RELIANCE GENERAL INSURANCE

Reliance- Group Hospi Cash Insurance: Plan A: Non-Employer Employee Relationship

POLICY WORDINGS

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IRDAI Registration No. 103.

Reliance General Insurance Company Limited.

Registered Office & Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055.

UIN - RELHLGP21573V012021.

Corporate Identity No.: U66603MH2000PLC128300.

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RGI/MCOM/CO/RGHC-PLAN-A-NEER-PW/Ver.0.1/010221.

An ISO 9001:2015 Certified Company

1. Preamble

Conditions applicable to the Master Policy Holder:

The Master Policy Holder as mentioned in the Certificate of Insurance to this Policy has

- by way of requesting to Reliance General Insurance Company Limited (hereinafter called "the Company") for issuance of the Master Policy under which this Policy has been issued, has disclosed all the relevant information required by the Company for deciding on the issuance of Master Policy and
- Agreed that all Certificates of Insurance are issued as per the terms and conditions as agreed upon in the Master Policy

Conditions applicable to the Certificate Holder:

The Certificate Holder mentioned so in the Certificate of Insurance to this Policy has:

- by way of submitting a Proposal, applied to Reliance General Insurance Company Limited (hereinafter called "the Company") for this insurance Policy, and has disclosed all the relevant information required by the Company for deciding on the question of acceptance of this proposal and issuance of the Policy.
- paid appropriate premium and has agreed to undertake to pay subsequent premiums, if any, by their due dates and
- agreed and understood that the Certificate of Insurance will be governed by the terms and conditions of the Master Policy

Conditions applicable to the Company:

The Company, upon accepting the Proposal and receiving all the premiums by their due dates and realization thereof, undertakes that if during the Policy Year as specified in the Certificate of Insurance, any Claim occurs which becomes admissible and payable under this Policy then the Company shall pay for such Claim as per the terms, conditions, coverage, exclusions and definitions as mentioned in this Policy.

2. Definitions

The terms defined below have the meanings as ascribed to them below 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 and vice versa.

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

2) Act means the Insurance Act,1938.

3) Age or Aged means "Age as on last birthday" as determined on the date of first Policy issuance or at Renewal. In case of change in Age during the proposal stage then "Age" shall be determined on the date of Proposal Form submission would be considered for premium calculation.

4) AIDS means Acquired Immuno Deficiency Syndrome, a condition characterized by a combination of signs and symptoms, caused by Human Immuno Deficiency Virus (HIV), which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time

5) Ambulance means road vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

6) Annexure means a document attached and marked as Annexure to this Policy.

7) Any one Illness means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

8) Authority means the Insurance Regulatory and Development Authority of India established under sub section 1of section 3 of the IRDA Act 1999

9) AYUSH Treatment means the medical and / or Hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. AYUSH Treatment shall only include treatment at an AYUSH Hospital or AYUSH Day Care Centre.

10) AYUSH Day Care Centre means and includes Community Health Centre (CHC) , Primary Health Centre (PHC) ,Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

    a. Having qualified registered AYUSH Medical Practitioner(s) in charge,

    b. Having dedicated AYUSH therapy sections as required and /or has equipped operation theatre where surgical procedures are to be carried out;

    c. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative

    AYUSH Day Care Centres referred above should also hold either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under national Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

11) AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment and procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

    a. Central or State Government AYUSH Hospital; or

    b. Teaching Hospital attached to AYUSH colleges recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following with all the following criterion:

- Having at-least 05 in-patient beds;
- Having qualified AYUSH Medical Practitioner in charge round the clock;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedure are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Hospitals referred above should also hold either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under national Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

12) Bank Rate means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claims has fallen due.

13) Break in Insurance/Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given Policy is not paid on or before the premium renewal date or within 30 days thereof.

14) Cashless Facility means a facility extended by the insurer or TPA on behalf of the insurer to the Insured, where the payments for 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 is approved.

15) Certificate of Insurance means the Policy Schedule issued to the Certificate Holder / Insured in line with the terms and conditions as agreed upon in the Master Policy attached to and forming part of this insurance contract mentioning details including but not limited to, details of the Insured Persons, Certificate Period Start Date, Certificate Period End Date, coverage, sections and benefits applicable, the Sum Insured/Daily Cash Amount, the Policy Period, premium paid (including duties, taxes and levies thereon).

16) Certificate Period End Date means the Date and Time at which the coverage expires for Insured and is appearing in the Certificate of Insurance.

17) Certificate Period Start Date means the Date and Time at which the Insured is enrolled under the Policy is the Certificate Period Start Date as appearing in the Certificate of Insurance. It must lie within the Master Policy Period.

18) Claim means a demand made by the Policyholder or on his/her behalf, for payment under any Benefit, as covered under the Policy.

19) Company means Reliance General Insurance Company Limited.

20) Companion, For the purposes of this Policy, Companion means Insured Person's family member/ relative/ acquaintance/ any other third party service provider above 18 years of age who is accompanying the Insured Person during the Hospitalization.

21) Complainant means a policyholder or prospect or any beneficiary of an insurance policy who has filed a Complaint or Grievance against the Company or a Distribution Channel.

22) Complaint or Grievance means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities. Explanation: An inquiry or request would not fall within the definition of the "Complaint" or "Grievance"

23) Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

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

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

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

25) 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.

26) Credit Linked Insurance Policy means a Policy sold in conjunction with a credit or loan availed by the Insured Person from a recognised financial institution.

27) Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

28) Day Care Centre means any institution established for Day care treatment of Illness and/or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner and must comply with all minimum criterion as under :

    a. has qualified nursing staff under its employment;

    b. has qualified medical practitioner/s in charge;

    c. has fully equipped operation theatre of its own where surgical procedures are carried out;

    d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

29) Day Care Treatment means medical treatment, and/or surgical procedure which is:

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

   b. Treatment normally taken on an OPD basis is not included in the scope of this definition.

30) Deductible means 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.

31) Dependent means Insured Person, within the scope of Family definition, who is financially dependent on the Policyholder and does not have independent source of income.

32) Dependent Child means Insured Person's biological or legally adopted son or daughter, whose completed age is between 91 days to 25 years as on Policy Period Start Date, and who is unmarried and financially dependent on the Insured Person and does not have an independent source of income

33) Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.

34) Disclosure to information norm: The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

35) Distribution Channels means persons and entities authorised by the Authority to involve in sale and service of insurance products. For the purpose of this Policy it means the Distribution Channels who is an Intermediary of the Company.

36) Domiciliary Hospitalization 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:

   a. the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

   b. the patient takes treatment at home on account of non-availability of room in a Hospital.

37) Emergency Care means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured person's health.

38) Family means as defined in the Certificate of Insurance. For the purposes of this Policy, it shall include the Policyholder and anyone or more of the family members as mentioned below:

   a. legally wedded spouse

   b. Parents and Parents- in law

   c. maximum six dependent children(i.e. biological or adopted) between the age of 3 months to 25 years.

39) 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.

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

   a. has qualified nursing staff under its employment round the clock;

   b. has at least 10 Inpatient beds in towns having a population of less than10,00,000 and at least 15 Inpatient beds in all other places;

   c. has qualified Medical Practitioner(s) in charge round the clock;

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

   e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

41) Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'Inpatient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

42) Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

   a. Acute Condition - Acute Condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery.

   b. Chronic Condition - A Chronic Condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:

      - 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 rehabilitation for the patient or for the patient to be specially trained to cope with it
      - it continues indefinitely
      - it recurs or is likely to recur

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

44) Inpatient Care/Inpatient Treatment means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

45) Insured Person/Insured means a person accepted by the Company to be Insured under this Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears under Insured /Insured Person in the Certificate of Insurance and with respect to whom the premium has been received by the Company.

46) 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.

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

48) Maternity Expenses means;

a. Medical Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization), and neo-natal Medical Expenses incurred during the same Hospitalization;

b. expenses towards lawful medical termination of pregnancy.

49) Master Policy Holder means an entity, who facilitates selling and solicitation of this Policy and there is a clearly evident relationship between the entity and the Insured Person and has agreed on the coverage, premiums, terms and conditions. These pre-agreed terms and conditions form the Master Policy and shall be the basis of the coverage offered to the Certificate Holder/ Insured.

50) Master Policy Period means the period commencing from the Master Policy Period Start Date and ending on the Master Policy Period End Date and as specifically appearing in the Master Policy or the date of cancellation /termination of the Master Policy, whichever is earlier.

51) Master Policy Period End Date means the date and time on which the Master Policy expires, as specifically appearing in the Master Policy

52) Master Policy Period Start Date means the date and time on which the Master Policy commences, as specifically appearing in the Master Policy

53) Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

54) 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 Hospital or doctors in the same locality would have charged for the same medical treatment.

55) Medically Necessary Treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

a. is required for the medical management of the Illness or Injury suffered by the Insured;

b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical

c. care in scope, duration, or intensity;

d. must have been prescribed by a Medical Practitioner;

e. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

56) Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The Medical Practitioner should not be the Policyholder/Insured or their close Family member.

Medical Practitioner for Mental Illness shall be in accordance with The Mental Healthcare Act, 2017.

57) Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

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

59) Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.

60) New Born Baby means baby born during the Policy Period and is aged up to 90 days.

61) Nominee means the person whose name specifically appears as such in the Certificate of Insurance and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Policyholder. Nominee for all other Insured Person(s) shall be the Policyholder himself.

62) Non- Network Provider means any Hospital, Day Care Centre or other provider that is not part of the network.

63) Notification of Claim means the process of intimating a Claim to the insurer or TPA through any of the recognized modes of communication.

64) Out Patient (OPD) Treatment means the one in which the Insured Person visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day care or Inpatient.

65) Plan means a specific set or sub-set of coverages, limits, Deductibles, Co-pays, terms and conditions as pre-defined under this Policy. The applicable plan under this Policy is as selected by the Policyholder and specified in the Policy Schedule.

66) Policy means the Company's contract of insurance with the Policyholder or alternatively, the Certificate Holder providing cover as detailed in this Policy Terms & Conditions, the Proposal Form, Master Policy, Policy Schedule or Certificate of Insurance, Endorsements if any and Annexures, form part of the contract and must be read together.

67) Policyholder means the person who is the Proposer and whose name specifically appears in the Policy Schedule or Certificate of Insurance as such. The Policyholder can alternatively be called as Certificate Holder.

68) Policy Period means a period beginning from the Certificate Period Start Date, as specified in Certificate of Insurance; and ending on the Certificate Period End Date as specified in the Certificate of Insurance or on the date of cancellation of the Policy, whichever is earlier.

    For the purposes of this Policy, the Policy Period shall be one year for Non-Credit Linked Insurance Policy, and maximum upto 5 years for Credit Linked Insurance Policy.

69) Policy Year means a period of 12 consecutive months starting from the Certificate Period Start Date and ending on the last day of such 12 month period. For the purpose of subsequent years, Policy Year shall mean a period of 12 months commencing from the end of previous Policy Year and lapsing on the last day of such 12 month period, till the Certificate Period End Date, as mentioned in the Certificate of Insurance.

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

71) Pre-Existing Disease means any condition, ailment or Injury or disease:

    a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

    b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

72) Pre-Hospitalization Medical Expenses means Medical Expenses incurred during predefined number of days preceding the Hospitalization of the Insured Person, provided that:

    a. such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

    b. the Inpatient Hospitalization Claim for such Hospitalization is admissible by the Insurance Company.

73) Post Hospitalization Medical Expenses means Medical Expenses incurred during predefined number of days immediately after the Insured Person is discharged from the Hospital provided that:

    a. such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and

    b. The inpatient Hospitalization Claim for such Hospitalization is admissible by the insurance Company.

74) Proposal Form means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted

    Explanation: "Material Information" shall mean all important, essential and relevant information sought by the Company in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk.

75) Prospect means any person who is potential customer of an insurer and is likely to enter into an insurance contract either directly with the insurer or through a Distribution Channel.

76) Prospectus means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products

77) Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

79) Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.

80) Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associate medical expenses.

81) Senior Citizen means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy

82) Sum Insured/Maximum Liability means the pre-defined limit specified in the Certificate of Insurance.

The Total Liability of the Company with respect to any one Insured Person during a given Policy Year shall be limited to the total of the cover wise(as opted) Maximum Liability listed in Section 8-Coverage Summary for Plan A

83) Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or Day Care Centre by a Medical Practitioner.

84) Telemedicine means Medical consultation service availed via telecommunications and digital communication technologies by the Insured Person from a Medical Practitioner while taking treatment for the health condition that has resulted in an admissible Claim under a cover in this Policy. Such Telemedicine services shall be delivered in compliance with the Medical Council of India's 'Telemedicine Practice Guidelines' dated March 2020 or its subsequent amendments, if any.

85) Third Party Administrators or TPA means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services

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

87) Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break

3. Scope of Cover

All Certificates of Insurance issued under this Master Policy will be subject to terms and conditions as agreed upon in the Master Policy.

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Certificate Holder as per the benefits in the Master Policy and limits specified in the Certificate of Insurance.

In addition to the terms laid out herein, liability arising due to any treatment relating to Mental Illness shall be assessed in accordance with the relevant provisions of The Mental Healthcare Act, 2017.

3 A: Base Covers

The covers listed below are in-built Policy benefits and shall be available to Certificate holder/Insured Person in accordance with the procedures set out in this Policy.

3.1 Benefit-1- In-Patient Treatment

If during the Policy Year, the Insured Person suffers an Illness or Injury that requires Inpatient Treatment on the written advice of a Medical Practitioner, then the Company shall pay the Insured Person an amount equal to the Daily Cash amount specified in the Certificate of Insurance per day of Hospitalization, provided,

i. the Daily Cash amount shall be payable for each 24 hours of continuous and completed Hospitalization as In-Patient.

ii. In a given Policy Year, the amount under this benefit shall be payable for a maximum number of days as specified in the Certificate of Insurance.

iii. AYUSH Treatment shall be covered under this benefit where such treatment is taken on In-Patient basis.

3.2 Benefit 2- ICU Cover

If during the Policy Year, the Insured Person is admitted in an Intensive Care Unit (ICU) of a Hospital on the written advice of a Medical Practitioner, then the Company shall pay the Insured Person additional 100% of Daily Cash amount as specified in the Certificate of Insurance per day of ICU Hospitalization provided,

i. the additional Daily Cash amount shall be payable for each 24 hours of continuous and completed ICU In-Patient Hospitalization

ii. In a given Policy Year ,the amount under this benefit shall be payable for a maximum number of days as specified in the Certificate of Insurance

3.3. Benefit 3-Day Care Treatments

If during the Policy Year, the Insured Person undergoes a Day Care Treatment as defined under this Policy on the written advice of the Medical Practitioner then the Company will pay lump sum amount equal to the Daily Cash amount as specified in the Certificate of Insurance for the listed Day Care Procedures:

i. Fractures(other than hairline fractures)

ii. Cataract

iii. Dilatation and curettage

iv. Hemodialysis

v. Parenteral Chemotherapy

vi. Radio Therapy

vii. Coronary Angiography

viii. Lithotripsy

ix. Manipulation for Dislocation under General Anaesthesia

x. Cystoscopy under General Anaesthesia

The Company's liability to make payment under this benefit in respect of an Insured Person shall be limited to five times in a Policy Year.

3 B: Optional Covers

The covers listed below are Optional Covers and shall be available to Certificate Holder/Insured Person in accordance with the terms set out in the Policy, if the listed covers are opted and appropriate premium has been paid.

3.4. Benefit 4-Convalescence Cover

If during the Policy Year, the Insured Person suffers an Illness or Injury for which Insured Person undergoes Hospitalization for a minimum period of 10 continuous and consecutive days, then the Company shall pay the surviving Insured Person a lump sum amount as specified in the Certificate of Insurance, provided

I. The Company's liability to make payment under this benefit in respect of an Insured Person shall be limited to once in a Policy Year.

ii. For a claim to be admissible under this benefit, a claim should have been made and accepted by the Company under 'Benefit-1 In-Patient Treatment'

iii. The payment under this benefit will be in addition to the payment made under Benefit-1 In-Patient Treatment'.

3.5 Benefit-5-Personal Accident Cover

3.5.1 Accidental Death

If during the Policy Year, the Insured Person sustains an Injury and if such Injury shall, within twelve calendar months of its occurrence, be the sole and direct cause of death of the Insured Person, then the Company shall be liable to pay the Lump sum Personal Accident Sum Insured as specified in the Certificate of Insurance to Nominee /Legal Heir/Assignee as stated in the Certificate of Insurance.

3.5.2 Permanent Total Disability

If during the Policy Year, the Insured Person sustains any Injury and if such Injury shall, within twelve calendar months of its occurrence, be the sole and direct cause of

I. The total and irrecoverable loss of:

   a. sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot , or

   b. use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot,

OR

II. Immediate, permanent, total and absolute disablement of the Insured Person from engaging in, being occupied with or giving attention to any employment or occupation of any description whatsoever

then the Company shall be liable to pay the Lump sum amount equal to the Personal Accident Sum Insured as specified in the Certificate of Insurance to the Insured Person.

3.5.3 Permanent Partial Disability

If during the Policy Year ,the Insured Person sustains any Injury and if such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the Company shall be liable to pay a percentage of the Personal Accident Sum Insured as indicated below, to the Insured Person.

Description of loss	Percentage of Personal Accident Sum Insured
Loss of Sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot / leg	50%
Loss of Use of a hand or a foot / leg without physical separation	50%
Loss of toes	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost each	1%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	35%
Loss of thumb - both phalanges	25%
Loss of thumb - one phalanx	10%
Loss of index finger - three phalanges or two phalanges or one phalanx	10%
Loss of middle finger - three phalanges or two phalanges or one phalanx	6%
Loss of ring finger - three phalanges or two phalanges or one phalanx	5%
Loss of little finger - three phalanges or two phalanges or one phalanx	4%
Loss of metacarpals - first or second(additional) or third, fourth or fifth (additional)	3%
Any other permanent partial disablement	Percentage as assessed by a panel doctor of the Company

Specific Conditions related to Section 3.5-Personal Accident

i. The Sum Insured for Personal Accident cover for Dependent Child shall be 20% of Personal Accident Sum Insured of the Policyholder.

ii. The benefit of claim under Benefit 3.5.1 and 3.5.2 is payable only once in the lifetime of an Insured Person. Accordingly, if the Insured Person/ Nominee / Legal Heir / Assignee reports a claim under either Benefit 3.5.1 or 3.5.2 and the same is admitted by the Company, then no further claim shall be payable under either of these Benefits and Section 3.5 Personal Accident shall become inoperative for that Insured Person.

iii. The total payout for all claims under Sections 3.5.1, 3.5.2 and 3.5.3 in any one Policy Period Year shall be limited to the Personal Accident Sum Insured specified in the Certificate of Insurance.

Specific Exclusions related to Section 3.5-Personal Accident Cover

The Company shall not be liable to make any payment under any benefits under Section 3.5 (Personal Accident) if the claim is attributable to, or based on, or arises out of, or is directly or indirectly connected to any of the following:

a. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.

b. Any change of profession after inception of the Policy or any Renewal which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the Policy Schedule.

c. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.

d. Physical or mental infirmity or any Illness except where such condition arises directly as a result of an Accident during the Policy Period.

e. Participation in aviation/marine activities (including crew) other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.

f. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, or any other hazardous or potentially dangerous sport for which the Insured Person is untrained.

g. No claim shall be payable under Section 3.5 against any Pre-Existing Disability/Accidental Injury. Pre-Existing Disability/Accidental Injury means any disability or Injury present prior to the commencement of Policy Period, or resulting from an Accident which occurred prior to the commencement of Policy Period; whether or not the same has been treated, and any Illness, complication or ailment arising out of or connected to such disability, Injury or Accident.

3.6 Benefit-6-Accidental Medical Expenses

If during the Policy PeriodYear, the Insured Person sustains an Injury, resulting solely and directly from an Accident, then the Company shall indemnify the Insured Person for the below mentioned Medical Expense incurred by the Certificate holder /Insured Person towards the Medically Necessary Treatment of such Injury:

- Room Rent
- Nursing expense
- Intensive care Unit (ICU) charges,
- Medical Practitioner(s) fees,
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- Medicines, drugs and Consumables expenses
- Diagnostic procedures expenses
- The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

Provided that:

i. such Medical Expenses shall be the Reasonable and Customary Charges incurred for In-Patient, Daycare or Out-Patient treatment (including Telemedicines) for such Injury.

ii. A Deductible of Rs. 1000 shall apply to each and every claim made for Out-Patient treatment (including Telemedicines)

iii. The payment under this benefit will be in addition to the payment made either under 'Benefit-1 In-Patient Treatment', 'Benefit-2 ICU Cover', 'Benefit-3 Day Care Treatment' or 'Benefit-5 Personal Accident Cover'

iv. The maximum liability of the Company toward claims under the Benefit- 6 Accidental Medical Expenses for each Insured Person in any given Policy Period Year shall be 20% of Personal Accident Sum Insured, or Rs. 5 lakh whichever is lower

v. Benefit-6 Accidental Medical Expenses shall only be available if Benefit -5 Personal Accident Cover has been opted under the Policy.

3.7. Benefit-7-Companion Cover

The Company shall pay the Certificate holder/Insured Person additional 50% of Daily Cash amount as specified in the Certificate of Insurance towards the expenses of a Companion during the Inpatient Treatment of the Insured Person , provided

i. 50% of Daily Cash amount shall be payable for each 24 hours of continuous and completed Hospitalization of the Insured Person

ii. In a given Policy PeriodYear, the amount under this benefit shall be payable for a maximum number of days as specified in the Certificate of Insurance

iii. The amount under this benefit shall become payable only if the Companion's residence is outside the city of Insured Person's Hospitalization. This shall not be applicable for Third Party Service Providers hired as Companion where relevant bills have been submitted to the Company.

iv. For a claim to be admissible under this benefit, a claim should have been made and accepted by the Company under 'Benefit-1 In-Patient Treatment'

3.8 Benefit-8- Maternity Cover

The Company shall pay the Certificate holder /Insured Person lump sum payment of 5 times of Daily Cash amount or Rs 35000 whichever is lower for the Maternity Expenses towards normal delivery or C- section and complications of Maternity (including and not limited to medical complications) incurred as Inpatient Treatment during the Policy Period Year subject to the following:

i. This benefit shall become available only after the expiry of 12 months from the date of inception of the first Policy with the Company.

ii. The payment under this benefit is limited to maximum two deliveries or termination(s) or either, during the lifetime of the Insured Person.

iii. The Maternity Cover shall be available to female members between the age group of 18 years to 45 years .

iv. The Maternity cover shall not be applicable to Dependent children

3.9 Benefit-9: Time Deductible

In the event of opting this cover, the time bound Deductible as specified in the Certificate of Insurance shall be applicable for any In-patient Hospitalization claim incurred under the Policy during the Policy PeriodYear, subject to the following:

i. The Company's liability to pay the claim under the Policy shall be in excess of the Time Deductible as specified in the Certificate of Insurance.

ii. Time Deductible shall be applicable on each and every In-Patient Hospitalization claim reported under the Policy

iii. Time Deductible shall not be applicable to Benefit-3 (Day Care Treatments),Benefit-4 (Convalescence Cover),Benefit-5(Personal Accident Cover),Benefit-6(Accidental Medical Expenses) and Benefit-8(Maternity Cover)

3.10 Benefit-10: Waiver of Waiting Period for Pre-Existing Disease

In the event of opting this cover, the Company shall waive off, in part or full, the Waiting Period for Pre-Existing Diseases as mentioned in Section 4 (I). Such waiver, if allowed, shall be expressly mentioned in the Certificate of Insurance, and shall reduce the Waiting Period for Pre-Existing Diseases to zero months, 12 months or 24 months as the case may be.

3.11 Benefit-11: Waiver of Waiting Period for Specified disease/procedure

In the event of opting this cover, the Company shall waive off, in part , the Waiting Period for Specified disease/procedure as mentioned in Section 4 (ii). Such waiver, if allowed, shall be expressly mentioned in the Certificate of Insurance, and shall reduce the Waiting Period for Specified disease/procedure to 12 months.

4. Waiting Period

The Company shall not be liable to make any payment under the Policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below

i. Pre-Existing Disease (Code: Excl01)

a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months (as specified in the Certificate of Insurance) of continuous coverage after the date of inception of the first Policy with Insurer

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the Policy after the expiry of 36 months (as specified in the Certificate of Insurance) for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer

ii. Specified disease/procedure waiting period code (Code:Excl02)

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage

f. List of specific diseases/procedures in respect of which 24 months waiting period is imposed is mentioned below:

Organ/Organ System	**Illness/Diagnosis (irrespective of treatment being medical or surgical)**	**Surgeries/Surgical Procedure (irrespective of any Illness/diagnosis)**
Ear, Nose, Throat (ENT)	a.Sinusitis b.Rhinitis c.Tonsillitisa	a.Adenoidectomy b.Mastoidectomy c.Tonsillectomy d.Tympanoplasty e.Surgery for nasal septum deviation f.Surgery for turbinate hypertrophy g.Nasal concha resection h.Nasal polypectomy
Gynaecological	a.Cysts, polyps, including breast lumps b.Polycystic ovarian diseases c.Fibromyoma d.Adenomyosis e.Endometriosis f.Prolapsed uterus	a.Hysterectomy unless necessitated by malignancy
Orthopaedic	a.Non-infective arthritis b.Gout and rheumatism c.Osteoporosis d.Ligament, tendon and meniscal tear e.Prolapsed intervertebral disk	a.Joint replacement surgery
Gastrointestinal	a.Cholelithiasis b.Cholecystitis c.Pancreatitis d.Fissure/fistula in anus, haemorrhoids, pilonidal sinus e.Gastro Esophageal Reflux Disorder (GERD), ulcer and erosion of stomach and duodenum f.Cirrhosis (however alcoholic cirrhosis is permanently excluded) g.Perineal and perianal abscess h.Rectal prolapse	a.Cholecystectomy b.Surgery of hernia
Urogenital	a. Calculus diseases of urogenital system including kidney, ureter, bladder stones b.Benign hyperplasia of prostate c.Varicocele	a.Surgery on prostate unless necessitated by malignancy b.Surgery for hydrocele/ rectocele
Eye	a.Cataract b.Retinal detachment c.Glaucoma	a.Surgery for correction of eye sight due to refractive error above dioptre 14.0

Others	a.Congenital internal disease	a.Surgery of varicose veins and varicose ulcers. b.Stem cell therapy or surgery c.Administration of intra-articular or intra-lesional injections, Monoclonal antibodies such as Rituximab/Infliximab/Tratsuzumab and supplementary medications such as Zoledronic acid
General (Applicable to all organ systems/ organs whether or not described above)	a.Benign tumours of non-infectious etiology such as cysts, nodules, polyps, lumps or growth	a.Nil

iii. 30 Days Waiting Period (Code:Excl03)

a. Expenses related to the treatment of any Illness within 30 days (and treatment of Covid-19 within 15 days)from the first policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

iv. 12 months Maternity Waiting Period

a. The claim under Benefit-8 Maternity Cover (if opted) shall become payable only after the expiry of 12 months from the date of inception of the first Policy with the Company

5. Exclusions (Applicable to all benefits under the Policy)

5.1 General Exclusions

The Company shall have no liability and no Claim shall be admissible in respect of any Insured Person under any benefit(s) where such liability or Claim arises directly or indirectly due to any of the following:

1) Investigation & Evaluation (Code: Excl04):

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2) Rest Cure, rehabilitation and respite care (Code:Excl05): Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.

This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3) Obesity/ Weight Control (Code:Excl06): Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor

b. The surgery/Procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI);

- greater than or equal to 40 or
- greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - o Obesity-related cardiomyopathy
  - o Coronary heart disease
  - o Severe Sleep Apnea
  - o Uncontrolled Type2 Diabetes

4) Change-of-Gender treatments (Code:Excl07): Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

5) Cosmetic or Plastic Surgery (Code: Excl08): Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6) Hazardous or Adventure sports (Code:Excl09): Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7) Breach of law (Code: Excl10): Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8) Excluded Providers (Code:Excl11): Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.(For updated and detailed list of Excluded Providers refer website- www.reliancegeneral.co.in)

9) Substance Abuse and Alcohol (Code: Excl12): Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

10) Wellness and Rejuvenation (Code:Excl13): Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

11) Dietary Supplements & Substances (Code: Excl14): Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure

12) Refractive Error (Code: Excl15): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

13) Unproven Treatments-Code (Code: Excl16): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14) Sterility and Infertility (Code: Excl17): Expenses related to sterility and infertility. This includes:

    a. Any type of contraception, sterilization

    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

    c. Gestational Surrogacy

    d. Reversal of sterilization

15) Maternity Expenses (Code - Excl 18)

    a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

    b. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy PeriodYear.

    c. This exclusion shall not apply to Benefit-8 Maternity Cover

16) Dental Treatments: Dental Treatments of any kind, unless requiring Hospitalisation due to an accident

17) Domiciliary Hospitalization and Home treatment: Domiciliary Hospitalization, Home treatment and all related expenses

18) External Congenital Anomaly: External Congenital Anomaly

19) Treatment other than Medically Necessary Treatment: Any treatment or part of a treatment that is not Medically Necessary Treatment

20) Non-medical expenses: Any non-medical expenses mentioned in Annexure A

21) Nuclear and radiological emissions, acts of terrorism

22) Outpatient treatment: Conditions for which treatment could have been done on an outpatient basis without any Hospitalization except for Benefit-6 Accidental Medical Expenses

23) Overseas treatment: Any treatment taken by Insured Person outside India.

24) Charges other than Reasonable & Customary Charges: Any Medical Expenses which are not reasonable and Customary Charges.

25) Self-Injury or suicide: Any intentional self-inflicted Injury, suicide or attempted suicide.

26) Treatment outside discipline: Treatment taken from anyone not falling within the scope of definition of Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he/she is licensed or any kind of self-medication

27) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

28) Wilful Act/Negligence: Wilful acts or wilful gross negligence of the Insured Person.

6. Claims Procedure

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, including complying with the following steps, shall be the Condition Precedent to the admissibility of the Claim.

Upon the discovery or happening of any disease or Illness / Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the admissibility of the Claim, the Insured Person shall undertake the following:

6.1 Claim Intimation

In the event of any Disease or Illness /Injury or occurrence of any other contingency which has resulted in a Claim or may result in a Claim covered under the Policy, the Insured Person, must notify within 7 days of Hospitalization to the TPA/Company either at the call centre or in writing immediately.

The following details are to be provided to the TPA/Company at the time of intimation of Claim:

a. Policy Number

b. Name of the Policyholder

c. Name of the Insured Person in whose relation the Claim is being lodged

d. Nature of Illness / Injury

e. Name and address of the attending Medical Practitioner and Hospital

f. Date of Admission

g. Any other information as requested by the Company.

6.2 Procedure for Claim

In case of any Claim under the Benefits, the list of documents as mentioned in Clause- 6.5 Claim Documents shall be provided by the Insured Person, to TPA/Company immediately but not later than 30 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.

6.3 Responsibility of Certificate Holder

a. The Certificate Holder/ Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy.

b. Forthwith intimate / file / submit a Claim in accordance with Clause-6 of this Policy.

c. If so requested by the TPA/Company, the Insured Person will have to submit himself for a medical examination by the TPA/Company's nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by the Company.

d. On occurrence of an event which will lead to a Claim under this Policy, the Certificate Holder or Insured Person shall:

- Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
- Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.
- If the Certificate holder / Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

6.4 Responsibility of Master Policyholder:

a. Collect the premium from Insured Person and transfer the premium in the account of the Company within a pre-agreed time duration.

b. Provide the details of the Certificate Holder or Certificate Holder's Family members in the format agreed upon as Proposal Form for Insurance.

6.5 Claim Documents

The Insured Person shall submit to the TPA/ Company/ Network Hospital (as applicable) the following documents for or in support of the Claim:

For Benefits 1 to 4, 7 and 8:

i. Duly completed and signed Claim Form, in original

ii. Discharge Summary (Mandatory) from the Hospital / Medical Practitioner

iii. Any other document as required by the Company to assess the Claim

For Benefit 5:

i. Duly completed and signed Claim Form, in original

ii. Death certificate(In case of Death Claim)

iii. Disability Certificate(In case of Disability Claim)

iv. Post mortem report if available and applicable

v. First Information Report/ Final Police Report, if applicable

vi. Any other document as required by the Company to assess the Claim

For Benefit 6- Accidental Medical Expenses:

i. Duly completed and signed Claim Form, in original

ii. Medical Practitioner's prescription advising drugs /diagnostic tests / consultation

iii. Original bills, receipts and Discharge Card(Mandatory) from the Hospital / Medical Practitioner

iv. Original bills from pharmacy / chemists

v. Original pathological / diagnostic test reports and payment receipts

vi. First Information Report/ Final Police Report, if applicable

vii. Postmortem report, if applicable

viii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.

ix. Any other document as required by the Company to assess the Claim

When original bills, receipts, prescriptions, reports and other documents are given to any other insurer or to the reimbursement provider, verified photocopies attested by such other insurer/reimbursement provider along with an original certificate of the extent of payment received from them needs to be submitted.

Note: All invoices / bills should be in Insured Person's name.

6.6 Payment Terms

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

b. Claims shall not be admissible under this Policy unless the TPA/Company has been provided with the complete documentation / information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum unless the Master Policyholder / Insured Person have complied with the obligations under this Policy.

c. The Company shall pay the claim amount to the Master Policyholder/Insured Person.

d. The Company will only be liable to pay for such Benefits for which the Policyholder has specifically claimed in the Claim Form. The Company shall settle the Claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a Claim warrant an investigation in Company's opinion it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Company shall settle the Claim within 45 days from the date of receipt of last necessary document.

e. The Company shall also decide and communicate any rejection of claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a claim warrant an investigation in Company's opinion it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Company shall also decide and communicate any rejection of the claim within 45 days from the date of receipt of last necessary document.

7. Standard Terms and Conditions (applicable To All Benefits under the Policy):

1) Disclosure to information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

The Company may, at its discretion, and in compliance with applicable regulations and guidelines, choose to continue the health insurance coverage to the Insured Person in certain circumstances, depending on the merit of the case, subject to terms and conditions of the Policy.

2) Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

3) Moratorium Period

After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The Policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

4) Observance of terms and conditions

The due observance and fulfilment of the Policy Terms & Conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder / Insured Person, shall be a Condition Precedent to any of the Company's liability to make any payment under this Policy.

5) Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy

6) Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996.

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

7) Premium Payment in Instalments (wherever applicable)

If the Policyholder/ Insured Person has opted for Payment of Premium on an instalment basis i.e. monthly, quarterly, half-yearly as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

a. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.

b. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

c. The Insured Person will get the accrued continuity benefit in respect of the 'Waiting Periods' ' Specific Waiting Periods' in the event of payment of premium within the stipulated grace Period

d. No interest will be charged If the instalment premium is not paid on due date.

e. In case of instalment premium due not received within the grace period, the policy will get cancelled.

f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

g. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the Policy.

8) Complete discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the

Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

9) Multiple Policies

a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

b. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other Policy / Policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this Policy.

c. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

d. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy

10) Cause of Action

Claims shall be payable under this Policy only if the cause of action arises in India.

11) Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an Insurance Policy:

a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

12) Limitation Period

In no case whatsoever the Company shall be liable for any Claim under this Policy, if the requirement of Clause -6 Claim Procedure above are not complied with, unless the Claim is the subject of pending action; it being expressly agreed and declared that if the Company shall disclaim liability for any Claim hereunder and such Claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

13) Claim Settlement (provision for Penal Interest)

a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the

policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

14) Renewal of Policy

a. The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

b. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

c. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

d. Request for renewal along with the requisite premium shall be received by the Company before the end of the Policy Period

e. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period.

f. No loading shall apply on renewals based on individual claims experience.

g. Renewal of Certificate of Insurance shall be allowed only as long as the Master Policy is in force, and such renewal shall be in line with agreed terms of renewal of the Master Policy.

15) Withdrawal of Policy

e. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.

f. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break

16) Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

17) Material change

The Policyholder shall immediately notify the Company in writing of any material change in the risk at their own expense and the Company may adjust the scope of cover and/or premium,

18) Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical records until final adjustment (if any) and resolution of all Claims under this Policy; and shall allow the Company or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the Company may require under this Policy.

19) No constructive Notice

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

20) Alteration in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured /Daily Cash Amount shall be permissible only at the time of renewal of the Policy subject to underwriting decision of the Company.

21) Endorsements (Midterm Addition/Deletion)

a. Mid-Term Addition of Family: Mid-term addition of Family members shall be allowed on pro-rata basis only in the event of following:

- Newborn baby covered from 91 days
- Spouse in the event of marriage.

b. Mid-Term Deletion of Policyholder/Family : Midterm deletion of Policyholder or his/her Family members shall be allowed on pro-rata basis only in the event of Death of the Insured Person or his/her Family members subject to no claim has been made against the deleted person .

c. The Company may at any time terminate coverage to the Policyholder or his/her Family members on grounds as specified in Section 7 Clause (i) Disclosure to information norm, by giving 15days' notice and by sending an endorsement to Policyholder's address shown in the Policy Schedule /Certificate of Insurance without refund of premium.

22) Cancellation of Master Policy

a. Master Policy Holder may terminate this Policy at any time by giving Company a written notice, and the Policy shall terminate when such written notice is received by the Company.

b. Company may terminate this Policy on grounds as specified in Clause 1 of Terms and Conditions, upon 15 days' notice by sending an endorsement to Master Policy Holder's address or E-mail Id shown in the Master Policy Schedule. All existing Certificates of Insurance will not be affected and will continue to be in force until the end of the said Policy Period as mentioned in that Certificate of Insurance.

23) Cancellation of Certificate of Insurance

a. The Policyholder may cancel this Certificate of Insurance by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below.

Retention % to be applied on Policy Premium

Cancellation date up to (x months) From Policy Period Start Date	Retention %(of Full Policy Period Premium)				
	Plan A & B	**Plan A- Credit Linked Insurance Policy only**			
Policy Period	**1 year**	**2 year**	**3 year**	**4 year**	**5 year**
Upto1 Month	25.0%	12.5%	8.3%	6.3%	5.0%
Upto3 Months	50.0%	25.0%	16.7%	12.5%	10.0%
Upto6 Months	75.0%	37.5%	25.0%	18.8%	15.0%
Upto9 Months	100.0%	50.0%	33.3%	25.0%	20.0%
Upto12 Months	100.0%	75.0%	50.0%	37.5%	30.0%
Upto18 Months	NA	100.0%	75.0%	50.0%	40.0%
Upto24 Months	NA	100.0%	87.5	75.0%	60.0%
Up to 36 months	NA	NA	100.0%	87.5%	75.0%
Up to 48 months	NA	NA	NA	100.0%	90.0%
Beyond 48 months	NA	NA	NA	NA	100.0%

There shall be no refund in case the premium payment is in monthly instalments.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Certificate of Insurance.

b. The Company may cancel the Certificate of Insurance at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

24) Policy Disputes

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

25) Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Certificate of Insurance. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Certificate of Insurance.

All notifications and declarations for the Company must be in writing and sent to the address specified in the Certificate of Insurance. Agents are not authorized to receive notices and declarations on the Company's behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

26) Overriding effect of the Certificate of Insurance

In case of any inconsistency in the terms and conditions in this Policy vis-à-vis the information contained in the Certificate of Insurance, the information contained in the Certificate of Insurance shall prevail.

27) Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The Insured Person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to

a. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges

or

b. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or

c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

28) Redressal of Grievances

In case of any grievance the Insured Person may contact the Company through

Website: www. Relianceada.com

Toll free: 1800-3009

Dedicated Senior Citizen helpline: 022-33834185 (paid line)

E-mail: rgicl.services@relianceada.com

Fax:+91 22 3303 4662Courier: Any branch office, the correspondence address, during normal business hours.

Write to us at: Reliance General Insurance, (Correspondence Only) Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Grievance Redressal Officer

The Grievance Cell,

Reliance General Insurance Co. Limited

No. 1-89/3/B/40 to 42/ks/301, 3rd floor,

Krishe Block, Krishe Sapphire, Madhapur Hyderabad – 500 081

Grievance Redressal officer email ID: rgicl.headgrievances@relianceada.com

(For updated details of grievance officer, kindly refer the link : https: / / reliance general.co.in/ Insurance/About - Us/Grievance- Redressal.aspx)

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The contact details of the Insurance Ombudsman offices have been provided as Annexure-B

Grievance may also be lodged at IRDAI Integrated Grievance Management System

https://igms. irda.qov. in/

8. Coverage Summary for Plan A(Non Employer Employee Relationship)

Daily Cash Amount: options ranging from Rs 500 to 10000			
Benefit Title	**Payout**	**Sub-limits/ Deductible**	**Maximum Liability**
Base Covers			
1.In Patient Treatment	Daily Cash Amount per day (24 hours) of continuous In-patient hospitalization. This shall also cover AYUSH Treatment, maximum upto 15 days taken on In-Patient basis.	Option of 30/60/90/180 days AYUSH Treatment, maximum upto 15 days of In-Patient Treatment	Daily Cash Amount*Selected max. no.of days
2.ICU Cover	Additional 100% of Daily Cash Amount per day (24 hours) of continuous ICU hospitalization, maximum up to 15 days for 30 days In-Patient Treatment, and 30 days for 60/90/180 days of In-Patient Treatment	Option of 15/30 days	Daily Cash Amount*100 % *(15 or 30 days as per plan)
3.Day Care Treatments	Lump sum amount equal to Daily Cash Amount for each Incidence of Day Care Treatment	Payable five times in a Policy Year	Daily Cash Amount *5

Optional Covers			
4.Convalescence Cover	Selected Lump sum a mount, where In-patient Hospitalization is for minimum 10 days. Options: 3 times, 5 times, 10 times of Daily Cash Amount	Payable once in a Policy Year	Daily Cash Amount * (3 or 5 or 10)
5.Personal Accident Cover	Lumpsum amount up to selected Personal Accident Sum Insured for: • Accidental Death, • Permanent Total Disability, • Permanent Partial Disability Personal Accident Sum Insured Options-ranges from 5lakhs to 100 lakhs(in multiples of 5 lakhs)	Personal Accident Sum Insured For Dependent children- 20% of Personal Accident Sum Insured of Policyholder	Personal Accident Sum Insured
6.Accidental Medical Expenses*	Medical expenses on indemnity basis for: • In-Patient Treatment • Day Care Treatment • OPD	20% of the Personal Accident Sum Insured, maximum upto Rs. 5 lakhs. Deductible of Rs. 1000 applicable on each and every OPD claim.	20% of Personal Accident Sum Insured, (maximum upto Rs. 5 lakhs)
7.Companion Cover	Additional 50% of Daily Cash Amount per day (24 hours) of continuous In-patient hospitalization	Same as opted under Benefit 1	Daily Cash Amount *50% *Selected max. no. of days for Benefit-1
8.Maternity Cover	Lumpsum payment of 5 times of Daily Cash or Rs 35000 whichever is lower	Maximum two claims payable in a lifetime 12 months Waiting Period	5 times of Daily Cash Amount or Rs 35000 whichever is lower
9.Time Deductible	Selected Deductible shall be applicable on each and every In-Patient Hospitalization claim for a discount on premium Time deductible Options: 24/48/72 hours Time Deductible shall not be applicable to Benefit-3 (Day Care Treatments), Benefit-4(Convalescence Cover) ,Benefit-5(Personal Accident Cover),Benefit-6(Accidental Medical Expenses) and Benefit-8(Maternity Cover)		
10.Waiver of Waiting Period for Pre-Existing Disease	This Cover shall reduce the Waiting Period for Pre-Existing Diseases to zero months ,12 months or 24 months as the case may be.		
11. Waiver of Waiting Period for Specified disease/procedure	This Cover shall reduce the Waiting Period for Specified Disease/Procedure to12 months.		

* Benefit-6 Accidental Medical Expenses shall only be available if Benefit -5 Personal Accident Cover has been opted under the Policy.

Note-The Total Liability of the Company with respect to any one Insured Person during a given Policy Year shall be limited to the total of the cover wise(as opted) maximum liability listed in the above table.

ANNEXURE-A- ATTACHED TO POLICY WORDINGS

1.List I — Optional Items

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGING S
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPY ES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZE R KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPE CIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT,RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

2.List II — Items that are to be subsumed into Room Charges

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

3.List III — Items that are to be subsumed into Procedure Charges

Sl No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

4.List IV — Items that are to be subsumed into costs of treatment

Sl No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC

9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Annexure-B Ombudsman list

Office Details	Jurisdiction of Office Union Territory, District)	Date Of Taking Charge
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	10/3/2019
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka	4/23/2018
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bengaluru@ecoi.co.in	Madhya Pradesh, Chattisgarh	5/24/2018
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa	9/11/2019
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh–160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	4/16/2018
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	5/3/2018

DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi	9/12/2019
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	5/2/2018
HYDERABAD - **Shri I. Suresh Babu** Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122. Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	6/11/2018
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan	4/13/2018
ERNAKULAM - **Ms. Poonam Bodra** Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry. Mahe-a part of Pondicherry.	11/7/2018
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	9/30/2019
MUMBAI - **Shri Milind A. Kharat** Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	5/4/2018

LUCKNOW - **Shri Justice Anil Kumar Srivastava** Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	9/11/2019
NOIDA - **Shri Chandra Shekhar Prasad** Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	9/17/2019

PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.	10/9/2019
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	12/3/2019