

**HEALTH SURAKSHA - TOP UP**

**PRO- POLICY WORDINGS**

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

**Section. 1 Benefits**

Claims made in respect of any of the benefits below will be subject to the Sum Insured and will affect entitlement to a Cumulative bonus.

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

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

**a) In-patient Treatment**

The Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,

viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

**b) Pre-Hospitalisation**

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

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

**c) Post-hospitalisation**

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

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

**d) Day Care Procedures**

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

**e) Domiciliary Treatment**

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

- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and

- ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-Hospitalisation Expenses for up to 60 days in accordance with b) above, and
- iii) No payment will be made if the condition for which the Insured Person requires medical treatment is:
  - (1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
  - (2) Arthritis, Gout and Rheumatism,
  - (3) Chronic Nephritis and Nephritic Syndrome,
  - (4) Diarrhoea and all type of Dysenteries including Gastroenteritis,
  - (5) Diabetes Mellitus and Insupidus,
  - (6) Epilepsy,
  - (7) Hypertension,
  - (8) Psychiatric or Psychosomatic Disorders of all kinds,
  - (9) Pyrexia of unknown Origin.
  
- f) **Organ Donor**

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

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

We will reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency, provided that:

  - i) Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and

- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- iii) The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that transportation has been prescribed by a Medical Practitioner and is medically necessary.

## **Section. 2 Renewal Incentives**

### **Cumulative Bonus**

- a) If no claim has been made under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year.
- b) In relation to a Family Floater, the cumulative bonus so accrued will only be available only to insured persons in the claim free year who continue to be Insured Persons in the subsequent Policy Year.
- c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year we will automatically decrease the cumulative bonus by 5% of the Sum Insured in that following Policy Year.

## **Section. 3 Exclusions**

### **Deductible**

- a) We are not liable for any payment unless the Medical Expenses exceed the Deductible. Deductible shall be applicable for each and every Hospitalisation except claims made for Any One Illness.

### **Waiting Periods**

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

**30 days Waiting Period**

- c) A waiting period of 30 days will apply to all claims unless:
- i) The Insured Person has been insured under an Health Suraksha – Top up Pro Policy continuously and without any break in the previous Policy Year, or
  - ii) If the Insured person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.

**Specific Waiting Periods**

- d) The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Health Suraksha – Top up Pro Policy continuously and without any break:
- i) **Illnesses:** arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if Age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
  - ii) **Treatments:** benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.
  - iii) If the Insured Person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.

- e) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Health Suraksha – Top up Pro Policy with Us.
  - i) If the Insured Person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.
  
- f) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
  - i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
  - ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
  - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
  - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
  - v) Treatment of Obesity and any weight control program.
  - vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
  - vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.

- viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) only.
- ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- x) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xi) Expenses for donor screening, or, save as and to the extent provided for in 1)f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures other than hairline fractures and dislocations of the mandible and extremities.
- xiii) Treatment of nasal concha resection; circumcisions (unless necessitated by Illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens.
- xvi) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
- xvii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii) Any non allopathic treatment.

- xix) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xx) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, surcharge, discharge, administration, registration, documentation and filing.
- xxi) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxiii) The costs of any procedure or treatment by any person or institution that We have told You (in writing) is not to be used at the time of renewal or at any specific time during the policy period.
- xxiv) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, nebulizer, and similar products.
- xxv) Any treatment or part of a treatment that is not of a Reasonable Charge, or not medically necessary; drugs or treatments which are not supported by a prescription including medicines / treatment taken beyond the prescribed limit.
- xxvi) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).



xxvii) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

**g) Reduction in waiting periods**

1) If the Proposed Insured is presently covered and has been continuously covered without any lapses under:

- a) any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the insurance regulator, OR
- b) any other similar health insurance plan from Us,

Then:

- a) The waiting periods specified in **Section 3 point c, d, and e** of the Policy stand deleted; AND:
  - b) The waiting periods specified in the **Section 3 point c, d, and e** shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy ; AND
  - c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.
- 2) The reduction in the waiting period specified above shall be applied subject to the following:
- a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable)
  - b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information
  - c) We will retain the right to underwrite the proposal as per Our underwriting guidelines.

We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

**Section. 4 General Conditions**

**Condition precedent**

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

**b) Insured Person**

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

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of max.150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

**c) Loadings**

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of max. 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us



within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

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

**d) Notification of Claim**

	<b>Treatment, Consultation or Procedure:</b>	<b>We or Our TPA must be informed:</b>
1)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalization:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
2)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalization in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.
3)	For all benefits which are contingent on Our prior acceptance of a claim under Section 1)a):	Within 15 days of the Insured Person's discharge post hospitalization.
4)	If any treatment, consultation or procedure for which a claim may be made is required in an Emergency:	Within 15 days of completion of such treatment, consultation or procedure.
5)	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorize such treatment, consultation or procedure.

Note: In the case of a covered Hospitalization, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with a copy of intimation made to the other insurer

/Reimbursement Provider immediately but not later than 15 days on knowing that the Deductible is likely to be exceeded.

e) **Cashless service:**

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

**Supporting Documentation & Examination**

- f) The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of

the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. Such documentation will include but is not limited to the following:

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

Note: When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted.

- g) The Insured Person additionally hereby consents to:
  - i) The disclosure to Us of documentation, medical records and information that may be held by medical professionals and other insurers.
  - ii) Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require at Our cost.

**h) Claims Payment**

We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has

- requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- i) Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded. We will pay to the Insured Person, Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period.
  - j) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).
  - k) Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an Emergency.
  - l) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
  - m) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
  - n) In case of any other concurrent health insurance policy, the amount paid by the other insurer for emergency ambulance would be deducted from the amount claimed under Section 1 g) Emergency Ambulance of Health Suraksha – Top up Pro Policy, subject to the actual or Rs 2000 whichever is less.

**Fraud**

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

**Other Insurance**

- p) If at the time when any claim arises under this Policy, there is in existence any other insurance policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. For clarity, the rateable proportion will be calculated to that part of Sum Insured of the other insurance policy which is higher than the Deductible of this Policy.

If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy.

**Subrogation**

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

**Alterations to the Policy**

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

s) **Renewal**

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

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
- ii) Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
- iii) We will not apply any additional loading on your policy premium at renewal based on claim experience.

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

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A grace period of 30 days for renewing the Policy is available under this Policy. Any disease/condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

**Change of Policyholder**

- t) The change of Policyholder (except clause w) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy



subject to condition q) above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition q) above.

**Notices**

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

**Dispute Resolution Clause**

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

**Termination**

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

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Up to 1 Month	87.50%
Upto 3 Months	50.00%	Up to 3 Months	75.00%
Upto 6 Months	25.00%	Up to 6 Months	62.50%
Exceeding 6 Months	Nil	Up to 12 Months	50.00%
		Up to 15 Months	37.50%
		Up to 18 Months	25.00%
		Exceeding 18 Months	Nil

- x) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium. However, in other exceptional cases, We may terminate this Policy without reason upon 30 days notice by sending an endorsement at Your address shown in the Schedule, and We shall refund premium a rateable proportion of the premium as long as no claim has been made under the Policy.
- y) The coverage for the Insured Person shall automatically terminate if:
- i) You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition q) above. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.
  - ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

**z) Free Look Period**

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

**Section. 5 Interpretations & Definitions**

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

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

- Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Any one Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- Def. 4. **Alternate Treatments** are form of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian Context
- Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved
- Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 7. **Condition Precedent** means a policy term or condition upon which the Insurer’s liability under the policy is conditional upon
- Def. 8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
- a) Internal Congenital Anomaly -which is not in the visible and accessible parts of the body
  - b) External Congenital Anomaly- which is in the visible and accessible parts of the body
- Def. 9. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.
- Def. 10. **Cumulative Bonus** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 11. **Day care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment; has qualified medical practitioner (s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out; maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel

Def. 12. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is

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

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

Def. 13. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that We will not be liable for a specified rupee amount (as opted and mentioned in Policy Schedule. On Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) of the covered expenses, which will apply before any benefits are payable by Us. A Deductible does not reduce the Sum Insured.

Def. 14. **Domiciliary Treatment/Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- 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

Def. 15. **Dependents** means only the family members listed below:

- a) Your legally married spouse as long as she continues to be married to You;
- b) Your children Aged between 91 days and 21 years if they are unmarried, still financially dependent on You and have not established their own independent households;
- c) Your natural parents or parents that have legally adopted You, provided that:
  - Parents shall not include Your spouse's parents.

- Def. 16. **Dental Treatment** is a treatment carried out by a dental practitioner including examinations, fillings ( where appropriate),crowns, extractions and surgery excluding any form of cosmetic surgery/implants
- Def. 17. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 18. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 19. **Family Floater** means a Policy described as such in the Schedule whereunder You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.
- Def. 20. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 21. **Hospital** means any institution in India established for In-patient Care and Day Care Treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
  - has qualified nursing staff under its employment round the clock,
  - has qualified Medical Practitioner(s) in charge round the clock,
  - has a fully equipped operation theatre of its own where surgical procedures are carried out,
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 22. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for a minimum of 24 In-Patient care consecutive hours except for specified procedures/treatment, where such admission could be for a period of less than 24 consecutive hours.

- Def. 23. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment
- a) Acute Condition means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
  - b) Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back
- Def. 24. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 25. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 26. **In-patient Treatment** means treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.
- Def. 27. **Insured Person** means You and the persons named in the Schedule.
- Def. 28. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 29. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 30. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if

the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- a) Pre- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- b) Post- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Def. 31. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 32. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 33. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Def. 34. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 35. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

- Def. 36. **OPD Treatment.** is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The Insured is not admitted as a daycare or inpatient.
- Def. 37. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another..
- Def. 38. **Pre Existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer
- Def. 39. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 40. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule
- Def. 41. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 42. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 43. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services ,taking into account the nature of illness/ injury involved.
- Def. 44. **Room Rent** means the amount charged by a hospital for the occupying of a bed on per day (24 hours) basis and shall include associated medical expenses.
- Def. 45. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods



- Def. 46. **Subrogation** means the the right o f the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 47. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Period
- Def. 48. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner
- Def. 49. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.
- Def. 50. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
- Def. 51. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

#### **Section. 6 Claim Related Information**

For any claim related queries, intimation of claim, preauthorization, claim processing, claim status, and submission of claim related documents, You can contact Your TPA through:

- Name: Family Health Plan Limited
- Address: Claims Department,  
Family Health Plan Ltd,  
Plot No. 25, MCH No. 8-2-334,  
Road No.-3, Azam Colony,  
Banjara Hills,  
Hyderabad-500034
- Toll Free: 1800-425-4033
- Fax: +91-40-23541400
- Email: info@fhpl.net
- Website: www.fhpl.net

## HDFC ERGO General Insurance Company Limited



### Section. 7 Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

Our website: [www.hdfcergo.com](http://www.hdfcergo.com)  
Email: [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)  
Toll Free: 1800-226-226/ 1800-2700-700  
Fax: 022-66383699  
Courier: Any of Our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at

**The Grievance Cell, HDFC ERGO General Insurance Company Limited, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri, Mumbai - 400059**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Ombudsman Offices	
Jurisdiction	Office Address
Delhi, Rajasthan	2/2 A, 1 <sup>st</sup> Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001.
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI -

## HDFC ERGO General Insurance Company Limited



	400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312 ), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1 <sup>st</sup> Floor, Moin Court, Lane Opp. Saleem Function Palace A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2 <sup>nd</sup> Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerla, Karnataka	2 <sup>nd</sup> Flr., CC 27/ 2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North-Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI - 781 021
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6 <sup>th</sup> Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001
Madhya Pradesh	1 <sup>st</sup> Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

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

### Appendix I: Day Care Procedure

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

#### **Microsurgical operations on the middle ear**

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

#### **Other operations on the middle & internal ear**

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

#### **Operations on the nose & the nasal sinuses**

19. Excision and destruction of diseased tissue

of the nose

20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

#### **Operations on the eyes**

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

**Operations on the skin & subcutaneous tissues**

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

**Operations on the tongue**

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

**Operations on the salivary glands & salivary ducts**

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

**Other operations on the mouth & face**

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

**Operations on the tonsils & adenoids**

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

**Trauma surgery and orthopaedics**

73. Incision on bone, septic and aseptic
74. Closed reduction on fracture, luxation or

- epiphyseolysis with osteosynthesis
- 75. Suture and other operations on tendons and tendon sheath
- 76. Reduction of dislocation under GA
- 77. Arthroscopic knee aspiration

**Operations on the breast**

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

**Operations on the digestive tract**

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

**Operations on the female sexual organs**

- 87. Incision of the ovary
- 88. Insufflation of the Fallopian tubes
- 89. Other operations on the Fallopian tube
- 90. Dilatation of the cervical canal
- 91. Conisation of the uterine cervix
- 92. Other operations on the uterine cervix
- 93. Incision of the uterus (hysterotomy)
- 94. Therapeutic curettage
- 95. Culdotomy
- 96. Incision of the vagina

- 97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 98. Incision of the vulva
- 99. Operations on Bartholin's glands (cyst)

**Operations on the prostate & seminal vesicles**

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

**Operations on the scrotum & tunica vaginalis testis**

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

tunica vaginalis testis

**Operations on the testes**

- 114. Incision of the testes
- 115. Excision and destruction of diseased tissue of the testes
- 116. Unilateral orchidectomy
- 117. Bilateral orchidectomy
- 118. Orchidopexy
- 119. Abdominal exploration in cryptorchidism
- 120. Surgical repositioning of an abdominal testis
- 121. Reconstruction of the testis
- 122. Implantation, exchange and removal of a testicular prosthesis
- 123. Other operations on the testis

**Operations on the spermatic cord, epididymis und ductus deferens**

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

**Operations on the penis**

- 130. Operations on the foreskin
- 131. Local excision and destruction of diseased tissue of the penis

- 132. Amputation of the penis
- 133. Plastic reconstruction of the penis
- 134. Other operations on the penis

**Operations on the urinary system**

- 135. Cystoscopic removal of stones

**Other Operations**

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

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalization is not mandatory.

APPENDIX-II

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	<b>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE</b>	
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable



**HDFC ERGO General Insurance Company Limited**



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

69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
73	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES</b>		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable

86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not Separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not Payable
89	SAVLON	Not Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
91	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
99	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately

105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room Charges
	<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>	
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable

128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP – COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable

152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
159	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DETTOL \ SAVLON \ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable

162	ALEX SUGAR FREE	Payable -Sugar free variants of admissable medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	<b><i>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</i></b>	
177	AHD	Not Payable - Part of Hospital's internal Cost



178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction s this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable

198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid.

**SCHEDULE OF BENEFITS**

Health Suraksha – Top up **Pro- Individual**

Benefits	Sum Insured
Sum Insured (Rs. in Lac) per Insured Person per Policy Year	2.00; 3.00; 4.00; 5.00; 7.50; 10.00
Deductible (Rs. In Lacs) (As mentioned in Policy Schedule)	1.00; 2.00; 3.00; 4.00; 5.00
1 a) In-patient Treatment	Covered; Hospitalization for minimum 24 hours required.
1 b) Pre-hospitalization	Covered, maximum up to 60 days
1 c) Post-hospitalization	Covered, maximum up to 90 days
1 d) Day Care Procedures	Covered
1 e) Domiciliary Treatment	Covered
1 f) Organ Donor	Covered
1 g) Emergency Ambulance	Up to Rs. 2000 per Hospitalization.

Health Suraksha – Top up **Pro- Family Floater**

## HDFC ERGO General Insurance Company Limited



<b>Benefits</b>	<b>Sum Insured</b>
Sum Insured (Rs. in Lac) per Policy per Policy Year	2.00; 3.00; 4.00; 5.00; 7.50; 10.00
Deductible (Rs. In Lacs) (As mentioned in Policy Schedule)	1.00; 2.00; 3.00; 4.00; 5.00
1 a) In-patient Treatment	Covered; Hospitalization for minimum 24 hours required.
1 b) Pre-hospitalization	Covered, maximum up to 60 days
1 c) Post-hospitalization	Covered, maximum up to 90 days
1 d) Day Care Procedures	Covered
1 e) Domiciliary Treatment	Covered
1 f) Organ Donor	Covered
1 g) Emergency Ambulance	Up to Rs. 2000 per Hospitalization.

**HEALTH SURAKSHA - TOP UP**  
**PLUS - POLICY WORDINGS**

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

**Section. 4 Benefits**

Claims made in respect of any of the benefits below will be subject to the Sum Insured and will affect entitlement to a Cumulative bonus.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will pay for the Medical Expenses for the benefits mentioned below, in excess of the Deductible stated in the Schedule. Any claim under this Policy shall be payable by Us only if the aggregate of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible applicable on per Policy Year basis.

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

**a) In-patient Treatment**

The Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),

- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
  - vi) Medicines, drugs and consumables,
  - vii) Diagnostic procedures,
  - viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- b) **Pre-Hospitalisation**
- The Medical Expenses incurred in the 60 days immediately before the Insured Person was hospitalised, provided that:
- i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
  - ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- c) **Post-hospitalisation**
- The Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalisation provided that:
- i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
  - ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- d) **Day Care Procedures**
- The Medical Expenses for a day care procedure mentioned in the list of Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not the outpatient department of a Hospital or standalone day care centre.
- e) **Domiciliary Treatment**
- The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
- ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-Hospitalisation Expenses for up to 60 days in accordance with b) above, and
- iii) No payment will be made if the condition for which the Insured Person requires medical treatment is:
  - (1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
  - (2) Arthritis, Gout and Rheumatism,
  - (3) Chronic Nephritis and Nephritic Syndrome,
  - (4) Diarrhoea and all type of Dysenteries including Gastroenteritis,
  - (5) Diabetes Mellitus and Insupidus,
  - (6) Epilepsy,
  - (7) Hypertension,
  - (8) Psychiatric or Psychosomatic Disorders of all kinds,
  - (9) Pyrexia of unknown Origin.
  
- f) **Organ Donor**

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

  - v) The organ donor is any person whose organ has been made available in accordance and compliance with The Transplantation of Human Organs Act, 1994 (amended) and
  - vi) The organ donated is for the use of the Insured Person, and
  - vii) We will not pay the donor's pre and post-Medical Expenses or any other medical treatment for the donor consequent on the harvesting, and
  - viii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
  
- g) **Emergency Ambulance**

We will reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital

with adequate Emergency facilities for the provision of health services following an Emergency, provided that:

- i) Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- iii) The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that transportation has been prescribed by a Medical Practitioner and is medically necessary.

## **Section. 5 Renewal Incentives**

### **Cumulative Bonus**

- a) If no claim has been made under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year.
- b) In case of a family floater; the cumulative bonus for every insured member will be computed from the year of addition of the member in the family floater and number of claim free years spent under the policy. Calculation of Cumulative Bonus amount shall happen on a policy level; however eligible benefits shall be provided based on an Individual level.
- c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 5% of the Sum Insured in that following Policy Year.
- d) Portability benefits will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), portability benefit shall not apply to any other additional increased sum insured.

## **Section. 6 Exclusions**

**h) Deductible**

We are not liable for any payment unless the Medical Expenses exceed the Deductible (as opted on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy). Deductible shall be applicable per Policy Year basis.

**i) Waiting Periods**

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

**j) 30 days Waiting Period**

A waiting period of 30 days will apply to all claims unless:

- i) The Insured Person has been insured under an Health Suraksha – Top up Plus Policy continuously and without any break in the previous Policy Year, or
- iii) If the Insured person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.

**k) Specific Waiting Periods**

The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Health Suraksha – Top up Plus Policy continuously and without any break:

- iv) **Illnesses:** arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if Age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
- v) **Treatments:** benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy;



surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.

- vi) If the Insured Person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.
  
- g) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Health Suraksha – Top up Plus Policy with Us.
  - i) If the Insured Person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.
  
- h) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
  - xxviii) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
  - xxix) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
  - xxx) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
  - xxxi) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
  - xxxii) Treatment of Obesity and any weight control program.

- xxxiii) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
- xxxiv) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- xxxv) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) only.
- xxxvi) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- xxxvii) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xxxviii) Expenses for donor screening, or, save as and to the extent provided for in 1)f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xxxix) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures other than hairline fractures and dislocations of the mandible and extremities.
- xl) Treatment of nasal concha resection; circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.

- xli) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xlii) Experimental, investigational or unproven treatment, devices and pharmacological regimens.
- xliii) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
- xliv) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xlv) Any non allopathic treatment.
- xlvi) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xlvii) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, surcharge, discharge, administration, registration, documentation and filing.
- xlviii) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xlix) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

- l) The costs of any procedure or treatment by any person or institution that We have told You (in writing) is not to be used at the time of renewal or at any specific time during the policy period.
  - li) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, nebulizer, and similar products.
  - lii) Any treatment or part of a treatment that is not of a Reasonable Charge, or not medically necessary; drugs or treatments which are not supported by a prescription including medicines / treatment taken beyond the prescribed limit.
  - liii) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
  - liv) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.
- g) Reduction in waiting periods**
- 2) If the Proposed Insured is presently covered and has been continuously covered without any lapses under:
    - c) any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the insurance regulator, OR
    - d) any other similar health insurance plan from Us,
- Then:
- d) The waiting periods specified in **Section 3 point c, d, and e** of the Policy stand deleted; AND:
  - e) The waiting periods specified in the **Section 3 point c, d, and e** shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy ; AND
  - f) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.
- 3) The reduction in the waiting period specified above shall be applied subject to the following:

- a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable)
- b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information
- c) We will retain the right to underwrite the proposal as per Our underwriting guidelines.

We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

#### **Section. 7 General Conditions**

h) **Condition precedent**

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

i) **Insured Person**

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

j) **Loadings**

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of max. 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).



We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

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

**k) Notification of Claim**

	<b>Treatment, Consultation or Procedure:</b>	<b>We or Our TPA must be informed:</b>
6)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalization:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
7)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalization in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.
8)	For all benefits which are contingent on Our prior acceptance of a claim under Section 1)a):	Within 15 days of the Insured Person's discharge post hospitalization.
9)	If any treatment, consultation or procedure for which a claim may be made is required in an Emergency:	Within 15 days of completion of such treatment, consultation or procedure.
10)	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorize such treatment, consultation or procedure.

Note: In the case of a covered Hospitalization, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the

intimation should be submitted along with a copy of intimation made to the other insurer /Reimbursement Provider immediately but not later than 15 days on knowing that the Deductible is likely to be exceeded.

**l) Cashless service:**

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

**m) Supporting Documentation & Examination**

The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or

completion of treatment. Such documentation will include but is not limited to the following:

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

Note: When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted.

- n) The Insured Person additionally hereby consents to:
  - i) The disclosure to Us of documentation, medical records and information that may be held by medical professionals and other insurers.
  - ii) Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require at Our cost.

**o) Claims Payment**

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



- p) Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded. We will pay to the Insured Person, Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period. Any claim under this Policy shall be payable by Us only if the aggregate of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible.
- q) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- r) Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an Emergency.
- s) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- t) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- u) In case of any other concurrent health insurance policy, the amount paid by the other insurer for emergency ambulance would be deducted from the amount claimed under Section 1 g) Emergency Ambulance of Health Suraksha – Top up Plus Policy, subject to the actual or Rs 2000 whichever is less.

v) **Fraud**

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

w) **Other Insurance**

If at the time when any claim arises under this Policy, there is in existence any other insurance policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. For clarity, the rateable proportion will be calculated to that part of Sum Insured of the other insurance policy which is higher than the Deductible of this Policy.

If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy.

x) **Subrogation**

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

y) **Alterations to the Policy**

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

**z) Renewal**

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

We are NOT under any obligation to:

iv) Send renewal notice or reminders.

v) Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You at least 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

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

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

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A grace period of 30 days for renewing the Policy is available under this Policy. Any disease/condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

**aa) Change of Policyholder**

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

**bb) Notices**



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

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

**cc) Dispute Resolution Clause**

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

**dd) Termination**

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

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Up to 1 Month	87.50%
Upto 3 Months	50.00%	Up to 3 Months	75.00%
Upto 6 Months	25.00%	Up to 6 Months	62.50%
Exceeding 6 Months	Nil	Up to 12 Months	50.00%
		Up to 15 Months	37.50%
		Up to 18 Months	25.00%
		Exceeding 18 Months	Nil

- x) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium. However, in other exceptional cases, We may terminate this Policy without reason upon 30 days notice by sending an endorsement at Your address shown in the Schedule, and

We shall refund premium a rateable proportion of the premium as long as no claim has been made under the Policy.

- y) The coverage for the Insured Person shall automatically terminate if:
- i) You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition q) above. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.
  - ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

z) **Free Look Period**

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

**Section. 8 Interpretations & Definitions**

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

Def. 52. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 53. **Age** or **Aged** means completed years as at the Commencement Date.

- Def. 54. **Any one Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- Def. 55. **Alternate Treatments** are form of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian Context
- Def. 56. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved
- Def. 57. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 58. **Condition Precedent** means a policy term or condition upon which the Insurer’s liability under the policy is conditional upon
- Def. 59. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
- c) Internal Congenital Anomaly -which is not in the visible and accessible parts of the body
  - d) External Congenital Anomaly- which is in the visible and accessible parts of the body
- Def. 60. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.
- Def. 61. **Cumulative Bonus** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.
- Def. 62. **Day care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment; has qualified medical practitioner (s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out; maintains daily records of patients and will make these accessible to the Insurance company’s authorized personnel

- Def. 63. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is
- iii) undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement, and
  - iv) which would have otherwise required a Hospitalisation of more than 24 hours,

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

- Def. 64. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that We will not be liable for a specified rupee amount (as opted and mentioned in Policy Schedule. On Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) of the covered expenses, which will apply before any benefits are payable by Us. A Deductible does not reduce the Sum Insured.

- Def. 65. **Domiciliary Treatment/Hospitalisation** means medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- c. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or,
  - d. The Patient takes treatment at home on account of non availability of room in a Hospital

- Def. 66. **Dependents** means only the family members listed below:
- d) Your legally married spouse as long as she continues to be married to You;
  - e) Your children Aged between 91 days and 21 years if they are unmarried, still financially dependent on You and have not established their own independent households;
  - f) Your natural parents or parents that have legally adopted You, provided that:
    - Parents shall not include Your spouse's parents.

- Def. 67. **Dental Treatment** is a treatment carried out by a dental practitioner including examinations, fillings ( where appropriate),crowns, extractions and surgery excluding any form of cosmetic surgery/implants

- Def. 68. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure of any material fact.

- Def. 69. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a

medical practitioner to prevent death or serious long term impairment of the insured person's health.

- Def. 70. **Family Floater** means a Policy described as such in the Schedule whereunder You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.
- Def. 71. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 72. **Hospital** means any institution in India established for In-patient Care and Day Care Treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
  - has qualified nursing staff under its employment round the clock,
  - has qualified Medical Practitioner(s) in charge round the clock,
  - has a fully equipped operation theatre of its own where surgical procedures are carried out,
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 73. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for a minimum of 24 In-Patient care consecutive hours except for specified procedures/treatment, where such admission could be for a period of less than 24 consecutive hours.
- Def. 74. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment
- c) Acute Condition means 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.
  - d) Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for



you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back

Def. 75. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 76. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 77. **In-patient Treatment** means treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.

Def. 78. **Insured Person** means You and the persons named in the Schedule.

Def. 79. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 80. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 81. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- c) Pre- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
  - iii. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
  - iv. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

- d) Post- Hospitalisation Medical Expenses means the Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:
- iii. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
  - iv. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Def. 82. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 83. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 84. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Def. 85. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 86. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 87. **OPD Treatment**. is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The Insured is not admitted as a daycare or inpatient.

Def. 88. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another..

- Def. 89. **Pre Existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer
- Def. 90. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 91. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule
- Def. 92. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 93. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 94. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services ,taking into account the nature of illness/ injury involved.
- Def. 95. **Room Rent** means the amount charged by a hospital for the occupying of a bed on per day (24 hours) basis and shall include associated medical expenses.
- Def. 96. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods
- Def. 97. **Subrogation** means the the right o f the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 98. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Period

Def. 99. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner

Def. 100. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

Def. 101. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited

Def. 102. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

### **Section. 9 Claim Related Information**

For any claim related queries, intimation of claim, preauthorization, claim processing, claim status, and submission of claim related documents, You can contact Your TPA through:

- Name: Family Health Plan Limited
- Address: Claims Department,  
Family Health Plan Ltd,  
Plot No. 25, MCH No. 8-2-334,  
Road No.-3, Azam Colony,  
Banjara Hills,  
Hyderabad-500034
- Toll Free: 1800-425-4033
- Fax: +91-40-23541400
- Email: info@fhpl.net
- Website: www.fhpl.net

### **Section. 7 Grievance Redressal Procedure**

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website: [www.hdfcergo.com](http://www.hdfcergo.com)
- Email: [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)
- Toll Free: 1800-226-226/ 1800-2700-700

## HDFC ERGO General Insurance Company Limited



Fax: 022-66383699  
Courier: Any of Our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at

**The Grievance Cell, HDFC ERGO General Insurance Company Limited, 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri, Mumbai - 400059**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

<b>Ombudsman Offices</b>	
<b>Jurisdiction</b>	<b>Office Address</b>
Delhi, Rajasthan	2/2 A, 1 <sup>st</sup> Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001.
Maharashtra	3rd Fl., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Fl., 453(old 312 ), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1 <sup>st</sup> Floor, Moin Court, Lane Opp. Saleem Function Palace A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2 <sup>nd</sup> Fl., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerla, Karnataka	2 <sup>nd</sup> Fl., CC 27/ 2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North-Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI - 781 021
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6 <sup>th</sup> Floor, Nawal Kishore Rd., Hazartganj,

## HDFC ERGO General Insurance Company Limited



	LUCKNOW - 226 001
Madhya Pradesh	1 <sup>st</sup> Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

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

**Appendix I: Day Care Procedure**

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

**Microsurgical operations on the middle ear**

- 141. Stapedotomy
- 142. Stapedectomy
- 143. Revision of a stapedectomy
- 144. Other operations on the auditory ossicles
- 145. Myringoplasty (Type -I Tympanoplasty)
- 146. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
- 147. Revision of a tympanoplasty
- 148. Other microsurgical operations on the middle ear

**Other operations on the middle & internal ear**

- 149. Myringotomy
- 150. Removal of a tympanic drain
- 151. Incision of the mastoid process and middle ear
- 152. Mastoidectomy
- 153. Reconstruction of the middle ear
- 154. Other excisions of the middle and inner ear
- 155. Fenestration of the inner ear
- 156. Revision of a fenestration of the inner ear
- 157. Incision (opening) and destruction (elimination) of the inner ear
- 158. Other operations on the middle and inner ear

**Operations on the nose & the nasal sinuses**

- 159. Excision and destruction of diseased tissue of the nose
- 160. Operations on the turbinates (nasal concha)
- 161. Other operations on the nose
- 162. Nasal sinus aspiration

**Operations on the eyes**

- 163. Incision of tear glands
- 164. Other operations on the tear ducts
- 165. Incision of diseased eyelids
- 166. Excision and destruction of diseased tissue of the eyelid
- 167. Operations on the canthus and epicanthus
- 168. Corrective surgery for entropion and ectropion
- 169. Corrective surgery for blepharoptosis
- 170. Removal of a foreign body from the conjunctiva
- 171. Removal of a foreign body from the cornea
- 172. Incision of the cornea
- 173. Operations for pterygium
- 174. Other operations on the cornea
- 175. Removal of a foreign body from the lens of the eye
- 176. Removal of a foreign body from the

- posterior chamber of the eye
177. Removal of a foreign body from the orbit and eyeball
178. Operation of cataract

**Operations on the skin & subcutaneous tissues**

179. Incision of a pilonidal sinus
180. Other incisions of the skin and subcutaneous tissues
181. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
182. Local excision of diseased tissue of the skin and subcutaneous tissues
183. Other excisions of the skin and subcutaneous tissues
184. Simple restoration of surface continuity of the skin and subcutaneous tissues
185. Free skin transplantation, donor site
186. Free skin transplantation, recipient site
187. Revision of skin plasty
188. Other restoration and reconstruction of the skin and subcutaneous tissues
189. Chemosurgery to the skin
190. Destruction of diseased tissue in the skin and subcutaneous tissues

**Operations on the tongue**

191. Incision, excision and destruction of diseased tissue of the tongue
192. Partial glossectomy
193. Glossectomy

194. Reconstruction of the tongue
195. Other operations on the tongue

**Operations on the salivary glands & salivary ducts**

196. Incision and lancing of a salivary gland and a salivary duct
197. Excision of diseased tissue of a salivary gland and a salivary duct
198. Resection of a salivary gland
199. Reconstruction of a salivary gland and a salivary duct
200. Other operations on the salivary glands and salivary ducts

**Other operations on the mouth & face**

201. External incision and drainage in the region of the mouth, jaw and face
202. Incision of the hard and soft palate
203. Excision and destruction of diseased hard and soft palate
204. Incision, excision and destruction in the mouth
205. Plastic surgery to the floor of the mouth
206. Palatoplasty
207. Other operations in the mouth

**Operations on the tonsils & adenoids**

208. Transoral incision and drainage of a pharyngeal abscess
209. Tonsillectomy without adenoidectomy
210. Tonsillectomy with adenoidectomy
211. Excision and destruction of a lingual



- tonsil  
212. Other operations on the tonsils and adenoids

**Trauma surgery and orthopaedics**

213. Incision on bone, septic and aseptic  
214. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis  
215. Suture and other operations on tendons and tendon sheath  
216. Reduction of dislocation under GA  
217. Arthroscopic knee aspiration

**Operations on the breast**

218. Incision of the breast  
219. Operations on the nipple

**Operations on the digestive tract**

220. Incision and excision of tissue in the perianal region  
221. Surgical treatment of anal fistulas  
222. Surgical treatment of haemorrhoids  
223. Division of the anal sphincter (sphincterotomy)  
224. Other operations on the anus  
225. Ultrasound guided aspirations  
226. Sclerotherapy etc.

**Operations on the female sexual organs**

227. Incision of the ovary  
228. Insufflation of the Fallopian tubes  
229. Other operations on the Fallopian tube

230. Dilatation of the cervical canal  
231. Conisation of the uterine cervix  
232. Other operations on the uterine cervix  
233. Incision of the uterus (hysterotomy)  
234. Therapeutic curettage  
235. Culdotomy  
236. Incision of the vagina  
237. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas  
238. Incision of the vulva  
239. Operations on Bartholin's glands (cyst)

**Operations on the prostate & seminal vesicles**

240. Incision of the prostate  
241. Transurethral excision and destruction of prostate tissue  
242. Transurethral and percutaneous destruction of prostate tissue  
243. Open surgical excision and destruction of prostate tissue  
244. Radical prostatovesiculectomy  
245. Other excision and destruction of prostate tissue  
246. Operations on the seminal vesicles  
247. Incision and excision of periprostatic tissue  
248. Other operations on the prostate

**Operations on the scrotum & tunica vaginalis testis**

249. Incision of the scrotum and tunica

- vaginalis testis
250. Operation on a testicular hydrocele
251. Excision and destruction of diseased scrotal tissue
252. Plastic reconstruction of the scrotum and tunica vaginalis testis
253. Other operations on the scrotum and tunica vaginalis testis

**Operations on the testes**

254. Incision of the testes
255. Excision and destruction of diseased tissue of the testes
256. Unilateral orchidectomy
257. Bilateral orchidectomy
258. Orchidopexy
259. Abdominal exploration in cryptorchidism
260. Surgical repositioning of an abdominal testis
261. Reconstruction of the testis
262. Implantation, exchange and removal of a testicular prosthesis
263. Other operations on the testis

**Operations on the spermatic cord, epididymis und ductus deferens**

264. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
265. Excision in the area of the epididymis
266. Epididymectomy

267. Reconstruction of the spermatic cord
268. Reconstruction of the ductus deferens and epididymis
269. Other operations on the spermatic cord, epididymis and ductus deferens

**Operations on the penis**

270. Operations on the foreskin
271. Local excision and destruction of diseased tissue of the penis
272. Amputation of the penis
273. Plastic reconstruction of the penis
274. Other operations on the penis

**Operations on the urinary system**

275. Cystoscopic removal of stones

**Other Operations**

276. Lithotripsy
277. Coronary angiography
278. *Haemodialysis*
279. Radiotherapy for Cancer
280. Cancer Chemotherapy

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalization is not mandatory.

APPENDIX-II

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

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

70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
73	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES</b>		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not Separately

88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not Payable
89	SAVLON	Not Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
91	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
99	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable

107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room Charges
	<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>	
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable

131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable



153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
159	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DETTOL \ SAVLON \ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed

164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	<b><i>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</i></b>	
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	<b><i>OTHERS</i></b>	
180	VACCINE CHARGES FOR BABY	Not Payable

181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction s this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs

201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid.

**SCHEDULE OF BENEFITS**

**HEALTH SURAKSHA – TOP UP PLUS - Individual**

Benefits	Sum Insured
Sum Insured (Rs. in Lac) per Insured Person per Policy Year	2.00; 3.00; 4.00; 5.00; 7.50; 10.00
Deductible (Rs. In Lacs) (As mentioned in Policy Schedule)	1.00; 2.00; 3.00; 4.00; 5.00
1 a) In-patient Treatment	Covered; Hospitalization for minimum 24 hours required.
1 b) Pre-hospitalization	Covered, maximum up to 60 days
1 c) Post-hospitalization	Covered, maximum up to 90 days
1 d) Day Care Procedures	Covered
1 e) Domiciliary Treatment	Covered
1 f) Organ Donor	Covered
1 g) Emergency Ambulance	Up to Rs. 2000 per Hospitalization.

**HEALTH SURAKSHA – TOP UP PLUS - Family Floater**

Benefits	Sum Insured
Sum Insured (Rs. in Lac) per Policy per Policy Year	2.00; 3.00; 4.00; 5.00; 7.50; 10.00
Deductible (Rs. In Lacs) (As mentioned in Policy Schedule)	1.00; 2.00; 3.00; 4.00; 5.00
1 a) In-patient Treatment	Covered; Hospitalization for minimum 24 hours required.
1 b) Pre-hospitalization	Covered, maximum up to 60 days
1 c) Post-hospitalization	Covered, maximum up to 90 days
1 d) Day Care Procedures	Covered

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1 e) Domiciliary Treatment	Covered
1 f) Organ Donor	Covered
1 g) Emergency Ambulance	Up to Rs. 2000 per Hospitalization.