ; any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xix) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing .
- xx) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxi) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxii) Treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

- xxiii) The provision or fitting of hearing aids.
- xxiv) The provision or fitting of spectacles or contact lenses including optometric therapy,
- xxv) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- xxvi) Artificial limbs, crutches or any other external Aids & Appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxvii) Any specific time bound or lifetime exclusion(s) applied by Us and mentioned in the Schedule and accepted by You as per Our underwriting guidelines.
- xxviii) Non medical expenses as per Appendix III

Section. 3 General Conditions

a) Condition precedent

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

b) Geography

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

c) Age

A person shall be eligible to become an Insured Person if he is not younger than Age 91 days. However, there is no maximum age limit.

d) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

e) Notification of Claim

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

Cashless Service:

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
i)	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
ii)	If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

f) Supporting Documentation & Examination

The Insured Person shall provide Us with any documentation and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days or earlier of our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following in English:

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

g) The Insured Person additionally hereby consents to:

- i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.

- ii) Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require. We will bear the cost towards performing such medical examination (at the specified location) of the insured person

h) Claims Payment

- i) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) “We will only make payment to primary insured under this Policy. Primary insured’s receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of primary insured’s death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted”
- iii) Cashless service/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.
- iv) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- v) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- vi) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Prot
- vii) ection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, ‘bank rate’ shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

i) Fraud

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

j) Other Insurance

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

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

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy ,the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause stated in in section 4 - Interpretations & Definitions... This clause shall only apply to indemnity sections of the policy .

k) Subrogation

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

l) Alterations to the Policy

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

m) Renewal

This Policy is ordinarily renewable for life unless the policy holder or the insured person or anyone acting on behalf of the policyholder or the insured person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
- ii) In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

The policy will be renewable provided premium has been paid on the renewal due date. However a grace period delay in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

n) Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

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

o) Dispute Resolution Clause

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

p) Termination

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

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule, and We shall refund a rateable proportion of the premium as long as no claim has been made under the Policy.

q) Free Look Period

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

r) Continuity

The Insured Member would have an option to migrate to Our individual health insurance plans if the group policy is discontinued or if the insured member is leaving the group on account of resignation, retirement, termination of employment or otherwise subject to Our underwriting guidelines.

Section : 4 Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male

include the female and references to any statutory enactment include subsequent changes to the same:

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

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

For the purpose of this policy, the entry age is 91 days with no limitation on maximum entry age.

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

Def. 4. **Alternative Treatments** are forms of treatments other than “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 6. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

6a. Internal Congenital Anomaly - which is not in the visible and accessible parts of the body

6b. External Congenital Anomaly - which is in the visible and accessible parts of the body

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

Def. 8. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum insured. This clause shall not apply to any benefit offered on fixed benefit basis.

Def. 9. **Co-Payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum Insured.

Def. 10. **Day Care centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- has qualified nursing staff under its employment

- has qualified medical practitioner (s) in charge;

-has a fully equipped operation theatre of its own where surgical procedures are carried out;

-maintains daily records of patients and will make these accessible to the Insurance company`s authorized personnel.

Def. 11. **Day Care treatment** refers to medical treatment, and/or surgical procedure which is

- i) undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii) Which would have otherwise required a Hospitalization of more than 24 hours

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

- Def. 12. **Deductible** is a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.
- Def. 13. **Dependents** means only the family members listed below:
- i) Your legally married spouse as long as she continues to be married to You;
 - ii) Your children (naturally & legally adopted) Aged between 91 days and 25 years if they are financially dependent on you and are unmarried
 - a) Your natural parents or parents that have legally adopted You or parents-in-law,
- Def. 14. **Dental Treatment** is a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- Def. 15. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 16. **Domiciliary Hospitalisation** means medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a Hospital or,
 - the patient takes treatment at home on account of non availability of room in a Hospital.
- Def. 17. **Emergency or Emergency Care** means management for a severe Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 18. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during each Policy Year.
- Def. 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.

- Def. 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 Establishment (Registration and Regulation) Act,2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR comply with all minimum criteria as under:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- Def. 21. **Hospitalisation** or **Hospitalised** means admission in a Hospital for a minimum of 24 In patient care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hour
- Def. 22. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment..
- a) Acute Condition 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 means a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
- Def. 23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 24. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 25. **Insured Person** means You and the persons named in the Schedule.
- Def. 26. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 27. **Maternity Expenses** shall include:
- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during Hospitalisation).
 - b) Expenses towards lawful medical termination of pregnancy during the policy period

- Def. 28. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 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.
- a) Pre- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- b) Post- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- Def. 30. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 31. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.
- Def. 32. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- Def. 33. **Non Network** Any hospital ,day care centre or other provider that is not part of the network
- Def. 34. **New Born Baby** means those babies born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
- Def. 35. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 36. **Outpatient (OPD) Treatment** is 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 daycare or inpatient.

- Def. 37. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 38. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 39. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 40. **Policyholder** - means the physical person(s) or the entity named in the Policy Schedule who is (are) responsible for payment of premiums
- Def. 41. **Pre-existing Condition** means any condition, ailment, illness or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- Def. 42. **Primary Insured** means an eligible person who is enrolled for coverage under this Policy.
- Def. 43. **Pre Hospitalisation Medical Expenses** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 44. **Post Hospitalisation Medical Expenses** means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that :
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 45. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India.
- Def. 46. **Reasonable & Customary charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- Def. 47. **Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.
- Def. 48. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods
- Def. 49. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other resource.

- Def. 50. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Period.
- Def. 51. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 52. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 53. **Unproven/Experimental treatment** is a treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 54. **We/Our/Us** means the Tata-AIG General Insurance Company Limited.
- Def. 55. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section . 5 : Claim Related Information

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

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

Note - The Policyholder(s) shall have right to exercise an option to change the existing duly licensed TPA within 30 days prior to the date of renewal of the Policy from the list of our empanelled TPAs for serving and process claim under the Group MediPrime Policy

Any change in TPA by Us shall be communicated to You 30 days before such effect of change.

Section . 6 : Grievance Redressal Procedure

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1-800-119966 or 022-66939500 (tolled) or 1800 22 9966 (only for senior citizen policy holders) or you may email to the customer service desk at customersupport@tata-aig.com.

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

Escalation Level 1

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

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tata-aig.com After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id.

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA under the Insurance Ombudsman Scheme.

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri. / Smt.	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27545441/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU	Shri. M. Parshad	Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg,	State of Karnataka.

		<p>JP Nagar, 1st Phase, Bengaluru – 560 025. Tel.: 080- 22222049/22222048 Fax: 080 - Email: bimalokpal.bengaluru@gb ic.co.in</p>	
BHOPAL	Shri. Raj Kumar Srivastava	<p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 2nd Floor, 6, Malviya Nagar, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.c o.in</p>	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR	Shri. B. N. Mishra	<p>Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674- 2596455/2596003 Fax : 0674-2596429 Email : bimalokpal.bhubaneswar @gbic.co.in</p>	State of Orissa.
CHANDIGARH	Sh.Manik B.Sonawane	<p>Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172- 2706468/2705861 Fax : 0172-2708274</p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

		Email : bimalokpal.chandigarh@gbic.co.in	
CHENNAI	Shri Virander Kumar	Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044 - 24333668 / 24335284 Fax : 044-24333664 Email : bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI	Smt. Sandhya Baliga	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23237539/23232481 Fax : 011-23230858 Email : bimalokpal.delhi@gbic.co.in	States of Delhi.
GUWAHATI	Sh. / Smt.	Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax : 0361-2732937 Email : bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Sh. G.Rajeswara Rao	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court"	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of

		<p>Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka- Pool, HYDERABAD-500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040-23376599 Email : bimalokpal.hyderabad@g bic.co.in</p>	<p>the Union Territory of Pondicherry.</p>
Jaipur	Shri. Ashok K. Jain	<p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005. Tel.: 0141-2740363 Fax: 0141 - Email : bimalokpal.jaipur@gbic.co .in</p>	<p>State of Rajasthan</p>
KOCHI	Shri. P. K. Vijay Kumar	<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg, Opp. Cochin Shipyard, M. G. Road, ERNAKULAM-682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email : bimalokpal.ernakulam@g bic.co.in</p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.</p>
KOLKATA	Shri. K. B. Saha	<p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, C.R. Avenue, Kolkatta – 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341</p>	<p>States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>

		Email : bimalokpal.kolkata@gbic. co.in	
LUCKNOW	Shri. N. P. Bhagat	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, Jhasi, 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
MUMBAI	Sh.A.K.Dasgupta	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022- 26106928/26106552 Fax: 022 - 26106052 Email : bimalokpal.mumbai@gbic. co.in	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai Mumbai & Thane
Pune	Shri. A. K. Sahoo	Office of the Insurance Ombudsman, 2nd Floor, Jeevan Darshan,	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai

		N.C. Kelkar Road, Narayanpet, Pune – 411 030. Tel.: 020-32341320 Fax: 020 - Email : bimalokpal.pune@gbic.co. in	Mumbai & Thane.
Patna	New Centre		State of Bihar and Jharkhand.
Noida	New Centre		State of Uttaranchal and the following Districts of Uatter Pradesh : Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghazaibad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Smt. Ramma Bhasin, Secretary General
Shri Y.R. Raigar, Secretary
3rd Floor, Jeevan Seva Annexe
S.V. Road, Santacruz(W, Mumbai 400054
Tel : 022-26106889/6671 Fax : 022-26106949
Email: inscoun@gbic.co.in Web: www.gbic.co.in

IRDAI Regulation No 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Appendix I: Day Care Procedure

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

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. **Revision of a stapedectomy**
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

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

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and

ectropion

29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands &

salivary ducts

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

Other operations on the mouth & face

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

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics

Incision on bone, septic and aseptic

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

Operations on the breast

78. Incision of the breast
79. Operations on the nipple

Operations on the digestive tract

80. Incision and excision of tissue in the perianal region
81. Surgical treatment of anal fistulas
82. Surgical treatment of haemorrhoids
83. Division of the anal sphincter (sphincterotomy)
84. Other operations on the anus

85. Ultrasound guided aspirations
86. Sclerotherapy

Operations on the female sexual organs

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

Operations on the prostate & seminal vesicles

100. Incision of the prostate
101. Transurethral excision and destruction of prostate tissue
102. Transurethral and percutaneous destruction of prostate tissue
103. Open surgical excision and destruction of prostate tissue
104. Radical prostatovesiculectomy
105. Other excision and destruction of prostate tissue
106. Operations on the seminal vesicles
107. Incision and excision of periprostatic tissue
108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

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

Operations on the testes

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

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

Operations on the spermatic cord, epididymis und ductus deferens

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

Operations on the penis

- 130. Operations on the foreskin
- 131. Local excision and destruction of diseased tissue of the penis
- 132. Amputation of the penis
- 133. Plastic reconstruction of the penis
- 134. Other operations on the penis

Operations on the urinary system

- 135. Cystoscopical removal of stones

Other Operations

- 136. Lithotripsy
- 137. Coronary angiography
- 138. *Haemodialysis*
- 139. Radiotherapy for Cancer
- 140. Cancer Chemotherapy

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

Appendix II: Endorsements - Optional Covers

It is hereby agreed that any and all endorsements issued with this Policy or endorsed thereon in shall be expressly subject to the terms and conditions and exclusions of this Policy, except to the extent expressly varied by the endorsement and shall become applicable only upon endorsement and after Our receipt of requisite additional premium. All other Policy terms, conditions and exclusions shall remain unchanged.

Endorsement No. 1. Inclusion of Primary Insured's Dependents

This Policy covers only those Dependents of the Primary Insured named in the Schedule, and each Dependent so named shall be an Insured Person

In this Endorsement:

- 1) **Dependent** means the persons named in the Schedule who are the Insured Person's:
 - a) Spouse - The Primary Insured's legally married spouse as long as she continues to be married to the Primary Insured.
 - b) Children - The Primary Insured's children Aged between 91 days and 25 years as long as they are unmarried and financially dependent on him with no source of independent income and have not established their own independent households.
 - c) Parents - The Primary Insured's natural parents or parents that have legally adopted him or Parents in law
 - d) Siblings - the primary insured's siblings as long as they are unmarried and financially dependent on him with no source of independent income

Endorsement No. 2. Family Floater

This policy covers the Primary Insured and his Dependents (defined per Endorsement 1) on a Family Floater basis under which the Policy definition of the Sum Insured shall be replaced with the following:

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

Per Person Limit

If the Schedule indicates that there shall be a sub-limit of the Sum Insured for each member of the Family, Our maximum liability per Insured Person shall not exceed the sub-limit specified in the table below, provided that Our maximum liability for the entire Family will be limited to the Sum Insured.

Sum Insured	Per Person limit
[XXX]	[XXX]

In this Endorsement, **Family** means the Primary Insured and his Dependents (as defined in Endorsement 1).

Endorsement No. 3. Pre-existing Disease Exclusion Waiver

Exclusion 2d) stands deleted for all Insured Persons covered under this Policy.

Endorsement No. 4. Deletion of 30 days waiting Period

Exclusion 2b) stands deleted for all Insured Persons covered under this Policy.

Endorsement No. 5. Deletion of First Year waiting Period

Exclusion 2c) stands deleted for all Insured Persons covered under this Policy.

Endorsement No. 6. Limitation on Room & Boarding expense

The following benefit payable under the Policy shall be subject to the limits as specified hereunder (all of which are subject to the Sum Insured) which represent Our maximum liability for any and all claims made by an Insured Person in respect of that benefit:

- a) Room, boarding expenses as provided by the Hospital is subject to a limit of [X] % of the Sum Insured per day and for Intensive Care Unit [X] % of the Sum Insured per day.

Endorsement No. 7. Reduction of Pre/Post Hospitalisation

The Pre-Hospitalisation benefit is reduced to [XX] days and the Post-Hospitalisation benefit is reduced to [XX] days.

The claim amount payable towards Pre/ Post Hospitalisation is subject to the limits indicated in the table below:

Sum Insured	Sub-limit
Rs. [XXX]	[X] % of the Sum Insured

Endorsement No. 8. Hospital Daily Cash

If We have accepted a claim under Benefit 1 a), then We will pay a daily cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, provided that:

- a) The days of admission and discharge shall not be counted, and
- b) We will pay twice the daily cash amount for each continuous and completed period of 24 hours that the Insured Person spends in an intensive care unit, and
- c) We shall apply a deductible of the first 2 days, and
- d) Subject to the Sum Insured, Our maximum liability under this Endorsement will be limited to the sub-limit specified below follows:

Sum Insured	Sub-limit
Rs. [XXX]	Rs. [XXX] per day; Maximum Rs. [XXX] for any and all claims during the Policy Period for each Insured Person/for all members of a Family (as defined in Endorsement 2)

Endorsement No. 9. Dental Benefit

We will pay the reasonable costs of any necessary dental treatment during the Policy Period taken from a Network dentist by an Insured Person and Exclusion 2 e) x) stands deleted for all Insured Persons to this extent, provided that:

- vii) We will only pay for X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same, and
- viii) We will not pay for 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 or cancer, and
- ix) Subject to the Sum Insured, Our maximum liability under this Endorsement will be limited to the sub-limit specified below which will be subject to a deductible of Rs.[x] per claim:

Sum Insured	Sub-limit
Rs. [XXX]	Rs. [XXX]

Endorsement No. 10. External Aids and Appliances

If We have accepted a claim under Benefit 1 a) and on his discharge the attending Medical Practitioner advises that the Insured Person requires External Aids and Appliances, then we will reimburse the reasonable costs of the same and Exclusion 2 e)xxiii) & 2 e)xxiv) stands deleted to this extent for all Insured Persons, provided that:

- a) For the purposes of this Endorsement, External Aids and Appliances means spectacles, contact lenses, hearing aids, abdominal belts (used post-hernia and related surgeries), belts for prolapsed inter-vertebral disc (PIVD), crutches, wheel-chair and trusses (used post-hernia and related surgeries), and
- b) Subject to the Sum Insured, Our maximum liability under this Endorsement will be limited to the sub-limit specified below:

Sum Insured	Sub-limit
Rs. [XXX]	Rs. [XXX] for any and all claims during the Policy Period by each Insured Person

Endorsement No. 11. Co-payment/Deductible

In addition to any other deductible mentioned in any Benefit or Endorsement, for each and every claim made by any Insured Person:

- a) The Insured Person will first bear a deductible of Rs. [XXX].
- b) The Insured Person will bear a co-payment of Rs. [XXX].

Endorsement No. 12. Health Check-up Benefit

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up, provided that:

- a) The Health Check-up is undertaken within 30 days of the Commencement Date, and
- b) Subject to the Sum Insured, Our maximum liability under this Endorsement will be limited to the sub-limit specified below:

Sum Insured	Sub-limit
Rs. [XXX]	Rs. [XXX]

Endorsement No. 13. Ayush Benefit

The Medical Expenses for In-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health will be covered and Exclusion 2e) xvii) stands deleted for all Insured Persons covered under this Policy.

Endorsement No. 14. Critical Illness Benefit

We will pay the Critical Illness Sum Insured as a lump sum in addition to Our payment under this Policy, provided that:

- a) The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
- b) The Insured Person survives at least 30 days following such diagnosis, and
- c) This benefit is payable once during the Policy Period, and
- d) Our maximum liability under this Endorsement will be limited to the sum specified below::

Sum Insured	Critical Illness Benefit
Rs. [XXX]	Rs. [XXX]

We will not make any payment if:

- a) The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the Commencement Date and the Insured Person has not previously been insured continuously and without interruption under this Policy.
- b) The Insured Person has already made a claim for the same Critical Illness.

Critical Illness means Cancer, Coronary Artery (Bypass) Surgery, First Heart Attack (Myocardial Infarction), Kidney Failure (end stage renal disease), Major Organ Transplantation, Multiple Sclerosis, Paralysis and Stroke all as defined below only:

i) **Cancer Of Specified Severity**

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. This Diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than Rai stage 3
- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

ii) **Open Chest CABG:**

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

The following are excluded

1. Angioplasty and/or any other intra-arterial procedures
2. Any Key-hole or laser surgery

iii) **First Heart Attack- Of Specified Severity** :

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

- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (eg typical chest pain)
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other specific biochemical markers

The following are excluded

1. Non-ST-segment elevation myocardial infarction (NSTEMI) with only elevation of Troponin I or T
2. Other acute Coronary Syndromes

3. Any type of angina pectoris.

iv) Kidney Failure Requiring Regular Dialysis

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

v) Major Organ / Bone Marrow Transplantation:

The actual undergoing of transplantation of

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

The following are excluded:

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

vi) Multiple Sclerosis with Persisting Symptoms:

1. The definite occurrence of Multiple Sclerosis. .

The diagnosis must be supported by all of the following:

- Investigation including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple Sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months and
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least 1 month apart.

2. Other causes of neurological damage such as SLE (Systemic Lupus Erythematosus) and HIV are excluded.

vii) Permanent Paralysis of Limbs :

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

viii) Stroke resulting in Permanent Symptoms:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in a intracranial vessel, haemorrhage and embolisation from an extracranial source.

Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CCT Scan or MRI of the brain. Evidence of neurological deficit lasting for at least 3 months has to be produced.

The following are excluded

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

Endorsement No. 15. Maternity Benefit (with pre/post natal)

Subject to the Sum Insured, We will reimburse the Medical Expenses of any Insured Person for a delivery (including caesarean section) while Hospitalised during the Policy Period, provided that:

- a) We will pay Medical Expenses in respect of the delivery of only the first two living children of the Insured Person and/or any Surgical Procedures required to be carried out on the Insured Person as a direct result of the delivery, and
 - b) If the Insured Person already has two or more living children at the Commencement Date then this benefit will not apply, and.
 - c) A waiting period of 9 months shall apply to the Primary Insured and his Dependents enrolled subsequent to the Commencement Date, and
OR
There shall be no waiting period in respect of this benefit.
 - d) Policy Exclusion 2 e) viii) stands deleted for all Insured Persons, and .
 - e) Medical Expenses incurred in connection with the medical termination of pregnancy within the first 12 weeks from conception are not covered unless certified to be necessary by the attending Medical Practitioner in order to maintain the life or relieve immediate pain or distress to the mother, and.
 - f) We will also pay Pre-natal and post-natal Hospitalisation expenses:
 - i) Pre- and post-natal Hospitalisation Medical Expenses on any treatment availed from the date of conception till the date of discharge from the Hospital after delivery as an inpatient in a hospital, upto the maternity benefit limit specified in the table below.
 - ii) Pre- and post-natal (OPD) Medical Expenses (including expenses incurred on antenatal check ups, doctor’s consultations for monitoring of the pregnancy and any complications arising therefrom) incurred on an out patient basis upto the [X] % of the maternity benefit limit specified in the table below (caesarean delivery) or Rs. [XXX], whichever is more, as a sub limit.
 - iii) Medical Expenses incurred in respect of the newborn baby in connection with any treatment with regards to the newborn baby upto the date of discharge from the Hospital upto the [X] % of the maternity benefit limit as indicated below (caesarean delivery) or Rs. [XXX], whichever is more, as a sub limit.
- and
- g) Subject to the Sum Insured, Our maximum liability under this Endorsement will be limited to the sub-limit specified below:

Sum Insured	Maternity Benefit Limit (Sub limit) Normal Delivery	Maternity Benefit Limit (Sub limit) Caesarian Delivery
Rs. XXXXXX - Rs. XXXXXXX	Rs. XXXXXX	Rs. XXXXXX

- and
- h) This benefit is available only for Primary Insured or Primary Insured’s Spouse (if covered under this policy), and
 - i) Pre- & Post-hospitalisation expenses are not covered under this benefit.

Endorsement No. 16. New Born Cover from Day 1

We will cover the new born babies of any Insured Person listed in the Policy Schedule , from the date of birth of the baby, provided that:

- a) You have maintained an advance deposit, adequate & appropriate for inclusion of the newborn in to the policy (as & when applicable)., and
- b) Our maximum liability under this Endorsement shall be limited to Rs [x] per new born baby.

The definition of Dependent in Endorsement No. 2 will stand modified to this extent.

Endorsement No. 17. Corporate Floater

We will provide a Corporate Floater of Rs. [XXX] during the Policy Period

- a) This sum insured will be available for those insured person, who have already exhausted their sum insured limit subject to a per person limit.
- b) However, the amount is restricted to coverage of each and every Critical Illness or Illness to Rs [XXX] in respect of each and every Primary Insured or His family (if applicable).
- c) The Corporate Floater will not be available to Dependent Parents & Parent in laws.
- d) The Corporate Floater will not be available if any benefit is restricted by sublimit.

Endorsement No. 18. Outpatient Treatment Costs

We will cover Outpatient Treatment for the Insured Person, provided that

- a) The condition of minimum Hospitalisation of 24 hours as an in-patient under Section - 1 stands deleted.
- b) Our maximum liability under this Endorsement will be limited to the amounts specified as a sub-limit of the Sum Insured and shall be determined as follows:

Sum Insured	Sub limit
Rs. [XXX]	Rs. [XXX]

In this Endorsement:

- 1) **Outpatient Treatment** means medical treatment taken by an Insured Person without him being hospitalised for 24 hours.

Endorsement No. 19. Mid-term addition / deletion of Primary Insured and his Dependents

- 1) **Addition** - In respect of new Primary Insured coverage commences from the date of start of employment and will include their eligible dependants provided:
 - (1) Intimation along with information sheet is given to Us by 7th day of the succeeding month, and
 - (2) Availability of adequate deposit premium with Us.
 - (3) All existing dependents must be covered along with the Primary Insured and the addition of **Dependents** shall be allowed only in the event of:
 - (a) Children in the event of childbirth
 - (b) Spouse in the event of marriage
 - (4) Pro-rata premium shall be charged
If any of the conditions (1) & (2) above are not met, coverage will commence only from the date of intimation to Us or premium remittance whichever is later.
- 2) **Deletion** - In respect of Primary Insured whose employment with the insured ceases, by whatever means,
 - (1) The coverage will automatically expire in respect of that Primary Insured and his dependants from date of cessation of employment.
 - (2) Pro-rata refund of premium would be made on intimation provided such intimation is made by the 7th day of the succeeding month and no claim is made by the Primary Insured or his dependants.

Appendix III

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24		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)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable

36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified

70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES		
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
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 seperately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	SAVLON	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of

		Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable

109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable

134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable

155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	EKG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed

168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite
	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 f PIVD requiring traction s this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable

190	ACCU CHECK (Glucometry/ Strips)	Not payable pre 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 interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.